ONTARIO
EARLY ADVERSITY AND RESILIENCE
FRAMEWORK

Building Resilience Together:
Empowering Families,
Strengthening Communities

This document was produced by the Public Health Ontario Adverse Childhood Experiences and Resilience (ACER) Community of Practice

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LAND ACKNOWLEDGMENT

This report was prepared by people who live, work, and play on the traditional lands of Indigenous Peoples (First Nations, Métis and Inuit) across Turtle Island. We are grateful to our hosts for access to these lands and strive to honour their histories, culture, and wisdom in our work towards healthier and more equitable communities.

POSITIONALITY STATEMENT

As you engage with the Ontario Early Adversity and Resilience Framework, we invite you to pause and reflect on your own positionality. Positionality refers to the way our identities, lived experiences, beliefs, and social locations shape how we understand and interact with the world. This framework is not a neutral document; it exists within broader systems shaped by history, culture, and power dynamics. To apply this knowledge effectively and equitably, it is essential to critically examine the lens through which you are engaging with it. As you read this report, consider how your personal experiences and beliefs may shape your understanding of the issues discussed. Reflect on how your own positionality—your cultural background, professional role, or lived experiences—may influence your interpretation of the findings and recommendations presented here.

Why Positionality Matters

Positionality matters as our experiences, implicit biases, and assumptions, shape our worldview and how we see ourselves and others. Our positionality influences how we perceive adversity, resilience, and the systems that support or hinder well-being. It shapes what we prioritize, whose voices we centre, and how we interpret experiences of others, particularly those whose lives are impacted by structural inequities such as racism, colonialism, poverty, and discrimination. For Indigenous populations in Canada, these inequities are deeply tied to the ongoing impacts of colonization, residential schools, intergenerational trauma, and systemic exclusion. Critical self-awareness can help us avoid reinforcing biases and ensure our work fosters equity, respect, and empowerment, particularly for communities that have historically faced systemic inequities, such as Indigenous communities. We encourage readers to reflect on how their experiences and beliefs influence their understanding, approach the content with openness to diverse perspectives, and actively connect their positionality to the insights presented for a more meaningful engagement.

SUPPORTING READERS

Integrated into this document are thoughtfully designed sections aimed at fostering meaningful reflection, encouraging critical thinking, and supporting continuous learning and personal growth. These sections provide opportunities to pause, engage with key concepts, deepen understanding and share valuable resources to further support and enhance the learning process.

Positionality Reflection

Positionality Reflections deepen engagement and promote critical thinking. This encourages readers to reflect on how their positionality—shaped by factors like intersectionality, culture, personal experiences, beliefs, privilege, and the impacts of colonization—influences their perceptions and application of the material.

NOTE: The positionality reflection activities in this document may bring up unexpected emotions or thoughts, and individuals may vary in their readiness and willingness to explore these topics. Engage with the reflections at your own pace, prioritizing your comfort and sense of safety. Readers are encouraged to approach this process with self-compassion and care, remaining mindful of the emotional impact of deep reflection.

Resources to Support Meaningful Action

Resources to Support Meaningful Action deepen understanding of specific topics, highlight key issues, and offer valuable materials for further learning and exploration.

Defining Family and Community

Defining key terms allows us to recognize the diverse ways family and community are experienced and understood and ensures a shared understanding among readers. Additional terms can be found in the Definitions section.

- **Family** is an inclusive term acknowledging diverse family structures including, but not limited to, single parents/caregivers, adoptive parents/caregivers, same-sex couples, stepfamilies, married/common-law couples, intergenerational families and more. A family is broadly recognized to ensure the inclusion of all families and family experiences, including the variety of relationships bonded by genetic relations, marital/legal status, cultural identity, and kinship systems. This broad identification acknowledges different uses of terminology, diverse household membership, and diverse social ties to caring for a child.[1]

- A **community** is a diverse and interconnected group of individuals, families, and organizations who share a geographic area, cultural identity, or common purpose. It includes people of all ages and backgrounds, representing various sectors such as health and social services, education, justice, business, housing, recreation, faith-based organizations, nonprofits, arts and culture, environmental groups, and local government. A strong community supports its members through collaboration, shared resources, and collective action.[2]
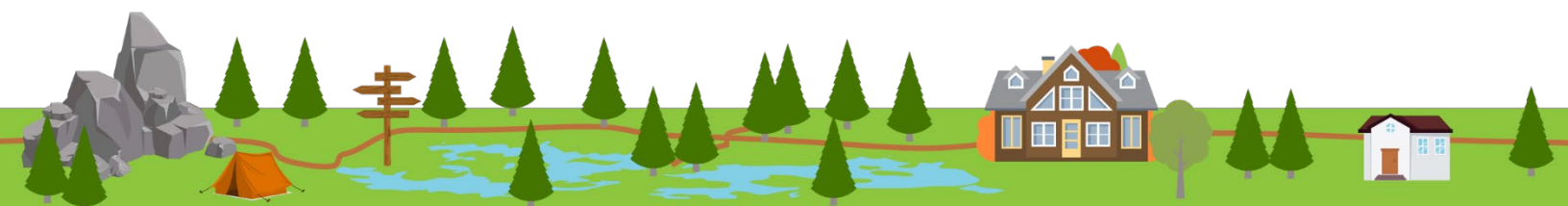
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EXECUTIVE SUMMARY

Childhood experiences, both positive and negative, shape development and have lasting effects on health and well-being. Children thrive when they have safe, stable, and nurturing relationships and environments, which play a critical role in fostering resilience—the ability to adapt and overcome adversity. These positive experiences support healthy development, providing a sense of safety, belonging, and the ability to navigate challenges. When children have access to supportive relationships within families, schools, and communities as well as quality programs and services, they are better equipped to overcome obstacles and achieve positive long-term health outcomes.

However, early adversity can disrupt this process, especially when there is a lack of support. Early adversity refers to stressful or potentially traumatic experiences before age 18 that cause an extreme or prolonged stress response. Initial research identified ten Adverse Childhood Experiences (ACEs) that include physical, sexual, and emotional abuse, physical and emotional neglect, parental separation, witnessing domestic violence as a child, and growing up with a household member with a history of incarceration, substance use issues and/or poor mental health. However, it is now recognized that these ten ACEs are not an exhaustive list, and adversity can arise from other past and ongoing forms of trauma, including colonialism, racism, childhood poverty, lack of stable housing, and other individual and systemic forms of discrimination and inequity. Early adversity can lead to toxic stress, a prolonged stress response that interferes with brain development, immune function, and stress regulation. This disruption increases the risk of long-term mental and physical health issues, such as depression, cancer, and diabetes, as well as risky behaviours like substance use, poor physical activity, and unsafe sexual practices. The more adverse experiences a person has in childhood, the greater their risk of negative health outcomes throughout life, including early death.

Early adversity is often influenced by factors beyond the life of the individual child, such as the intergenerational trauma experienced by their parents or caregivers and the broader social context in which they live. Systemic issues like racism, poverty, and social exclusion can perpetuate cycles of trauma, highlighting the importance of addressing adversity at the individual, family, community and societal levels. Tackling the negative impacts of adversity requires strengthening 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, all of which can buffer against the effects of adversity. Communities play a vital role in developing and implementing these protective factors and addressing the conditions that lead to an overload of stress on families. Preventing adversity, lessening harm, fostering resilience and promoting healing requires a comprehensive approach that strengthens protective factors across all levels.

Communities have a shared responsibility to foster children's potential. The Ontario ACEs and Resilience (ACER) Community of Practice developed the Ontario Early Adversity and Resilience Framework based on the population and public health principles of working collaboratively to support children and families across their life span in a culturally safe and equitable manner. The intent of the framework is to demonstrate a community-wide approach to address the social and economic factors, physical environments and policies which affect health outcomes across urban, rural, northern rural and remote populations in Ontario. This framework incorporates strategies for outreach to diverse communities in Ontario including populations disproportionately impacted by early adversity. Programs and services need to leverage people's existing strengths and resilience, recognizing that every person may come with their own history of trauma, violence or adversity, and that this collection of experiences makes up a complete health story.

In this framework, there are 4 focus areas, 5 pathways to change and 10 guiding principles that work together as an integrated framework to address early adversity and foster resilience. The four focus areas - socially connected, equitable and inclusive communities; social and emotional development and resilience; reproductive health and parenting/caregiving readiness; and responsive and culturally safe parenting/caregiving - target essential aspects of

children's development and family well-being. The five pathways to change—shifting social norms, integrating upstream strategies, influencing healthy public policy, lessening harm, and collecting and utilizing data—provide a strategic approach to implementing effective interventions within these focus areas. The guiding principles ensure that all interventions are grounded in core values such as equity, cultural safety, collaboration, and evidence-based practices. This alignment ensures a cohesive and impactful approach to enhancing child and family health outcomes and building resilient communities.

THE FOUR KEY FOCUS AREAS ARE:

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 factors shaping those environments. Key outcomes of this focus area include a shared responsibility for well-being, enhanced social and cultural connections, family-friendly and accessible built environments, and equity-centered policies and practices that create healthy communities and a culture of acceptance, fairness and anti-racism

SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE:

Childhood is a fundamental time for the development of lifelong social and emotional competence and resilience which equips children with the skills to manage stress, build healthy relationships, and adapt to challenges. Key outcomes of this focus area include increased access to social and emotional development (SED) resources, celebration of diverse cultures as sources of resilience, improved policies integrating SED in education and child care, expanded access to affordable, high-quality child care, trauma-informed schools fostering positive relationships and engagement, and greater use of SED indicators.

REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS:

Access to comprehensive reproductive health services and perinatal support, including family planning and prenatal care, empowers individuals and families to make informed decisions about pregnancy and parenting. Emotional, psychological, physical and practical preparedness are key to fostering early relational health and safe, supportive environments for children. By strengthening support systems, prioritizing perinatal mental health, and enhancing parenting knowledge, families can build their capacity and confidence, foster positive parent/caregiver-child relationships, and promote long-term well-being. Key outcomes of this focus area include informed decision-making, increased access to culturally relevant, equitable and trauma- and violence-informed reproductive health services, preconception care, perinatal support, prenatal education as well as enhanced support for those experiencing perinatal mood disorders.

RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING:

Parents/Caregivers are the most important and influential part of a child's life, shaping their overall health and well-being. Providing support for families to reduce sources of stress, strengthen core skills, and support responsive relationships can build a strong foundation for children that promotes resilience and reduces adversity. Key outcomes of this focus area include implementing equitable, culturally safe and family-supportive policies, enhancing access to family support programs, cultivating a shared understanding of child development and the importance of parenting/caregiving, and strengthening core skills for parents/caregivers.

Each focus area includes a strategic action table containing activities that span the pathways to change and levels of the social-ecological model (child/youth, family, community, and society). By layering interventions across multiple pathways and levels, communities can take a strategic approach to implementing effective evidence-based actions, using a comprehensive and coordinated approach. Interventions should prioritize building social support, grounding actions in social justice, embracing cultural strengths, and promoting the well-being of all systems involved. These strategies provide a range of options, from broad objectives to more specific, concrete actions, allowing for flexibility to tailor approaches based on community capacity, available resources, and local needs.

The measurement of early adversity and resilience is complex due to the intersectoral nature of these issues and the lack of a consistent approach across Canada. Communities participating in this work need a common set of targets and indicators to monitor progress at both population and program levels, enabling better data collection to inform prevention efforts, demonstrate effectiveness, and evaluate outcomes. Comprehensive data on protective factors, adverse community experiences, and the long-term health effects of adversity is required, along with the integration of health equity measures, standardized assessments, and asset-based indicators to reflect community and family resilience. Resources such as the United Nations Sustainable Development Goals serve as tools to complement community approaches for measuring success and evaluating outcomes.

Preventing early adversity requires us to tackle the conditions that lead to an overload of stress on families and focus on collective actions to build resilience and foster safe, stable, and nurturing relationships and environments for children. This framework can be used as a guide to empower Ontario communities with the evidence-based strategies, resources, and support necessary to foster cross-sector collaborations tailored to local needs. This will promote resilience and healthy development, ensuring children and families can thrive and reach their full potential.

WHO WE ARE

The Ontario Early Adversity and Resilience Framework was compiled by a working group of the Public Health Ontario ACEs and Resilience Community of Practice (ACER CoP). The ACER CoP is made up of Public Health practitioners, community partners, and leaders from across Ontario who are involved in Healthy Growth and Development, Child and Family Health, Healthy Babies Healthy Children programs, and other work related to early adversity or resilience initiatives.

The overall objective of the ACER CoP is:

- To foster collaboration and networking to enhance public health-related ACEs and resilience initiatives across Ontario;
- To facilitate the exchange of knowledge, best practices, and evidence-based interventions that foster healthier individuals, families, and communities; and,
- To increase knowledge regarding ACEs and resilience leading to increased local public health capacity to support clients and communities impacted by early adversity.

Public Health, alongside other community partners, play a vital role in leading and fostering collaboration to address early adversity and resilience, with the ultimate goal of children in Ontario growing up in connected families and inclusive communities that foster optimal health and resilience. To reach this goal, the ACER CoP has adapted the *Fraser Health Population and Public Health: A Health Promotion Strategy to Prevent Adverse Childhood Experiences and Foster Resilient Children, Families and Communities 2022-2027* (Fraser Health Population and Public Health, 2022) to provide health and social services, educators, government, (municipal, provincial, federal and Indigenous) and communities in Ontario with tools to help address and prevent early adversity in their community.

Our Position

We approach our work with a shared commitment to building healthier, more equitable communities across Ontario where everyone can live, learn, work, and play. Our perspectives are shaped by our diverse personal experiences, professional backgrounds, and shared identity as Canadian-born women working in public health.

We recognize that our understanding is informed by, but also limited to, our unique journeys, including experiences with adversity, parenting/caregiving, and relationships. Recognizing we don't have all the answers, we value humility, curiosity, and collaboration as essential to learning and growing alongside the communities we serve. Together, our shared dedication and unique insights strengthen our collective impact.

The Landscape of Public Health in Ontario

Public Health in Ontario is organized and coordinated by the Government of Ontario, and local public health care is delivered via individual health units across the province. Ontario health care is aimed to be delivered via an integrated health care system, where health providers, public health units and community partners work collaboratively to improve the health of Ontarians. The Ontario provincial Ministry of Health determines the strategic goals and directions for Ontario's health system. Within the Ministry of Health, there is an appointed Chief Medical Officer of Health responsible for determining provincial public health needs, developing public health initiatives and strategies and monitoring public health programs delivered by local Public Health Units.[3,4] Public Health Units offer healthy living and disease prevention to local communities and are responsible for leading programs on control of communicable diseases, prevention, and health promotion.[5] Scientific and technical public health advice is provided to the Government of Ontario and local health units by Public Health Ontario who supports the advancement of public health knowledge, best practice and population health assessment in Ontario.[5]
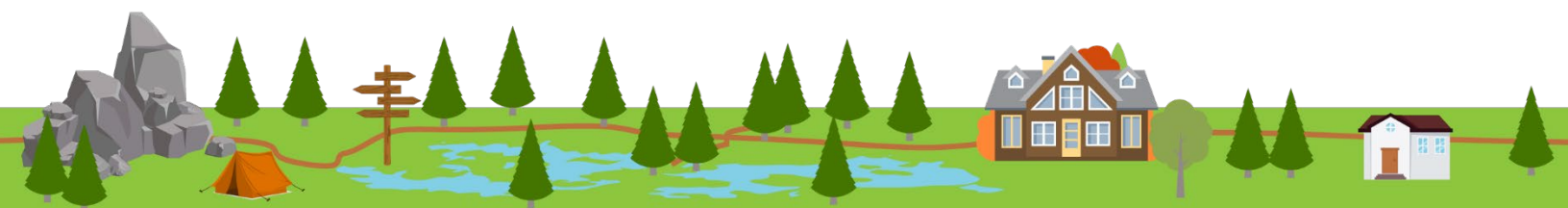
UNDERSTANDING EARLY ADVERSITY AND RESILIENCE

Childhood experiences, both positive and negative, shape a child's development and can have lasting impacts throughout their life. Healthy relationships and positive experiences within families, schools and communities, are central to both children and adult's development, health and well-being.[6] These relationships thrive within an ecosystem that includes not only the experiences of children but also the support for families and the community's ability to sustain high-quality programs, services, and partnerships.

Increasing evidence shows that while safe, stable and nurturing relationships and environments can lead to positive outcomes, early adversity can put individuals at increased risk of long-term health conditions (e.g., depression, anxiety, suicide, cancer, and diabetes) and negative health behaviours (e.g., alcohol and substance use, poor diet and physical activity, and risky sexual behaviours).[7,8] **Early adversity** refers to stressful and potentially traumatic experiences occurring before age 18 that cause an extreme or long-lasting stress response.[9] Early research focused on ten specific **Adverse Childhood Experiences (ACEs)** divided into three broad categories: abuse (physical, sexual, and emotional), neglect (physical and emotional), and household dysfunction (exposure in the household to mental illness, separation or divorce, intimate partner violence (IPV), alcohol or substance use, and/or an incarcerated household member).[10] However, it is now recognized that these ten ACEs are not an exhaustive list; children can experience stress and trauma in other ways, including as a result of systemic inequities. In this document, the terms "early adversity" and "ACEs" are used interchangeably.

Early adversity is often driven by factors beyond the life of the individual child, such as intergenerational trauma experienced by their parents, grandparents, or caregivers and the broader social context in which they live. Ongoing systemic issues like colonialism, racism, poverty, and social exclusion can perpetuate cycles of trauma, making it harder for parents to provide a stable environment.[8,10] Community-level stressors, such as neighbourhood violence or limited access to resources, further increase the risk of ACEs, creating a complex web of challenges for families. Environmental stressors, such as climate change and natural disasters exacerbate inequities and increase stress for families. Thus, the understanding of ACEs has evolved to include experiences of adversity in the household, community, and environment[11], as illustrated in Figure 1.
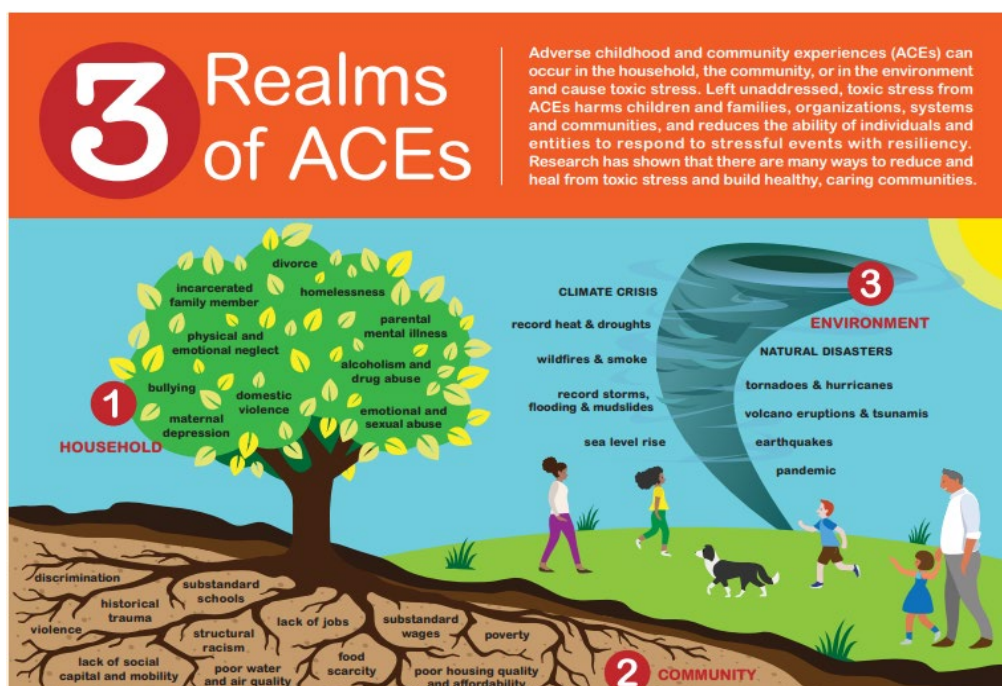
Figure 1. The Three Realms of ACEs – Household, Community, and Environment. Adverse childhood experiences can occur in the household, the community, or in the environment, and cause toxic stress that if left unaddressed, can harm children, families, organizations, systems, and communities.[11]

ACEs are prevalent. Both international and national data found that on average 61.6% of the population has experienced at least one ACE and 12-16% have experienced four or more.[12,13] There is limited Canadian data specific to ACEs, however a 2013 study in Alberta reported the proportion of participants that had at least one ACE was 55.8%.[14,15] More recently, a comprehensive estimate of child maltreatment in Canada, based on the 2018 Survey of Safety in Public and Private Spaces, revealed that approximately 6 in 10 individuals reported experiencing some form of maltreatment before the age of 15.[16] In Ontario, a local survey of adults in Wellington, Dufferin and Guelph found 81% reported at least one ACE, and 31% had four or more.[17] **ACEs impact all communities, but some are affected more** including Indigenous Peoples, Black and racialized individuals, immigrants and refugees, women, individuals that are part of the 2SLGBTQ+ community, children with specialized care needs, youth involved in the criminal justice system and individuals living in low socioeconomic status households.[12,13,18–27]

ACEs demonstrate a dose-response relationship; as the number of ACEs increases, so does the risk for negative impacts on health and development. The more ACEs a child experiences, the greater the risk of future health problems, (e.g., depression, anxiety, suicide, heart disease, cancer, and diabetes) and negative health behaviours (e.g., alcohol and substance use, poor diet and low physical activity, academic underachievement, and risky sexual behaviours).[8,28,29] Notably, adults with four or more ACEs are 12 times more likely to face health risks such as substance use, depression, and suicide attempts[30], and people with six or more ACEs have an increased risk of premature death of up to 20 years earlier than average.[28] Preventing ACEs has been shown to significantly reduce chronic health conditions and risk factors later in life, such as depression by 44.1%, current smoking by 32.9%, and heavy drinking by 23.9%, along with a 14.9% reduction in unemployment.[19]

ACEs can lead to toxic stress, which has a profound impact on development. Some forms of stress are considered a normal and essential part of healthy development such as positive stress (e.g., the first day of school). More intense stress responses can be characterized as tolerable stress (e.g., loss of a loved one) when it is time-limited and buffered by supportive relationships with adults who help the child adapt. However, severe or prolonged stress without adequate support can lead to chronic activation of the stress response system. This results in elevated levels of stress hormones (toxic stress) and disruption of healthy brain development, causing wear and tear on vital systems like the cardiovascular and immune responses.[31] When children face these challenges without support from caring adults, **it can change the way their brain and organs develop**. Extreme or chronic stress caused by early adversity may lead to lasting biological changes that can result in negative health and behavioural consequences across the life course. These biological changes may influence: the developing brain (affecting early brain structure and function); stress regulation (difficulty managing, responding to and recovering from stressors); immune system functioning (Increased vulnerability to infections, chronic inflammation, and autoimmune disorders); endocrine/metabolic systems (elevated risks of hypertension, insulin

resistance, and chronic illnesses); as well as epigenetic changes (effects on gene expression impacting cognition, behaviour, and overall health).[31,32] Persistent exposure to toxic stress, whether from ongoing occurrences or various triggers, can severely impact an individual's physical and mental well-being over the long term. Sensitive and responsive caregiving is crucial in regulating stress hormones, building resilience into adulthood.[33,34]

Resilience is often described as the key to overcoming the effects of adversity, enabling individuals to adapt, recover, and thrive despite significant stress or hardship.[35,36] It is influenced by our relationships with others, life experiences, environments and genetics. Therefore, it is not simply the absence of hardship but the ability to navigate it, supported by the relational and environmental resources available.[37] Foundational elements such as Early Relational Health (ERH),[6] Safe, Stable, Nurturing Relationships (SSNRs)[38], and positive childhood experiences[39] create the conditions that foster resilience. Understanding how these components interact allows us to create supportive systems that empower individuals and communities to thrive, even in the face of adversity.

Early relationships form the foundation of resilience. Early Relational Health (ERH), a relatively new term for a well-established concept, refers to the emotional connections between children and trusted adults that promote development across multiple domains and lead to positive outcomes.[6] Positive and consistent caregiving experiences support the development of emotional regulation, social skills, and cognitive abilities, including critical executive functions like problem-solving and impulse control. These experiences not only support healthy brain development, secure attachment and the foundation for emotional, social, and intellectual growth, but they also buffer children from stress, promote social-emotional competence, and reduce the risk of negative outcomes such as anxiety and behavioural challenges.[6,34] These high-quality adult-child interactions also benefit adults as well, fostering changes in brain, emotional, and physical health. Emerging neuroscience reveals that caregiving experiences stimulate neural networks linked to empathy and responsiveness, while hormonal shifts, such as increased oxytocin and dopamine, enhance bonding and parental capacity.[6] As a result, this is considered a window of opportunity for reinforcing positive behavioural change.[6]

These early relationships establish the groundwork for Safe, Stable, Nurturing Relationships (SSNRs) throughout childhood**,** which serve as protective factors against early adversity.[40] It is through the development of SSNRs with adults that children begin to learn about the world around them and can explore, meet challenges and overcome frightening situations. Adequate support, even when faced with prolonged exposure to stress, can foster healthy development and prevent long-term physical and mental health concerns.[41] This is because consistent, nurturing relationships help regulate the brain's stress response, fostering neurobiological changes that improve emotional regulation and cognitive growth. These changes enable individuals to better adapt to stress, supporting emotional resilience and overall development.[42] Other family protective factors include parents/caregivers who meet their children's basic needs, engage in positive parenting practices, encourage learning and employ peaceful conflict resolution.[43] Importantly, many families face circumstances beyond their control that make it difficult to provide SSNRs and environments.

Positive experiences in childhood strengthen resilience by expanding on the foundation of relationships to include opportunities for learning and developing social and emotional skills, engaging in safe, supportive and equitable environments, and fostering social engagement and connectedness.[39] Examples include positive interactions with family members, stable housing, quality education, and community involvement. The HOPE framework (Healthy Outcomes from Positive Experiences) underscores the importance of emphasizing strengths rather than focusing solely on adversity and outlines ways to enhance a sense of belonging, safety, and growth.[39] Positive experiences can also be defined by the community, reflecting what they consider to be valuable childhood, family, and community experiences.[44] The more positive experiences a child has, the more protected they are against the impacts of early adversity. This result is analogous to the cumulative effect of multiple ACEs. One way to understand the development of resilience is to visualize a balance scale or seesaw, with positive experiences and coping skills on one side and experiences of adversity on the other (Figure 2).[35,41] An accumulation of positive experiences can help to counterbalance even high loads of adversity. Additionally, creating more equitable policies, programs and services can shift the fulcrum of the seesaw to favour positive experiences. The promising aspect of this research is that opportunities for positive childhood experiences can be intentionally developed, while simultaneously advocating for sustained structural change to address experiences of poverty, racism and discrimination.

Resilience is deeply intertwined with the broader systems around individuals—families, communities, and institutions—that provide the support and opportunities needed for growth Resilience develops through positive interactions, protective factors, and by mitigating toxic stress. It is not just an individual trait, but a dynamic process shaped by the interaction between personal strengths and supportive external factors and depends on access to resources that are meaningful, and that meet the needs of people within the community.[37,45] Reducing sources of stress, enhancing skills, and creating supportive environments can strengthen resilience, especially for those with past adversities.[46,47] While resilience can be strengthened at any age, it is best developed early in life through positive experiences and supportive relationships[48]. This is because the brain's rapid growth during this period makes it highly responsive to positive experiences and environments, which establish healthy neural pathways, emotional regulation, and coping mechanisms essential for managing stress and challenges throughout life.[47] Together, ERH, SSNRs, positive experiences and supportive environments create the conditions that allow individuals and communities to adapt and thrive, even in the face of significant adversity.

Figure 2. The Resilience Scale. The Resilience Scale metaphor illustrates the interplay of three key principles that shape resilience. On the left side of the scale, red boxes symbolize the accumulation of adversity and toxic stress. On the right, green boxes represent access to positive supports. The fulcrum, depicted as a purple triangle, signifies the initial resilience capacity, influenced by genetic and epigenetic factors. This fulcrum can shift over time; with the development of skills such as serve and return interactions (responsive back and forth exchanges between a child and caring adult) and core life skills like executive function and self-regulation, the fulcrum can move left, providing less leverage to negative experiences and enhancing overall resilience.[35]

Adversity in childhood is preventable. Opportunities for resilience are created when there is investment in positive supports and protective factors that counterbalance the weight of negative experiences. Childhood protective factors include having positive friendships and peer networks, doing well in school, and having caring adults outside the family who serve as mentors or role models.[43] Family-level protective factors include families that provide SSNRs and environments, ensuring children's basic needs are met and care is consistent. Additionally, families where caregivers have higher education, steady jobs, strong social support networks and positive relationships with the people around them and practice positive parenting and conflict resolution contribute significantly to children's well-being.[43] At the community level, protective factors include access to economic and financial support, healthcare, mental health services, stable housing, safe environments, quality child care, and strong partnerships across sectors.[43] People also find strength in connecting to their cultural identity, language, land, and religion. These resources help prevent and buffer against the negative effects of adversity and promote overall well-being.

Adversity is not destiny. With the right support and interventions, individuals can heal, grow, and thrive despite past challenges. This is where trauma- and violence-informed care (TVIC) plays a critical role by recognizing and responding to the effects of trauma by fostering safety, empowerment, and healing.[49] There is no single universally accepted model of trauma-informed care (TIC), as multiple frameworks exist, each with its own emphasis on trauma, resilience, and systemic factors. One frequently used model is the Substance Abuse and Mental Health Services Administration's (SAMHSA)'s Trauma-Informed Approach which includes 6 key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues.[49] Newer models have expanded the term to trauma- and violence-informed, emphasizing the deep connection between trauma and violence. Trauma- and Violence-Informed Care (TVIC) builds on TIC by addressing the broader social conditions that influence health, including ongoing violence, institutional harm, discrimination, and systemic barriers. Equip Health's Trauma- and Violence-Informed Care (TVIC) framework is guided by four key principles: recognizing the impact of trauma and violence on health and behaviour, creating emotionally and physically safe environments, promoting choice, collaboration, and connection, and using a strengths-based, capacity-building approach.[50] TVIC helps create safe environments by acknowledging how trauma impacts health and behaviour and can strengthen interventions and ensure they are responsive to the needs of those affected by trauma. By shifting the focus from *"What's wrong with you?"* to *"What happened to you?"*, TVIC fosters trust, safety, and empowerment through choice and collaboration, while reducing harm.[50]

Building on the principles of trauma- and violence-informed care (TVIC), the **Neurosequential Model of Therapeutics (NMT)** provides a developmentally informed approach to understanding and treating trauma.[51] It emphasizes that the brain develops sequentially from lower (survival-focused) to higher (thinking and reasoning) regions, and interventions should follow this pattern. The 'Regulate, Relate, Reason' framework uses this sequence for supporting individuals under stress or trauma: first, help them calm down and regain stability (regulate), then build trust and connection through empathy (relate), and, once they feel safe, engage in logical thinking and problem-solving (reason). This model has been adapted for use in education and caregiving settings.

Positionality Reflection

Reflect on your childhood. Did you have a safe, supportive relationship with an adult? How did that relationship or the absence of that relationship affect you? Explore the 3 realms of ACEs tree and make connections to yourself and your own experiences.

Resources to Support Meaningful Action

The United Nations Convention on the Rights of the Child (UNCRC), adopted in 1989, commits nations to protect children's rights, ensuring they grow, learn, and thrive with dignity.[302] Many key articles directly address early adversity, mandating protection from violence, abuse, exploitation, and neglect, while others indirectly contribute by promoting health, social security, adequate living standards, and education. All are critical factors in lessening the impact of early adversity. This emphasizes every child's right to grow up in an environment that supports their development, well-being, and participation in decisions affecting their lives.

By framing early adversity as a rights-based issue, the UNCRC provides a powerful foundation for meaningful action. It obligates governments, healthcare systems, and social services to implement policies and interventions that prevent early adversity, provide early support for affected children and families, and create safe, nurturing environments that foster resilience. This resource can guide advocacy efforts, shape child-centred policies, and ensure accountability in addressing early adversity, ultimately supporting healthier, more equitable outcomes for future generations.
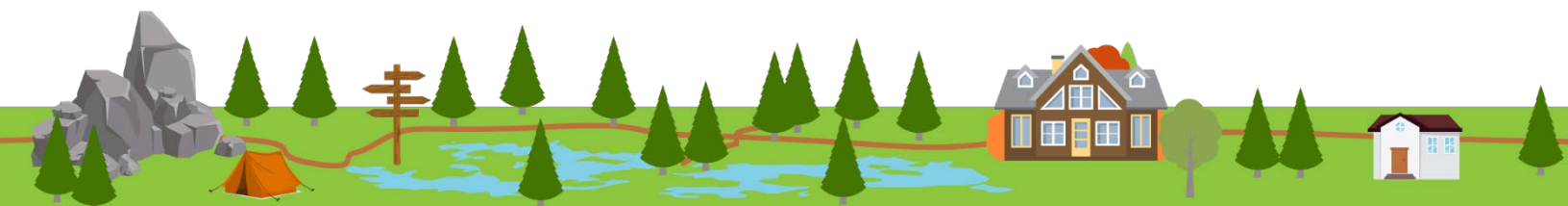
POPULATIONS DISPROPORTIONATELY AFFECTED BY EARLY ADVERSITY

"**Health equity** is created when individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust. Many causes of health inequities relate to social and environmental factors including income, social status, race, gender, education and physical environment".[303]

By addressing the social determinants of health, we address early adversity, and in turn, address the health and resilience of our communities.

Early adversity impacts people across all communities, but research indicates that 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 and toxic stress among these groups. Individuals facing multiple systemic inequities experience even greater levels of adversity, as these overlapping factors amplify their challenges.[52] Research suggests that the following groups of people are at an increased risk of ACEs:

- Indigenous Peoples[20,52–54]
- Black and racialized individuals[12,20,52,53]
- Immigrants and refugees[22–24]
- Women[13,55]
- Individuals that are a part of the 2SLGBTQ+ community[7,13,52,56]
- Children with specialized care needs (e.g., physical or intellectual disability, chronic illness, mental health issues)[18]
- Youth involved in the criminal justice system[25–27]
- Individuals living in low socioeconomic status households[12,13,21,57]

A meta-analysis of half a million adults across 206 studies found strong evidence that having four or more ACEs is more common among populations with a history of mental health issues, substance use or addiction, unhoused individuals, and among certain groups previously mentioned, such as individuals from low-income households and Black, Indigenous, and racialized communities.[12] It is important to recognize that this is not an exhaustive list. Population health surveillance data and research at local and provincial levels can help identify other populations disproportionately affected by adversity.

Emerging evidence demonstrates that children and youth are affected by the trauma experienced by their parents or caregivers, contributing to intergenerational trauma and highlighting the importance of early intervention through supporting parents and caregivers.[58,59] For Indigenous Peoples, the effects of colonization and the associated historical and ongoing trauma also lead to an increased risk of ACEs across generations. Adults whose parents attended a residential school reported high rates of ACEs and reported that residential school affected the quality of parenting/caregiving they received as children. Having a family member who attended a residential school is linked to a higher risk of poor self-reported mental health, increased psychological distress, and a greater likelihood of suicidal thoughts and attempts.[54] This emphasizes the importance of policies grounded in equity and Reconciliation, with a focus on addressing the systemic and structural factors that contribute to ACEs. Changing existing policies and creating new, comprehensive ones can help increase equity in communities that bear an unfair burden of ACEs due to long-standing historical discrimination and structural factors.

Despite higher prevalence of early adversity in some populations, it is important to acknowledge the strengths of these communities as well. Many communities draw strength from strong family ties, social bonds and cultural traditions that have been passed down through generations, resulting in a strong sense of belonging that adds to protective factors.[23] For example, Indigenous communities draw upon traditional resilience practices, including smudging, land-based healing, connection to traditional knowledge, and intergenerational teachings. These strengths, such as kinship networks and the Indigenous ways of knowing and healing, serve as powerful protective factors, countering narratives that focus solely on adversity. Recognizing and building upon these assets can inform more inclusive, culturally relevant approaches to fostering well-being and resilience.

About Colonialism and Why it Matters

Colonialism in Canada refers to the systemic displacement, oppression, and cultural erasure of Indigenous Peoples through practices like residential schools, the Sixties Scoop, the Indian Act, and numerous breaches of human rights experienced by Inuit, Métis and First Nations.[304] These colonial practices have both historical and ongoing effects, manifesting as intergenerational trauma and continued systemic inequity.

Understanding colonialism is vital to addressing the drivers of early adversity and fostering healing within Indigenous communities. The following key resources acknowledge colonial harms, addressing systemic injustices, and fostering healing and resilience within Indigenous communities:

- Truth and Reconciliation Commission's Calls to Action[305]
- The Calls for Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls[306]
- The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)[286]

Each of these documents highlight the need for systemic change and provide calls to action and culturally informed approaches to break intergenerational cycles of adversity. They are foundational for supporting meaningful Reconciliation and healing and integral to the use of this framework.
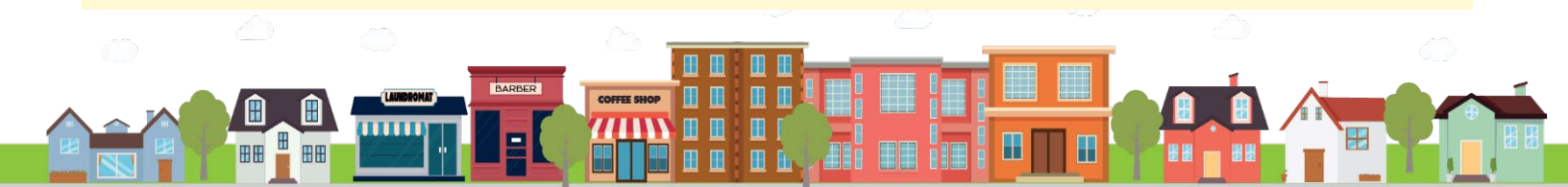
While many of the strategic interventions and actions are universal, it is crucial to recognize that not all children, families, and communities have the same opportunities, and therefore, specific actions are needed to address these inequities. This underscores the importance of including and learning from individuals and communities who experience early adversity, as their challenges and strengths are unique and complex. Involving those with lived experience builds trust and connection, ensures that programs and policies are informed by authentic perspectives, rooted in real-world understanding, and tailored to address both the challenges they face and the strengths they bring. This results in more effective and inclusive solutions with long-term sustainable impact.[60,61] Whenever possible, it is imperative to identify, enhance, and amplify population-specific interventions that are not only designed but also led by individuals from within those communities. Additionally, it is important to build capacity within communities to support them in leading their own strategies and interventions. This approach ensures that the unique needs, cultural nuances, and lived experiences of the population are fully understood and addressed, resulting in meaningful partnerships and ensuring that programs and policies are inclusive, relevant, and do not cause unintended harms.[62]

Actively involving voices of those with lived experience reduces stigma and ensures that initiatives address systemic inequities and avoid perpetuating power imbalances. It aligns with the principle of "nothing about us without us" and shifts the narrative from being helped to helping shape solutions, promoting self-determination and dignity.

Positionality Reflection

Reflect on your own income, social status, race, gender, education, and physical environment. How might your own position within the social determinants of health impact the way you view others who may not have the same strengths or privileges as you? Consider how intersectionality plays a role in these dynamics, as overlapping and intersecting factors such as race, gender, and socioeconomic status can amplify challenges for individuals. Are there areas within the above categories for populations disproportionately impacted by early adversity that resonate with your own experiences or upbringing? Broaden your perspective by listening to podcasts, watching documentaries, or following individuals who share their lived experiences on social media.

Resources to Support Meaningful Action

Those with lived experience are experts in their own lives and possess valuable insights into the solutions for the challenges they face. Consider how you or your team/organization can integrate the voices of individuals who have experienced early adversity into your intervention strategies. Two resources to support incorporating lived experience in your strategies are:

- National Collaborating Centre for Determinants of Health - Let's Talk: Community Engagement for Health Equity[61]
- Tamarack Institute - 10: Engaging people with lived/living experience[60]

WHY NOW

Early adversity is closely linked to health inequities in Ontario that have been exposed by recent events and societal challenges. These include the COVID-19 pandemic, food insecurity, climate crisis, lack of suitable housing and employment, drug poisoning crisis, increases in family and intimate partner violence, and increasing parent and child mental health concerns and child vulnerabilities. These challenges not only elevate the risk of adversity, but are also influenced by it, highlighting the urgent need for upstream interventions to provide families support in navigating these stressors.

The COVID-19 pandemic led to significant societal changes: businesses closed, families stayed home, learning environments adapted, and community services became limited. This rapid shift resulted in increased social and economic instability, placing a heavy burden on many families. The stress of poverty, in particular, can strain parents' ability to provide the necessary material and emotional support for their children,[63], underscoring the critical importance of comprehensive and sustained approaches to help children and families thrive emotionally and physically.

Food insecurity is a critical issue in Canada. In 2023, 22.9% of people in the ten provinces lived in a food-insecure household.[64] In Ontario, the numbers were even higher, with 24.6% of individuals living in food-insecure households. For children, there was an increase of over 10%, from 20.6% in 2021 to 30.7% in 2023. The severity of food insecurity in Canada has also escalated, with the proportion of people experiencing severe food insecurity rising from 3.6% to 6% over the same period. Food insecurity poses serious and long-lasting risks to children's health and well-being.[64] Tackling this issue requires targeted policies, increased resources, and collaborative community efforts to support equity-deserving families and promote healthy, stable environments for child development.

The climate crisis acts as a threat multiplier, deepening existing vulnerabilities and inequities, with the greatest impacts on communities, households, and children already facing adversity.[65] Equity-deserving groups - including racially and ethnically excluded communities, Indigenous peoples, families in poverty, and those with pre-existing challenges like mental health issues or disabilities - are especially vulnerable to climate-related stressors.[65] Both sudden and gradual

climate events can increase children's exposure to direct and indirect risk factors that can occur within households, the community, and the environment. These events can disrupt basic requirements for health – clean water, clean air, and adequate food – and put increasing pressure on families who may already be struggling.

Ontario is in a **housing crisis**. Almost one-third of Ontario residents rent their home, and 40% of them pay unaffordable rent prices.[66] The pandemic worsened housing inequality, with rent prices continuing to rise. In recent years, the availability of suitable housing has decreased due to rising costs, interest rates, and limited supply, making it difficult for many families to find affordable homes. Ontario continues to lose affordable housing options with the monetization of housing; between 2016 and 2021, units renting for under $1,000 decreased by 36%, whereas those renting for over $3000 increased by 87%. Income levels have not kept up with rising rent prices across Ontario. A province-wide poll conducted for Ontario renters in 2022 found that 60% of renters had to cut back on food to afford their rent.[66]

Employment opportunities in Canada have also been affected, with job growth unable to keep up with population growth, leading to higher unemployment rates **unemployment rates**. In Canada, the unemployment rate rose from 5.4% in 2023 to 6.3% in 2024. The situation was even more severe in Ontario, where unemployment increased from 5.6% to 7% during the same period.[67] These factors contribute to increased stress and instability in households, which can exacerbate ACEs by creating environments where children are more likely to experience trauma.[68]

ACEs are strongly associated with poor mental health and problematic substance use in adulthood.[69,70] The **drug poisoning crisis in Ontario** also intensified throughout and after the pandemic with over 2,600 opioid-related deaths reported in 2023 — a dramatic increase compared to previous years.[71] Additionally, youth represent 18% of the 8.049 deaths from opioid toxicity that occurred in Canada in 2023.[72] While public health efforts have focused on reducing opioid deaths, addressing the root causes of substance use, such as ACEs, remains a critical policy priority for preventing harm from substance use.[73]

Family and intimate partner violence (IPV) have also seen troubling increases. In 2023, police-reported cases of family violence increased by 3%, while IPV rose by 1% across Canada. There were 139,020 victims of family violence and 123,319 victims of IPV (aged 12 and older) reported to police.[74] According to Statistics Canada, in 2023, police-reported family violence affected 26,777 children and youth (aged 17 and under), with girls accounting for over three in five victims (62%).[74] In Ontario, between 2018 and 2023, police-reported family violence increased from 195 to 238 cases per 100,000 population, while police-reported IPV rose from 233 to 269 cases per 100,000 population.[74] Research shows family violence and IPV cases are often underreported skewing statistics. For example, in 2019, 80% of IPV victims did not report the incidents to the police.[75] Experiencing family violence or IPV is strongly linked to poor health later in life, due to chronic stress, emotional dysregulation, and an increased risk of mental and physical illnesses.[76–78]

Mental health concerns in Canada are rising at an alarming rate, with a significant increase in mood and anxiety disorders among individuals aged 15 and older between 2012 and 2022.[79] Nearly 1 in 4 hospitalizations for children and youth aged 5-24 are now related to mental health issues, underscoring the growing burden on healthcare systems.[72] This rise in mental health concerns is closely linked to early adversity which significantly increases the risk of developing mental health issues, including anxiety, depression, and suicidality. ACEs, such as trauma and neglect, have lasting impacts on children's emotional and mental well-being, which continue to affect them into adulthood.[80] The rise in youth reporting "poor" or "fair" mental health—from 12% in 2019 to 26% in 2023—serves as a stark reminder of the growing challenges young people face.[72] The shortage of mental health services, long wait times for counselling and other mental health services, especially for youth, continue to exacerbate this problem.[81]

Childhood vulnerability is an ongoing concern across Ontario. The Early Development Instrument (EDI)—a tool that measures a child's vulnerability in five areas: physical health, social competence, emotional maturity, language and cognitive development, and communication skills—highlights the ongoing need for this work. In 2023, 31.1% of senior kindergarten students were identified as vulnerable in one or more EDI domains (children who score below the 10th percentile cutoff of the Ontario baseline population).[82,83] Children in low socioeconomic status neighbourhoods (influenced by factors such as income, education and occupation) are even more at risk of vulnerability.[84]

By acting now, communities can create supportive environments for families and children to thrive. Collaboration between communities and sectors, along with targeted policy development, are essential for preventing and mitigating the impact of early adversity and promoting a healthier, more equitable future for all Ontarians. Given the lack of comprehensive data on early adversity in Ontario, understanding and addressing these experiences is more important than ever.
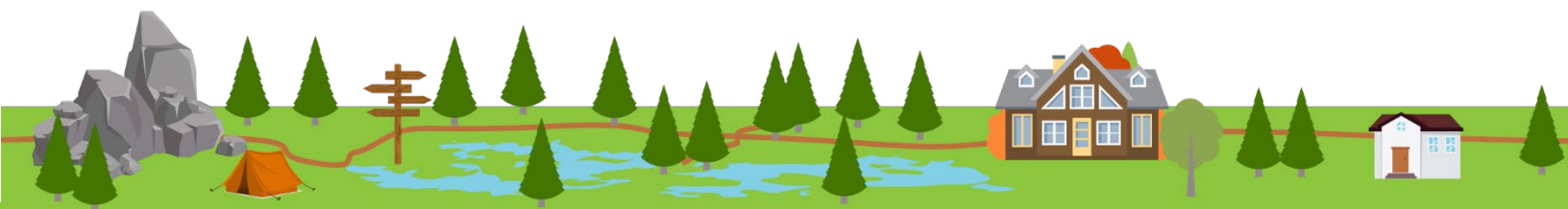
PUBLIC HEALTH APPROACH TO PREVENTING EARLY ADVERSITY

A public health approach to preventing adversity in childhood recognizes the wider social context of factors which impact children, families and communities. Adversity in children's lives cannot be prevented without understanding the political, social and economic environments in which children live, and the way decisions at each of these levels impact families and communities.[85] Using a social-ecological model we can identify primordial and primary prevention strategies at each level and include multi-level programming. A social-ecological model recognizes the complex interplay of direct and indirect impacts within, and between, various levels, and is described further in the Navigating the Framework section.[85]

Primordial prevention allows us to identify evidence-based interventions to enhance protective factors and reduce risk factors for early adversity before they occur. By addressing the upstream and root causes of adversity related to the social determinants of health and inequity, communities can prevent conditions that lead to ACEs while empowering families to build resilience and overcome adversity. Early adversity interventions must also be intergenerational, providing supports for children, youth, and their caregivers, so that the impact continues into the next generation. This framework suggests interventions at every level of the social-ecological model with emphasis on areas with increasing population-level impact (See Figure 3).
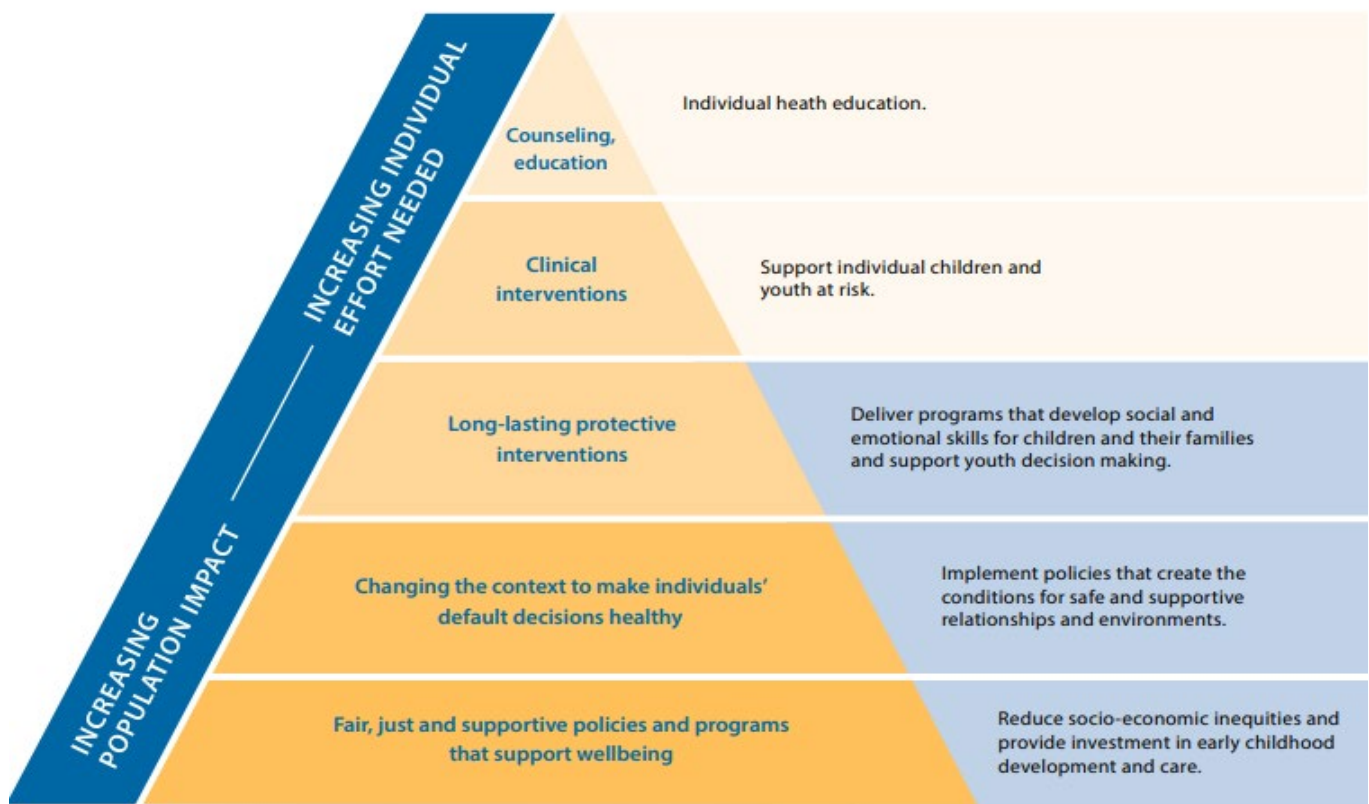
Figure 3. ACEs Pyramid of Intervention. The rectangles in blue indicate that the framework focuses on areas with increasing population-level impact.

Communities have a **shared responsibility to foster children's potential** and support them in experiencing safety, dignity, and belonging. Opportunities for resilience are created by investing in communities and individuals through positive supports and protective factors that can counterbalance the weight of negative experiences. Adopting practices that are equitable, trauma-informed, and healing-centred as a universal approach supports children, youth, adults, and families who have experienced adversity to have positive outcomes, despite negative experiences.

Additionally, it is crucial to recognize the impacts of adversity and trauma while acknowledging that individuals and communities are more than their worst experiences. A culturally safe, healing-centred approach focuses on building strengths and allows individuals, service providers, and communities to take an honest look at the systemic forces that drive adversities, and to recognize that **both trauma and healing can happen collectively.** The need for a healing-centred and strengths-based approach has also been recognized for Indigenous communities, with development of an Indigenous Wellness Pyramid that emphasizes intergenerational healing, cultural identity development, community safety and well-being, and the importance of positive childhood, family, and community experiences.[44]

The opportunity lies in shifting from individually focused solutions to a broader societal and political responsibility. Communities must transform their practices, foster healthy relationships, and improve institutional cultures by prioritizing equitable, decolonizing, anti-oppressive and anti-racist principles as the foundation for healing and wellness. Organizations must commit to continuous training and self-reflection to improve trauma-informed practices, fostering inclusive and responsive environments that drive meaningful, lasting change. Intersectoral partnerships and collective action are essential for building capacity, sharing knowledge, and creating innovative solutions to the complex challenge of addressing early adversity.

ABOUT THE FRAMEWORK

Purpose of the Ontario Early Adversity and Resilience Framework

The purpose of creating this framework is to:

- **PROMOTE EARLY ADVERSITY AND RESILIENCE INTERVENTIONS:** The framework provides evidence-based strategies for decision-makers and communities in Ontario, to support and guide collaborative efforts in preventing early adversity and promoting resilience.
- **EXPLAIN COMPLEX CONCEPTS:** The framework seeks to simplify complex ideas offering generalized explanations that make these concepts more accessible and easier to understand.
- **CREATE SHARED UNDERSTANDING:** The framework establishes a common language to ensure that communities have a shared understanding of key drivers and impacts related to the upstream causes of adversity.
- **PROMOTE COMMUNITY ACTION:** The framework promotes community-level responsibility, intersectoral collaboration and promotes solution-focused strategies.
- **INCREASE IMPACT:** The framework aims to improve the overall impact and success of early adversity and resilience efforts and initiatives in Ontario.

How this Framework Can be Used to Support Community Resilience

The following are some examples of how this framework can be utilized, from provincial to community-level actions:

- **Shape provincial health and social services strategies:** Use as a guiding framework to shape a regional and provincial strategies (e.g., adoption into the Ontario Public Health Standards (OPHS), guide paediatric health strategy across Ontario Health).
- **Shape public health strategies:** Integrate the framework into strategic planning, using the focus areas and strategic actions to inform program planning, implementation and evaluation aimed at improving population health.
- **Foster cross-sector collaboration:** Serve as a shared resource for collaboration among community partners (e.g., government, education, health, child welfare) to address shared goals and challenges.
- **Facilitate provincial collaboration:** Enable collaboration and collective initiatives across the province using shared resources (e.g., provincial communication campaign, advocacy, grant applications).
- **Facilitate research and strategic partnerships:** Provide a structured approach for forming research collaborations and developing actionable, multi-system strategies.
- **Support population health assessment:** Support epidemiologists in selecting, prioritizing, and developing indicators for early adversity and resilience to support health status assessments, monitoring, and evaluation at the local and provincial level.
- **Support operational and strategic planning:** Help organizations and community coalitions with operational and strategic planning, including grant writing and communication strategies.
- **Guide project development:** Support action planning, implementation, and evaluation by using the focus areas, pathways to change and guiding principles to shape collective action and assess outcomes effectively.
- **Guide municipal planning:** Support municipal governments to make informed funding and policy decisions, integrating strategic actions into local priorities like transportation and recreation (e.g., integrate into Strategic plan).

Ultimately, organizations and communities should commit to using the framework, identify tangible actions to mobilize its strategies, then actively plan, develop, and implement programs, policies, and services that align.

Navigating the Framework

This framework provides guidance for communities to foster resilience and address early adversity across Ontario. The aim is to explore innovative and collaborative solutions to improve health and well-being in communities through engagement and collective action. The framework identifies four focus areas and five pathways to change, all rooted in the ten guiding principles. These were adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities,* published by Fraser Health Authority, with revisions from additional research, working group consensus, and external consultation.

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

Graphic Representation of the Ontario Early Adversity and Resilience Framework

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 centre is the **main goal**, representing the heart of the framework. This is surrounded by **four key focus areas** that target essential aspects of children's development and family well-being. These focus areas show where action is needed and are grounded in a strong foundation made up of **ten guiding principles**. The principles represent the core values of the framework, providing stability and shaping how actions are carried out. **Five pathways to change** circle the framework, shown as roads connecting communities. These roads symbolize how change moves and spreads, creating links between people and places. Together, these elements create an integrated and comprehensive approach to building resilience.

Strategic Action Tables

Each focus area includes a strategic action table containing activities that span the pathways to change and levels of the social-ecological model. The five pathways to change are used in the action tables and offer a strategic approach to implementing effective interventions within the focus areas. Layering interventions across multiple pathways enhances the overall impact and effectiveness of strategies, strengthening initiatives. The social-ecological model's four domains — individual (child/youth), relational (family), community, and society—underscore the importance of prevention efforts across all levels of influence that affect families, while acknowledging the complex interaction of protective and risk factors within and between these levels.[86] Addressing early adversity requires coordinated action across multiple levels and pathways to achieve a greater, more sustainable impact on population health (See Figure 4).

The strategies outlined in the strategic action tables within each focus area are based on current research evidence, promising practices, and expert feedback, and offer communities a starting point to develop culturally relevant programming that builds resilience and prevents early adversity. Interventions should prioritize building social support, grounding actions in social justice, embracing cultural strengths, and promoting the well-being of all systems involved.[45] These strategies provide a range of options, from broad objectives to more specific, concrete actions, allowing for flexibility to tailor approaches based on community capacity, available resources, and local needs. Interventions may achieve outcomes across multiple focus areas but have been categorized under the area they align with most closely. As technology increasingly becomes a part of daily life, expanding the understanding of how digital and virtual environments are embedded within the social-ecological model is crucial for capturing their influence on development.[87] By integrating these technological dimensions, prevention strategies can better address emerging risks, such as cyberbullying, while leveraging digital platforms for resilience-building interventions, including teletherapy, mental health apps, digital communication campaigns and online community support. Therefore, throughout the strategic action tables, digital strategies are integrated across all levels of the social-ecological model.

CHILD/YOUTH — The individual development and well-being of the child or youth, encompassing their cognitive, emotional, social, and physical development, as well as their personal behaviours and experiences.

FAMILY — The family environment and relationships that directly impact children and youth, including family dynamics, parenting practices, emotional support, and the quality of relationships between parents, caregivers, and siblings.

COMMUNITY — The broader social networks and environments that children, youth, and families interact with, including schools, peer groups, workplaces, and neighbourhoods. This level focuses on strengthening community protective factors by enhancing social connections and improving the physical and social environment.

SOCIETY — The larger social, cultural, and policy contexts that shape individuals and communities, including societal norms, economic conditions, cultural values, and policy frameworks that influence children, families, and communities.

Figure 4. Social-ecological Model. The overlapping circles in the model illustrate how factors at one level can influence those at another, highlighting the interconnected nature of these influences. Definitions of each level have also been provided for clarity.[85,86]
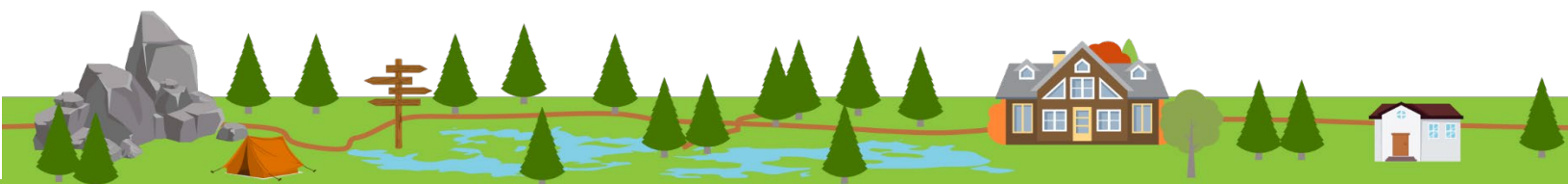
A review of the evidence supporting specific programs mentioned in the strategic action tables was beyond the scope of this framework. However, many interventions were selected from reputable sources that provide summaries of evidence-based or evidence-informed programs, including:

- World Health Organization: Tackling Adverse Childhood Experiences (ACEs) State of the Art and Options for Action[33]
- Public Health Ontario: Adverse Childhood Experiences (ACEs) Interventions to Prevent and Mitigate the Impact of ACEs in Canada[88]
- Public Health Wales: Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales including Appendix 3: Supporting Evidence[89]
- Burke Foundation: Early Relational Health: A Review of Research, Principles, and Perspectives[6]
- U.S. Centers for Disease Control and Prevention: Adverse Childhood Experiences Prevention Resource for Action[90] and Adverse Childhood Experiences Prevention Strategy[7]

Advancing Resilience Through Collective Action

Central to this framework are collective action and collaboration, ensuring that solutions are tailored to the specific needs and strengths of each community. Since ACEs impact multiple sectors—such as health, education, and social services—coordinated efforts across these areas are vital. Addressing childhood adversity requires collaboration among partners from all sectors to ensure holistic and integrated solutions. While the framework provides the foundation for the "what", it does not detail the "how", which is to be decided in collaboration with community partners, based on local needs and the acceptability of each strategy and available programs/resources. These strategies are designed to work in combination and reinforce each other for the greatest impact. To effectively address childhood adversity, it is essential to consider each focus area and work together to implement initiatives across all pathways and sectors. By leveraging this framework, communities can implement programs and policies, advocate for systemic changes, and ensure appropriate resource allocation to support sustainable interventions and equitable services.

GUIDING PRINCIPLES

The guiding principles are values that were embedded throughout the development of this framework and serve to provide a foundation for developing and implementing interventions and strategies. These ten principles guide individuals, organizations and communities in using the Ontario Early Adversity and Resilience framework to plan and implement strategies related to addressing early adversity. Operating in alignment with these principles will help ensure measurable processes and results.

1. **ACROSS THE LIFE COURSE:** By focusing efforts across the life course, it is recognized that many life stages and transitions have unique developmental needs, risks, and opportunities. The intergenerational impact of trauma is acknowledged, with the early years and becoming a parent as examples of key moments to develop resilience through nurturing relationships that can last a lifetime.

2. **COLLABORATIVE:** Preventing early adversity requires a collaborative response among the public, non-profit and private sectors. Transformative change happens through early, meaningful and authentic engagement with partners and community, guided by shared values and priorities. Ensuring the involvement of people with lived experience and their right to self-determination, is core to this work.

3. **CULTURALLY SAFE:** Pathways to resilience and wellness may vary for different cultural groups and contexts. For Indigenous Peoples, opportunities to re-connect and reclaim a positive cultural identity by re-building connections to culture and ancestors, language and ceremony, land and community are foundational to wellness and self-determination. The goal is to address the power imbalances inherent in the health care system and create environments free of racism, sexism and discrimination.

4. **DIVERSE AND INCLUSIVE:** This principle emphasizes the need to be responsive to the needs of diverse communities, ensuring their voices are heard in shaping health interventions and services that affect them. There is a long history of excluding the voices of children, Indigenous Peoples, Black and racialized people, and those whose lives are constrained by poverty and trauma. Efforts must be made to learn from diverse communities and seek collaborative solutions to shared challenges. The guiding value of "nothing about us without us" is central to driving program and systems change.

5. **EQUITY and RECONCILIATION ORIENTED:** Even with the best health care system, certain groups of people, due to historical, social, and/or economic disadvantages, experience different health outcomes. A blend of universal and targeted population health interventions will be used to reach people in culturally appropriate and accessible ways, bridging gaps to ensure everyone has a fair chance at good health. True Reconciliation requires action. A robust incorporation of the Truth and Reconciliation Commission's Call to Action and the Calls for Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls are fundamental steps towards equity and healing by recognizing Indigenous Peoples rights to self-determination and addressing the lasting impacts of intergenerational trauma from colonization.

6. **EVIDENCE-INFORMED:** This framework builds upon leading practice models and the best available evidence, incorporating multiple forms of knowledge, including research, local knowledge, lived experience, and Indigenous ways of knowing and healing, such as land-based practices and ceremony. In cases where evidence is emerging, new possibilities and innovative solutions are explored. Ongoing research and evaluation are vital for improving early adversity and resilience practices.

7. **PLACE MATTERS:** The places where children live, grow, play, and learn profoundly shape their development and lifelong health. Place can be understood in a holistic sense—encompassing physical space, as well as spiritual, mental, and emotional dimensions. Ensuring that every child grows up in an environment that is safe, supportive, and stimulating is fundamental. Social determinants of health such as access to quality housing, education, employment, and social support are all influenced by the environment and can either promote or hinder well-being. Recognizing and addressing disparities in access to opportunities and exposure to risks by considering the broader environmental, social, and systemic factors that affect children's well-being is crucial.

8. **POPULATION-BASED:** This framework uses a population health approach, meaning that the health and well-being of the entire population, as well as groups within it, will be assessed. Upstream activities and interventions with the greatest impact at a population level will be prioritized. A population-health approach also recognizes that populations are diverse, and that interventions need to be developed and implemented in collaboration with communities affected by them. By embracing a proportionate universalism approach, additional support will be provided to those who need it most, ensuring equitable health outcomes for all.

9. **STRENGTH- AND RESILIENCE-BASED:** A strength- and resilience-based approach recognizes and builds on the strengths of the child, youth, individual, family, and community. Resilience can be built among individuals (e.g., through developing skills in self-regulation and executive functioning), through relationships (e.g., love and support from parents/caregivers or caring adults), and at the community level (e.g., through supportive social or cultural networks). Nurturing resilience is essential to the work of preventing and offsetting the impact of early adversity.

10. **TRAUMA- AND VIOLENCE-INFORMED:** The need to build awareness of the intersecting effects of past and ongoing forms of adversity and trauma, including ACEs, historic and intergenerational trauma and structural violence is considered. A trauma- and violence-informed approach to early adversity includes promoting resilience, addressing systemic inequities, and building commitment within communities.

Positionality Reflection

How do these guiding principles align with your own values? Do you have stronger connections to some over others based on your personal experience? Choose one that you have the least connection to and explore it further with others.

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.

PATHWAYS TO CHANGE

Action is recommended to be taken along five pathways within each focus area, offering opportunities to create conditions for change. The goal is to acknowledge that change is a dynamic process and that no single strategy will be able to generate the systems disruption needed to prevent adversity in childhood – recognizing that much adversity is driven by the widening inequities within our society. Multiple strategies are needed within each pathway, targeting different aspects of the socio-ecological environment (individual (child/youth), relationship (family), community and society) to alter the conditions needed for systems change within each of the priority focus areas.

Action is needed to:

1. Shift social norms that drive early adversity

Changing the status quo begins with raising awareness about why change is needed. Communities can work together to build awareness through consistent and strategic messaging, highlighting the benefit of addressing early adversity and supporting caregivers, children, community partners and healthcare teams as a shared cross sectoral community responsibility. Social norms can be shifted so that discrimination, racism, and violence are no longer acceptable, colonial and patriarchal norms are dismantled, and non-western values are embraced along with traditions and practices that are a source of strength and resilience. Building capacity of Indigenous Peoples, Black and racialized individuals, women, parents and communities to pursue and participate in their own cultural practices at all points in their lives, particularly during pregnancy and childbirth, is essential.

2. Integrate upstream strategies into programs and services to support equitable outcomes for children and families

To create sustainable and long-lasting improvements in the lives of children and families, the fundamental causes of social and health disparities, such as poverty, racism, colonialism, discrimination, and inequitable access to services and healthcare need to be addressed. Strategies that target these underlying issues create more equitable and enduring

outcomes, ensuring that all children and families have the resources and opportunities necessary to thrive. Working together as a community enables the development and implementation of activities focused on primordial and primary prevention, leading to improved outcomes across the life course. Embracing a proportionate universal approach for these activities involves tailoring interventions to the level of need, ensuring that resources and efforts are directed where they are most needed while maintaining universal access.

3. Influence the development of healthy public policies that prioritize the needs of children and families

Organizational and governmental policies can support nurturing relationships and environments for children and families. Communities can advocate for and implement policies that strengthen families, enrich child care and school environments, improve the built environment and encourage child- and family-friendly communities. Policies can also negatively affect populations; any changes to policies need to have at the forefront the safety, well-being, and best interests of those it impacts.

4. Intervene to lessen harm

Exposure to trauma and adversity significantly impacts short- and long-term mental, physical, and biological health. Children who experience trauma and adversity may face increased challenges in their future relationships and personal well-being, as well as when they become parents/caregivers. Focusing on minimizing the harm or consequences of harm from adversity that has already occurred or is currently happening by increasing resilience, learning skills, and providing safe, trauma- and violence-informed environments and relationships can reduce harm, promote resilience, and support long-term healing for current and future generations. This approach should be holistic and culturally grounded, incorporating Indigenous wellness models (e.g., the Medicine Wheel) that emphasize balance and healing across the mind, body, heart, and spirit.

5. Collect and use data to drive our decisions and generate action

Understanding how early adversity and resilience affect the well-being of Ontario communities can help raise awareness and influence action. The consistent use of best available evidence, data and indicators of early adversity and resilience, and gathering feedback from affected communities and partners can support the development of community-based programming, as well as help evaluate progress. Application of research and data can influence policies, practices and processes for children and families. There is a recognized need to identify indicators of early adversity and collect ACE-related data across Ontario.

Data collection processes must recognize that data points are the life stories of individuals and communities; they deserve the utmost respect and consideration. Collection and ownership of data related to Indigenous and Black communities can be guided through utilization of the Ownership, Control, Access, and Possession (OCAP) principles and the Engagement, Governance, Access, and Protection (EGAP) framework.[91,92] OCAP ensures First Nations control their cultural knowledge and data, aligning with their worldviews and protocols, while EGAP envisions Black communities achieving self-determination through governance and control over data, fostering pathways to dismantle structural racism and advance equity. Both frameworks advocate for meaningful community engagement, access to collective data, and protection of data rights, empowering communities to steward their information on their terms.

These pathways are adapted from the four goals in the U.S. Centers for Disease Control and Prevention Essentials for Childhood Framework to promote the positive development of children and families and prevent child abuse and neglect and form the mandate of this strategy. [40]
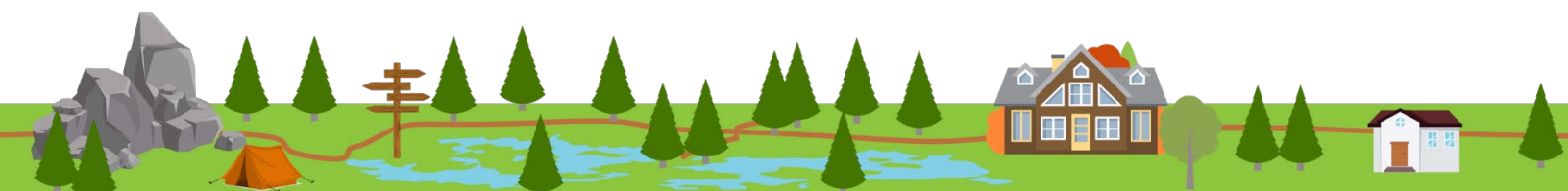
PRIORITY FOCUS AREAS AND ACTION PLANS

The following section outlines the goals and expected outcomes for each focus area.

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 connection
- Family-friendly communities that are sustainable, safe, inclusive, and resilient
- Built environments that are accessible, supportive, and conducive to healthy development across the life course, with a focus on reducing barriers to resources
- Equity-centred policies and practices that create healthy communities, addressing systemic issues that affect family stability
- Culture of acceptance, fairness, self-determination, anti-racism, and anti-discrimination

Why it matters

Children's health and development are influenced by their immediate social environment, the built and natural environments, and systemic factors shaping those environments (see Figure 5).[6,93] Strategies that target the powerful influence of place on the early foundations of child health and development are crucial for preventing and reducing the harms of early adversity.[94] Healthy policies are needed to help create the environments that children need to thrive.
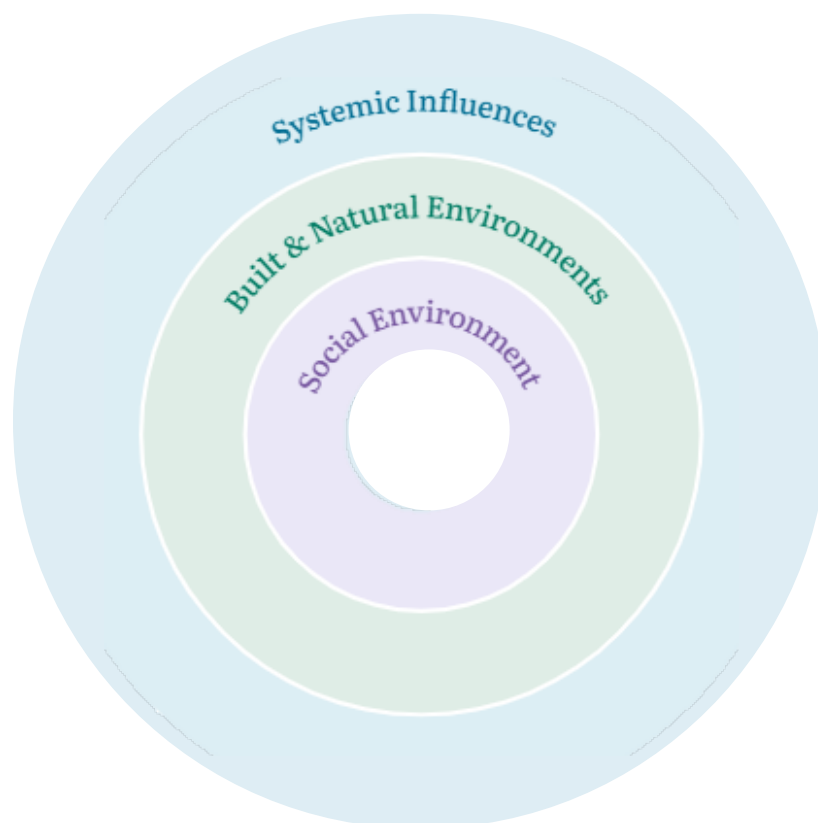
Figure 5. **Place Matters: What Surrounds Us Shapes Us.** This graphic from the Center on the Developing Child at Harvard University illustrates how a child's environment directly impacts their development and well-being. The concentric circles nested around the child highlight the interconnected factors (social conditions, built and natural environments and systemic influences) that impact early childhood outcomes and lifelong health, reinforcing that supportive environments can buffer against adversity. [95]

Social Environment

A child's well-being is shaped not only by their immediate family but by their social environment, which includes interpersonal relationships, the families and groups they belong to, neighbourhoods where they live, and the broader social systems and structures that influence their daily lives.[96] Strong social connections —whether through schools, workplaces, faith communities, or peer groups—enhance resilience by fostering a sense of belonging and support, which buffers the impact of adversity and stress.[97–102] Additionally, the social cohesion and social capital of a community, characterized by strong levels of trust among members and access to resources, can significantly enhance resilience at the individual, family, and community levels. Social cohesion acts as the glue that holds a society together, while social capital refers to the resources available within a community, such as social organizations and support networks.[103,104]

Key influences in a child's social environment, such as family dynamics, responsive relationships, caregiver well-being, community support systems, faith and cultural traditions, and exposure to adversity, play a critical role in shaping their development.[94] For instance, social connections for parents and caregivers can reduce isolation, a risk factor for early adversity, while caring adults outside the family who serve as role models or mentors can act as protective factors against child maltreatment.[43]

Evidence-based strategies that strengthen the social environment—by improving social connections, access to resources, and fostering community engagement—can prevent adversity and promote positive child outcomes.[46] These strategies should not only focus on the family unit but also address the broader social factors like housing, economic stability, and social support that influence family resilience and well-being.[93,105] Ultimately, nurturing a supportive and connected social environment can help build a more equitable, resilient society for all children and families.

Built and Natural Environments

The physical surroundings where children grow up—their built and natural environments—play a crucial role in shaping their development. These environments, which include their homes, neighbourhoods, parks, and natural spaces, directly influence children's developing biological systems, including cognitive and physical abilities, and play a role in the development, quality and stability of their relationships.[94] For example, a community park offers a space for physical activity, fosters the opportunity for social connections through shared recreational areas, and encourages family bonding through joint activities. This enhances social skills and emotional well-being and creates a sense of belonging within the community. In addition, accessing green spaces is associated with better mental well-being, improved overall health and reduced stress, and supports children's cognitive development, enhancing memory and attention.[106,107] The quality and accessibility of these environments determine whether children are exposed to positive influences (protective factors) or negative influences (risk factors) that can be harmful, depending on their prevalence within a community's physical environment. Examples include safe green spaces, exposure to toxins, hazards and pollution, economic opportunities, clean water supply, access to safe housing and nutritious food, and neighbourhood infrastructure.[94] It is crucial to enhance equitable access to positive influences and minimize negative ones in both natural and built environments to reduce disparities and improve health outcomes.

Planning healthy, complete, compact, and equitable neighbourhoods is central to addressing the complex interconnections between the ecological and social determinants of health, which play a role in shaping early life experiences and long-term well-being[108,109] Equitable community design prioritizes healthy, walkable, and sustainable neighbourhoods, where families can work, shop, play and access services. This approach is key to addressing multiple risk factors and improving health outcomes. For example, environments characterised by a lack of recreational areas and green space, exposure to pollutants, and poor housing quality —such as limited housing options and unaffordable housing— are risk factors that can contribute to negative outcomes throughout the life course.[110–113] The benefits of

well-planned neighbourhoods include better air quality, fewer urban heat islands, flood mitigation, active transportation, lower greenhouse gas emissions, and improved health outcomes such as reduced stress, increased physical activity, stronger social connections, and a reduced risk of premature death.[114] These health benefits are influenced by broader community planning decisions, including the design of homes, quality of green spaces, exposure to climate risks, and access to active transportation—all of which result from the complex interplay of policies, economic priorities, social values, and local resources. Thoughtfully designed neighbourhoods can help buffer the effects of early adversity by fostering social connections and providing safe, supportive environments where children can thrive.[115–118]

Integrating trauma-informed principles into urban planning and development, with a focus on how the built environment influences mental health, can enhance the effectiveness of public health initiatives by prioritizing the well-being of individuals who have experienced trauma.[118] This approach integrates an understanding of trauma into community planning, emphasizing safety, support, and resilience. Features of trauma-informed neighbourhoods include accessible mental health resources, spaces that promote social connection, environments that reduce stress (such as green spaces), and designs that avoid triggering past trauma. By creating environments that acknowledge and mitigate the effects of trauma, these neighbourhoods aim to foster healing, stability, and a higher quality of life for residents.[118]

Acknowledging the importance of safe green spaces and healthy built and natural environments includes the need to consider the impacts of climate change on our environments. Young children, despite contributing the least to global emissions, will bear nearly 90% of the burden of disease attributable to climate change.[119] The increasing frequency of climate events, such as wildfires, extreme heat, and water scarcity, significantly affects early childhood development, with consequences for children's physical health, cognitive function, and emotional well-being.[120–122] For instance, wildfire smoke impairs respiratory health and cognitive function, while extreme heat can lead to dehydration and developmental delays. Water-related risks, such as flooding and lack of clean water, create immediate dangers and long-term developmental challenges.[120–122] These environmental factors, when combined with early adversity, create compounded risks, especially for children already facing challenges such as poverty, neglect, violence or trauma[65,94] The intersection of these stressors undermines resilience and hinders healthy development, perpetuating cycles of adversity. Moreover, the design of communities and homes plays a critical role in mitigating these impacts. Well-planned, climate-resilient infrastructure—such as flood-resistant roads and sustainable water systems can reduce the overall environmental risks that affect children's health. At the same time, ensuring that individuals have access to reliable heating, cooling, and ventilation is crucial for protecting children and families and maintaining their well-being.[122]

All levels of government and community partners are responsible for the environments that are created. Collaboration—especially with urban planners—at every stage of planning and development is essential for promoting healthy communities. Building and maintaining cross-sector partnerships is crucial for establishing shared goals, advancing collective policies, reducing early adversity, and strengthening resilience.

Healthy communities advance the social determinants of health and positively impact residents' well-being by making it easier for them to lead healthy lives through thoughtful community design, planning, and health promotion. They enable citizens to reach their full potential, regardless of their social, cultural, or economic circumstances, by providing equitable access to healthy built, social, economic, and natural environments. These communities are guided by principles such as a commitment to equity, healthy public policy, and cultural safety.[123]

Systemic Influences

Creating a community where people feel safe, respected and valued begins by acknowledging and addressing historical and ongoing forms of structural disadvantage that have created unfair conditions for families.[124,125] Recognizing the multi-dimensional impact of place is essential for designing interventions and policies aimed at preventing early adversity and promoting resilience among children and families.[94]

Influences such as systemic racism, current and historical oppression, intergenerational poverty, structural inequities, access to quality child care and education, and healthcare system disparities contribute to the prevalence and distribution of ACEs within communities by directly shaping the environments in which children grow and develop.[94] These influences create significant physical, social, and economic hardships for diverse families. For example, the systemic influence of structural racism has significant negative impacts on racialized communities. The inequitable distribution of housing and neighbourhood characteristics have systematically denied groups full control over their residential choices, resulting in segregated landscapes marked by uneven resources and opportunities.[126,127] In Canada, Indigenous Peoples and Black individuals are nearly twice as likely to report experiencing eviction compared to non-visible minorities.[127] Non-white immigrant and refugee newcomers also face significant barriers in securing and maintaining housing, including discrimination based on country of origin, immigration status, ethnicity, or race.[126] Additionally, lower-income neighbourhoods and those with higher percentages of Indigenous residents often face disproportionately high exposure to unhealthy food outlets.[127] Indigenous children, in particular, report having easy access to processed and convenience foods, while fruits, vegetables, and traditional foods are less available.[127]

Although Black, racialized and Indigenous People face systemic inequities, connections to culture, support networks, language, identity, and community belonging within these groups serve as protective factors that are foundational to wellness and self-determination at all stages of life.[109,128,129] Communities must commit to structural change that is guided by anti-racism, anti-discrimination, and cultural safety, as well as commit to immediate steps towards Truth and Reconciliation. All children deserve a fair opportunity to succeed in life.
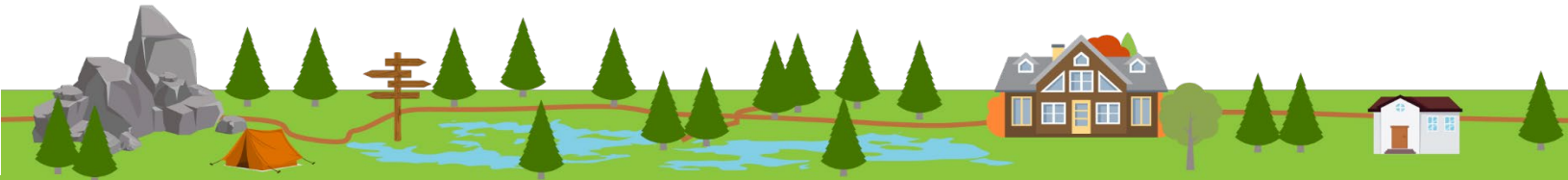
Positionality Reflection

Reflect on how your neighbourhood was organized when you were a child and as an adult. Consider how the layout of homes, parks, schools, shops, and transportation options—along with your access or lack of access to natural spaces, nutritious food, services, arts and culture, and recreation—impacted your well-being. How might your own experiences shape your perspective on the importance of these factors for others? Research and learn about remote communities that lack easy access to supportive social environments, such as places where people can connect, receive support, and engage in activities that promote mental and physical well-being. Identify a community within Ontario that may be facing place-based inequities, such as a lack of access to clean drinking water in Indigenous communities and consider how you might contribute your voice or actions to foster meaningful change.

Resources to Support Meaningful Action

Environmental factors such as air quality, heat islands, access to green spaces, and community resources significantly impact children's growth and development, as well as their experiences of early adversity and the protective factors that buffer these effects.[122,130,308] Some populations such as low-income groups, new immigrants and visible minorities have less access to protective factors putting them at greater risk of poor health outcomes across the lifespan and exacerbating the effects of early adversity.[130] The following resources can be utilized to learn more and integrate equitable healthy built, natural, and social environments across Canada:

- The Canadian Institute of Planners Policy on Healthy Community Planning[131]
- National Collaborating Centre for Determinants of Health - Health equity and the built environment: A curated list[309]
- HealthyPlan.City[130] A free, web-based mapping tool that visualizes environmental inequities across 125+ Canadian cities by integrating environmental and demographic data to support public health, urban planning, and climate resilience efforts.

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Strengthen positive family and community norms to foster safe, stable, and nurturing relationships and environments		Workplaces should prioritize trauma- and violence-informed support by creating a safe and inclusive environment, offering mental health resources, and training leaders to address the impact of trauma on employees' well-being	Challenge cultural and social constructs of violence, gender and race and promote social norms that protect against violence
			Shape the story of early adversity and resilience through community- wide public awareness campaigns	Shift the focus from individual responsibility to community solutions by creating conditions for resilience and promoting sense of belonging (e.g., cross-sector collaborations, community coalition)
			Provide educational opportunities for communities to learn about the importance of building safe, accessible and sustainable communities (e.g., webinars, workshops)	Modify structures and policies to embed anti-racist practice within health organizations (e.g., ensure staff and board members are representative of racialized communities)
				Adopt two-eyed seeing approaches coordinating both western and Indigenous health practices (e.g., ensuring Indigenous staff and community members have the rights and ability to access cultural and healing practices)

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	
	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 social prescribing into practice based on client needs, goals, and interests		Create programs to help immigrants and refugees navigate health, social, and education systems through multi-sector partnerships	
			Collaborate to create formal and informal spaces that are inclusive, accessible and safe	Use equity tools to assess and plan programs and services for children and youth to create supportive environments
			Increase food security by making nutritious food an easy option (e.g., available, affordable, accessible and culturally suitable)	Create and optimize policies that prevent interpersonal and cultural racism and violence

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate upstream strategies			Facilitate local alliances to identify, develop and implement community-specific strategies to address family and community adversity and build resilience (e.g., through development of community coalitions, community awareness and outreach campaigns, joint advocacy, etc.)	Collaborate with urban planning and transportation sectors to advance **healthy community design**, prioritizing equity-deserving communities
			Consider use of a **Collective Impact Model** centred in equity to mobilize community action	Embed **social prescribing** within healthcare and community systems to expand access to social support and strengthen cross-sector collaboration.
			Advocate for neighbourhoods that encourage community interactions and provide safe spaces for children and youth to play	
Influence healthy public policy	Facilitate opportunities to engage young people, to include their voices, build skills, and foster intergenerational learning		Provide an evidence base for municipal policies that reduce sources of stress for children and families such as providing a range of accessible housing, food, transportation, childcare, recreation, and employment services along with liveable wages	
	Advocate for enhanced early learning programs and supports for children and youth with disabilities		Advocate for safe and affordable housing for low-income families with children	
			Advocate for healthy communities and collaborate with planners when designing neighbourhoods to positively impact healthy growth and development, and a sustainable environment	

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Influence healthy public policy			Integrate a trauma-informed approach into all stages of land use planning and development	
			Foster collective action with partners and community members to address climate change impacts	
			Design and implement policies to improve local food systems (e.g., establish a local food policy council to inform supply and demand, implement healthy retail food environment policies)	Advocate for policies and legislation that achieves full equality for 2SLGBTQ+ people
				Create policies, practices and programs with children's rights at their core
				Advocate and support local and provincial efforts to reduce the province's child and family poverty rate including access to social assistance programs with equitable rates (i.e. Ontario Works (OW) or Ontario Disability Support Program (ODSP))
				Engage in a process to identify and operationalize recommendations from Truth and Reconciliation Commission of Canada: Calls to Action and The National Inquiry into Missing and Murdered Indigenous Women and Girls
				Uphold Ontario's commitment to the Anti-racism Act and Human Rights Code that aims to prevent racism and promote cultural safety

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Intervene to lessen harm	Focus on the needs of children and families during periods of severe hardship, such as job loss or homelessness		Integrate a trauma- and violence-informed approach into all programs and services	Establish policies for TVIC practices across all sectors, including education, healthcare, legal, social, etc.
	Invest in and connect families to early childhood programs (e.g., Healthy Babies Healthy Children (HBHC), Nurse-Family Partnership (NFP), EarlyON)		Promote evidence-based strategies among health care providers to help individuals regulate stress	
	Advocate for the juvenile justice system to offer intervention programs to support youth in addressing the effects of early adversity while they are in detention or receiving treatment		Work together to improve navigation to community services for individuals who have experienced early adversity including comprehensive crisis intervention services	
			Advocate for funding for safe emergency shelters for women and children	
Collect and use data	Examine data on indicators of individual and community social connection and resilience			
	Utilize resources such as the Community Child and Youth Well-being Survey, to measure the well-being of youth in Canada from birth to 18 years of age		Support the collection and sharing of local and provincial data to monitor indicators of interest (e.g., child poverty rates stratified by race and other sociodemographic characteristics)	
			Assess geographical inequities using new and emerging data sets such as The Canadian Urban Environmental Health Research Consortium (CANUE) to target policies to equity-deserving neighbourhoods	
			Utilize geographic data to determine which neighbourhoods could benefit from additional resources, programs and services to ensure equitable access	

Strategic actions were adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, with additional sources[23,26,43,46,62,122,130–137]

2. Social and Emotional Development and Resilience

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

EXPECTED OUTCOMES:

- Parents, caregivers, educators and service providers have access to social and emotional development concepts, tips and opportunities for practice and sharing
- Culture and diverse identities are celebrated as a source of resilience
- Policies are improved and created to strengthen and integrate social and emotional development standards into education and child care
- Expanded access to affordable, high-quality child care that fosters resilience and supports child development
- Schools are resourced to provide a trauma-informed, supportive environment that fosters positive relationships, connectedness, and strong family and community engagement
- Indicators of resilience and social and emotional development are used as measures of children's health status

Why it matters

Childhood is a fundamental time for the development of lifelong **social and emotional competence** and resilience, which in turn will impact the health and well-being of current and future generations. Children and youth who have social and emotional competence have learned to practice self-awareness, make responsible decisions, demonstrate relationship and self-management skills, and show awareness and empathy for others.[138,139] Toxic stress in childhood can negatively impact child and youth brain development, affecting the ability to properly achieve social and emotional competence in later adult life.[31,140]

According to the 2018 Early Development Instrument (EDI) report, nearly 10% of children across Ontario are vulnerable in the Social Competence domain. This domain includes skills such as curiosity, eagerness to try new experiences, understanding acceptable public behaviour, self-control, respect for authority, cooperation, rule-following, and the ability to interact and work with other children.[141] These foundational skills are essential for a child's social, emotional, and cognitive development, impacting their ability to form relationships, manage emotions, and adapt to school and social environments. Early interventions can address these challenges, leading to better outcomes in both school and life.[141]

Social and emotional competence is the desired skill set often developed through effective **Social and Emotional Learning (SEL)** programs, which provide structured learning experiences to build these skills. In contrast, **Social and Emotional Development (SED)** refers to the natural, lifelong process of developing these skills. Together, SEL serves as the method, SED represents the process, and social and emotional competence is the result, all contributing to overall emotional and social well-being.[138,139,142] SEL and SED promote positive relationships between children and adults and predict adult outcomes that lower the risk of ACEs, such as improved mental health, decreased problematic substance use and criminal activity, as well as increased post-secondary education, income, employment, and civic engagement.[43,90,139,143–147] When children develop social and emotional competence and resilience, they are better equipped to handle stress as adults and to become future caregivers with strengthened parental capacity.[6] This focus area emphasizes the importance of ensuring caregivers, parents, educators and service providers have the tools to create an environment that fosters resilience for children and youth.

Healthy social and emotional development encourages children to learn to cope with stress. Helping children to interact positively and communicate emotions promotes a positive relationship with parents/caregivers. SEL interventions applied at the family level enhance parents/caregivers' abilities to model the behaviour for children at home. Helping children develop socially and emotionally is especially important for children with specialized care needs, who are at greater risk for experiencing abuse, as it enhances positive interactions with their parents.[148] Coping skills can be learned at any age and integrated with cultural values. Self-regulation practices might include drumming or singing, emotional education can incorporate traditional languages, and cultural practices like smudging can help with relaxation or conflict resolution.[44]

In the early years, social and emotional development is also referred to as **Infant and Early Mental Health** or Early Childhood Mental Health, and has a significant impact on children's development.[149] Optimizing infant and early mental health requires education, early intervention care pathways, and policy recommendations.[149,150] Recommendations specific to Ontario include the adoption of a comprehensive and coordinated approach and policy framework that aligns efforts across sectors and levels of government, providing high-quality training for practitioners, supporting parents, standardizing tools, and securing adequate funding. Early identification and access to tailored support services, rooted in family engagement, are critical for supporting optimal development in young children and fostering lifelong well-being.[149]

Social and emotional competence is developed not only at the individual or family level but also through a vast network of experiences and interactions across the community and societal levels. Building these skills should involve children, youth, families, educators, community members, and connections to culture, as positive relationships between children and caring adults foster resilience and buffer the impact of ACEs.[43,147,151] Interventions applied at the community level enhance children's opportunities to build positive relationships with community members.[147,152] For example, children learn significantly from their peers, highlighting the importance of child care and educational settings in fostering environments where social and emotional competence is valued.[153] Child care centres and school settings are seen as important contributors in ensuring social and emotional competence standards are being met in children and youth. Children and youth can endure a wide range of heightened feelings and emotions, and for a lot of children the preschool years are a time when emotional difficulties and mental-health related concerns become a reality.[153] Policies that integrate social and emotional competence standards into these settings are essential to ensure that its development remains a priority.

Access to high-quality child care is fundamental to fostering resilience and developing social and emotional competence in children.[154] Quality child care not only supports children's development by providing safe, nurturing environments where they can form secure attachments, develop cognitive and social skills, and access early interventions, but also alleviates parental stress, thereby strengthening overall family resilience[154] In Ontario, the ongoing child care crisis—marked by limited availability, high costs, and workforce instability—places immense financial and emotional strain on families, exacerbating childhood adversity and increasing risks of developmental delays, emotional difficulties, and neglect.[155,156] A 2023 Statistics Canada survey found that over 60% of parents struggle to find child care,

forcing them to change their work or study schedules or delay their return to work.[156] This highlights the need for an equitable, inclusive system to expand access and support economic and educational benefits. Recent federal investments in early childhood education and care through the Canada-Wide Early Learning and Child Care (CWELCC) aim to expand access and affordability, with an average daily fee reduction to $10. However, challenges remain in both maintaining sustainability and increasing access, with growing waitlists and disparities, particularly in underfunded and rural areas.[157] The ongoing staffing shortages for early childhood educators stresses the need for a more robust workforce development strategy, including better training, increased wages/compensation, as well as improved benefits, career advancement and working conditions.[155] Investing in high-quality early childhood education not only supports job creation—especially for women—but also enhances parental workforce participation and provides essential learning opportunities for children.[157] Along with access and affordability, ensuring the quality of care is critical. High-quality education must be nurturing, inclusive, and developmentally appropriate, underpinned by strong governance, funding, and accountability systems. Sustained, long-term investment in early childhood education is essential to ensure all children can access developmentally beneficial services.[157]

As children grow, schools become the primary setting where they spend most of their waking hours, making Kindergarten to grade 12 education (K-12) a critical factor in their development. Research emphasizes the importance of supportive, trusting relationships with educators, predictable routines, and SEL programs to help children regulate emotions and build coping skills.[45,158–162] Schools that integrate mental health resources, offer trauma-informed and resilience-focused teaching practices, and foster a growth mindset create safe, empowering environments that support academic and emotional growth.[163–165]

Recognizing that many students face adversity and trauma, schools must integrate a trauma-informed approach.[166,167] Educators regularly encounter the impact of early adversity, such as behavioural issues, academic challenges, and increased dropout rates making it crucial for school staff to understand the effects on students' behaviour and learning.[168–170] Dr. Bruce Perry's Neurosequential Model in Education explains how early and current life experiences shape children's ability to learn, emphasizing that recognizing challenging behaviour as a response to feeling unsafe can help educators provide better support and build healthy relationships.[162] Cognitive-behavioural therapy (CBT) and mindfulness-based approaches are effective in supporting school-age youth who have experienced ACEs, including those that involve parents/caregivers.[171] Trauma-informed programs are most effective when embedded within a school-wide approach that includes comprehensive policies, supportive staff interactions, professional development for educators, and active leadership engagement.[172] Effective implementation requires training in coping strategies, self-regulation, and de-escalation, along with continuous peer consultation, adaptive leadership, and ongoing progress monitoring.[173–175]

Supporting children's well-being in K-12 education requires strong family and community engagement, stable caregiving relationships, and well-resourced schools. A seamless system of care should prioritize early access to mental health services, ensuring students' emotional needs are met alongside academic support.[176] Policies should focus on reducing staff turnover, maintaining reasonable class sizes, and creating safe, supportive learning environments that help students build resilience. Approaches like culturally responsive teaching, restorative justice, and strengths-based student-led initiatives empower youth and foster a sense of belonging.[177–180] Schools that listen to students and take a collaborative, trauma-informed approach create safer, more inclusive spaces where all children can thrive.[158]

Collecting provincial and national-level data on indicators of child and youth resilience, as well as social and emotional development, is crucial for building policies and programs that prioritize these factors, ultimately reducing the risks of adversity. Existing tools for monitoring resilience and social and emotional development are a good starting point for capturing a holistic view of health and well-being, as well as assessing child and youth health status at both provincial and national levels (e.g., Early Development Instrument, Canadian Health Survey on Children and Youth, and the Canadian Database of Development – Infancy to Six). At the community level, early identification through developmental screening and surveillance is a priority. Public health units can collaborate with partners, such as primary care providers and early childhood educators, to develop standardized practices and frameworks, and address existing gaps.[181]

Positionality Reflection

Reflect on how your own culture and upbringing have shaped the way you define and conceptualize appropriate social and emotional development and resilience. How do you identify when you are socially and emotionally 'well'? Explore diverse perspectives, such as Black and feminist literature or Indigenous traditional knowledge. How do these worldviews honour and value social and emotional development differently? What alternative ways of conceptualizing and supporting mental health and well-being do they offer?
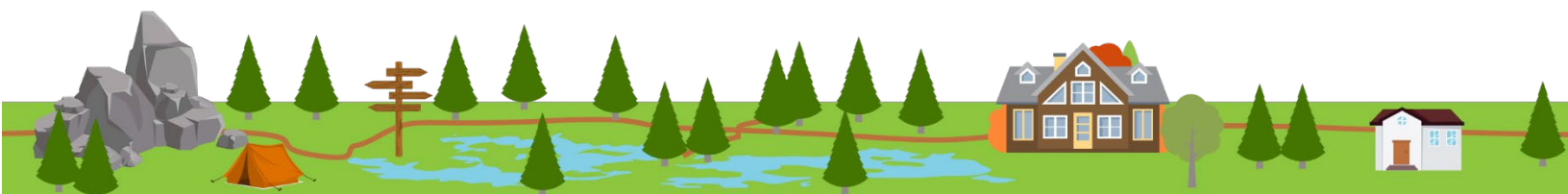
Resources to Support Meaningful Action

With the rising use of technology, it is important to recognize both the positive and negative impacts it has on child development. While technology offers benefits like educational resources and social connection, excessive screen time and technology use are linked to increased mental health issues, cyberbullying, physical inactivity, relational poverty and decreased social competencies.[42,276] The *Raising Canada 2024* report highlights technology's impact on mental health, bullying, and violence, stressing the need for strategies like teaching digital literacy, setting screen time limits, and promoting safe online behaviours.[276] Recommendations also include integrating media literacy into school curricula and supporting the Proposed [Online Harms Bill](#) to improve digital safety.[310]

Resources that can help families navigate the digital landscape in ways that foster positive outcomes include:

- [Screen time and preschool children: Promoting health and development in a digital world (CPS position statement)](#)[277]
- [MediaSmarts.ca](#) - An online platform that can help children and youth develop digital literacy skills and provides parents with recommendations to promote positive digital well-being.[311]

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
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 The Fourth R to help teach children, youth and families how to create safe and healthy relationships and manage their emotions	Promote and support School Mental Health Ontario's 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
	Promote evidence-based programs such as Circle of Security and Roots of Empathy		Execute a SED campaign that uses social marketing techniques to influence positive behaviours and attitudes, such as empathy, self-regulation, and healthy interpersonal relationships	Facilitate and support dialogue on equity and inclusion to raise consciousness, including anti-racism, anti-discrimination and Reconciliation
	Promote an environment of equitable SED with an applied racial equity lens that acknowledges the needs for unique services tailored to students		Build capacity with professionals working with children and youth on best practices in SED and resilience	
			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	
	Promote importance of addressing mental health and developing healthy coping strategies			
Integrate upstream strategies	Facilitate and support opportunities in collaboration with community partners to prepare children and youth for school transitions in various languages and with multiple approaches	Empower caregivers with opportunities for active skill building for self-regulation and embedding SED practices in the home, and work with professionals to ensure these opportunities are available in both rural and remote communities (e.g., HBHC, NFP)	Promote the importance of infant and early mental health and invest in strategies to support families to develop safe, stable and nurturing relationships	

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate upstream strategies	Establish routine screenings to identify health and developmental needs early in young people at risk of criminal justice system involvement, including at first behavioral concerns, school disengagement, and initial justice contact	Provide families with connections to First Nations, Métis and Inuit culture and skills	Engage priority populations in trauma-informed community building to strengthen individual connection and belonging	
	Implement positive youth development programs in schools that emphasize the inherent strengths of youth and provide teachers with training, guidance and strategies	Implement healthy relationship programs for parents/caregivers	Partner to build capacity for culturally appropriate SED with early childhood education, community-based programming and out-of- school care	
			Use of the Pan-Canadian Joint Consortium for School Health's Comprehensive School Health framework to encourage collaboration between home and the school community	
			Use community-driven approaches such as the Icelandic Prevention Model to promote healthy social environments by increasing protective factors such as youth engagement in positive activities, strong relationships, family involvement, and school/community support, creating safe environments that prevent substance use harms and promote well-being	
	Collaborate with community partners across various sectors to identify and tackle the barriers to healthy living for children and youth. This includes focusing on physical, spiritual, mental, and social well-being			

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Influence healthy public policy	Advocate for sustainable, culturally relevant, student nutrition programs and support implementation as needed to foster cognitive function, emotional well-being and social connection	Support workplace policies that promote wellness, professional development, healthy living, mindfulness, and team building		Provide support for the implementation of Ontario's pedagogy for the early years, with a focus on enhancing SEL content
	Implement research and best practices on alternative approaches to suspension, expulsion and restraint for students	Advocate for and support municipal and community efforts to expand high-quality, affordable child care spaces and programs, ensuring all families, including those with financial or specialized care needs, have equitable access		Explore how SED implementation and practice can be used to transform inequitable systems and promote justice-oriented civic engagement
	Prioritize high quality child care through strategies such as preschool enrichment with family engagement			Strengthen the early childhood education workforce by implementing a comprehensive workforce development strategy that includes enhanced training programs, increased wages and compensation, improved benefits, clear career advancement pathways, and better working conditions.
Intervene to lessen harm	Advocate for increased resources for schools and child care to provide therapeutic interventions such as CBT and mindfulness programs	Improve the number of family referrals to programs that provide opportunities for active skill-building, self-regulation and embedding SED practices in the home (e.g., HBHC, NFP)	Support the creation and implementation of resources that address child and youth mental health and victim resources at the primary care level	Support National and Provincial funding for promoting universal, free mental health care (no referrals, no fees, any ages) that supports development of social and emotional skills
	Implement recommendations from A Call to Action on Behalf of Maltreated Infants, Toddlers, and Preschoolers in Canada	Invest in family-centred mental health promotion programs	Employ trauma and violence-informed care (TVIC) training for staff who deliver programs and services	Expand universal support services for children and youth who witness IPV, incorporating family interventions, across the entire province, including rural, Northern, and Indigenous communities

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Intervene to lessen harm		Support adults to access healing practices and mental health services to support their roles as parents/caregivers and themselves	Provide more resources to strengthen the capacity of mental health professionals in the school system	Within schools, implement evidence-based, trauma-informed programs that integrate individual, classroom, and school-wide interventions to support children and youth who have experienced adversity and may have difficulty with adjustment
			Support schools and community partners to use a trauma- and violence-informed approach with children, youth and families	
			Improve information sharing and referrals between health systems, mental health services, family support, and schools to better monitor behavior when health or developmental issues arise, or problematic behavior persists in youth	
Collect and use data	Facilitate the measuring and monitoring of SED and resilience of children and youth across the province (e.g., EDI, ASQ-SE, School Climate Surveys)			Collaborate with partners to apply research and data to influence policies, practices and processes for children, youth and families
	Advocate for developmental monitoring for children under six using The Canadian Database of Development, Infancy to Six (CanDDIS) developed by Queen's University and Infant and Early Mental Health Promotion (IEMHP) at SickKids			

Strategic actions were adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, with additional sources. [7,22,27,43,90,155,157,166,182–197]

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 health choices that support healthy pregnancies, reduce unintended pregnancies, and improve long-term well-being
- Families have increased access to preconception care, reproductive health services, and equitable perinatal support
- Expectant and new parents/caregivers feel prepared and supported through accessible, culturally relevant prenatal education, perinatal services, and resources
- The principles of trauma- and violence-informed care, resilience and responsive parenting/caregiving are integrated into prenatal care, prenatal education and perinatal programming
- Families have increased parenting confidence, reduced stress, and improved maternal and infant health outcomes
- Families experience improved perinatal mental health and stronger early relationships through enhanced support for perinatal mood disorders and early bonding, which in turn supports better emotional well-being for parents/caregivers and positive developmental outcomes for children

Why it matters

This focus area highlights the connection between a person's emotional, psychological, physical and practical preparedness to provide safe, stable and nurturing relationships and environments for children. Access to comprehensive reproductive health services, including family planning and prenatal care, empowers individuals to make informed decisions about pregnancy and parenting/caregiving. Strengthening support systems, prioritizing perinatal mental health, and enhancing knowledge of child development and parenting/caregiving during pregnancy help build capacity, support positive parent/caregiver-child relationships, and promote long-term well-being for families. This ultimately builds protective factors, reduces early adversity, and fosters resilience.

Preconception, whether before a first pregnancy or in-between pregnancies, is increasingly seen as a key period for public health strategies that promote healthy lifestyles and relationships, reduce risks, and promote readiness for pregnancy for all individuals of reproductive age.[198–200] Even before pregnancy, life events along with environmental, social, psychological, and genetic factors in a person's life can shape the development of their baby.[201–203] Additionally, many risk and protective factors for early adversity, such as maternal mental health, alcohol intake, social support, economic security, and access to or consumption of nutritious foods, can be influenced during the preconception period.[204,205]

Health during the preconception and perinatal periods plays a crucial role in ensuring optimal birth outcomes, healthy fetal and infant development and future health and well-being across the life span.[206,207] In addition to reducing risk factors for early adversity, promoting preconception and perinatal health directly benefits children's well-being. Exposure to adverse environments and stressors in the womb and after birth—such as maternal stress, mental illness, malnutrition, alcohol and drug use—can alter the development and functioning of the child's immune system and brain. It may also influence epigenetic predisposition to diseases later in life.[203,207–211] Epigenetics describes how children's experiences and their environment can affect the expression of their genes through mechanisms that can turn genes 'off' or 'on'.[212,213] Early adversity is associated with epigenetic changes that influence stress, brain development, cognitive function, physical and mental health and may be inherited by future generations.[214]

Supporting people in making their own choices about their sexual and reproductive health is an important component of preventing early adversity. This means providing access to contraception, family planning services, and support to help individuals be healthy and prepared for pregnancy and parenthood, as well as enabling them to make informed choices when unintended pregnancies occur.[198,199,205,215] Empowering individuals to make reproductive choices with respect and autonomy leads to better maternal and child health outcomes, forming the foundation for healthy families. [198]

It is estimated that **40% of pregnancies in Canada are unintended.**[216] Unintended pregnancies are associated with an increased risk of partner abuse, partner relationship ending, and child abuse and neglect.[204,217,218] Individuals experiencing unintended pregnancies are more likely to access prenatal care late, which could make them feel less prepared for pregnancy and parenting.[204] In addition, teen pregnancies are associated with increased rates of poverty, homelessness and lower education, all of which are risk factors for early adversity.[204] Notably, **many of these effects are intergenerational.** Not only are adolescent pregnant people more likely to have a history of ACEs and come from families with low-socioeconomic status, children born to teenage mothers are also at increased risk for poor educational, behavioural, and health outcomes over the course of their lives as well as for becoming teen parents themselves.[217,219] Risk factors for unintended and teen pregnancies range from binge drinking in the preconception period and intimate partner violence to low socioeconomic status and poor school performance.[204]

People's self-determination in relation to their bodies and their sexual and reproductive rights are of utmost importance; this entails having free and informed choice and consent over one's body.[128] This is in alignment with Canada's approach to sexual and reproductive health and rights, which emphasizes that equitable access to these services is essential for gender equality and health, as it empowers individuals to make decisions about their bodies, lives, and futures.[220] Planned pregnancies lead to improved preparedness and resilience, leading to healthier pregnancy, maternal, and child outcomes.

Comprehensive support for expectant and new parents/caregivers is important to reduce parental stress and improve understanding of child development, both of which can reduce the risk of early adversity. Ensuring access to healthcare and social services, including a combination of targeted and universal perinatal supports, protects against early adversity, strengthens maternal and infant health, and mitigates other risk factors.[7,221–223] Programs and services that are accessible and designed for families at greater risk for early adversity are essential for improving equity.

Prenatal care using a trauma- and violence-informed approach has been widely accepted and proven effective in raising awareness about early adversity and its impacts. It also offers an opportunity to connect parents/caregivers with necessary supports and services.[224] Targeted home visiting programs, like the Healthy Babies Healthy Children (HBHC) program and the Nurse-Family Partnership (NFP), support healthy pregnancies, foster parenting and life skills, and enhance economic self-sufficiency. Research has shown these programs have enduring benefits for children's developmental outcomes as well as lasting benefits for parents/caregivers.[225–228]**The perinatal period is a crucial window for shaping a child's development.** Maternal mental health disorders, such as perinatal mood disorders (PMD), have been linked to negative outcomes, including premature delivery, other obstetric complications, self-medication or substance use, emotional and behavioural problems, insecure mother-infant attachment, low breastfeeding rates, and cognitive delays or poor growth in infants.[33,208,210] PMD includes several mental health conditions, such as perinatal anxiety, depression, obsessive-compulsive disorder, and bipolar disorder, that occur during pregnancy, after birth, following stillbirth or miscarriage, or after adoption. While many parents/caregivers feel emotionally and physically overwhelmed during the first two weeks postpartum, symptoms that persist or interfere with daily life may indicate PMD and become a cause for concern.[229] Alarmingly, **23% of mothers in Canada are affected by PMD**, highlighting the importance of early screening and intervention for perinatal mental health issues. These measures can help mitigate risks and ensure better outcomes for both mother and child.[230] Programs such as cognitive-behavioural therapy (CBT) and mindfulness-based interventions have shown effectiveness in reducing perinatal stress and improving maternal-infant interactions.[231–233]

Healthy early relationships benefit adults as much as children, fostering positive changes in brain, emotional, and physical health. Emerging neuroscience shows that adults' brains are capable of significant growth during early parenthood, with caregiving experiences reinforcing neural networks associated with empathy, social understanding, and responsiveness to children's needs.[6] Hormonal changes, such as increased oxytocin, serotonin, and dopamine, further enhance parental capacity and bonding. Beyond the brain, caregiving interactions create biobehavioural synchrony, a process where adults and children's physiological systems synchronize. This synchrony reduces stress, improves emotional well-being, and even enhances physical health, such as cardiac resilience.[6,197] These mutual benefits underscore the profound, reciprocal impact of early relational experiences on both caregivers and children.

Breast/chestfeeding is a powerful example of how early relationships shape both children and caregivers, fostering attachment, emotional bonding, and overall well-being. For infants, it strengthens the immune system, supports healthy brain development, and reduces the likelihood of obesity, diabetes, and chronic diseases later in life.[234–236] For breast/chestfeeding parents, it lowers the risk of breast and ovarian cancer, aids postpartum recovery, and supports long-term health.[235,237–239] Breast/chestfeeding also fosters deep emotional bonds through skin-to-skin contact and hormonal responses, creating a strong foundation of comfort, connection, and security for both parent and child.[239] Promoting and supporting breast/chestfeeding during the perinatal period is essential, as it ensures families have the resources and guidance needed to make informed decisions that promote the health and well-being of both the child and parent/caregiver.

Prenatal education equips expectant parents/caregivers with the knowledge and skills needed to navigate the challenges of parenting and has been shown to significantly reduce birthing anxiety and increase agency as well as improve overall birth outcomes.[240,241] Prepared parents experience reduced stress, greater confidence, and better mental health, fostering a nurturing environment for child development.[240,241] Moreover, prenatal education promotes healthy behaviours, such as proper nutrition and exercise, which are crucial for the well-being of both mother and baby.[241] By addressing these potential knowledge gaps through early education and support, parents/caregivers can better navigate the challenges of parenting, leading to improved family outcomes. Across Ontario, access to prenatal education is inconsistent, limiting opportunities for expectant parents/caregivers to receive crucial information.[242,243] To address these gaps, prenatal education must be made more accessible through diverse delivery methods including group classes, peer-support groups, home visiting and culturally relevant programming.[241] There is also emerging evidence supporting digital interventions, such as internet-based,[244,245] mHealth smartphone apps,[246] web-based interventions,[247] Telehealth[248] and short-messaging service (SMS)-based education.[249] Continued efforts to ensure equitable access to prenatal support and services across the province are essential for mitigating the impact of early adversity. This includes providing enhanced opportunities for individuals facing inequities to access information in their preferred format. Investing in comprehensive reproductive and perinatal health strategies strengthens family well-being, reduces early adversity, and builds resilience across generations.

Positionality Reflection

Reflect on how your beliefs and values regarding important topics such as reproduction, healthy sexual relationships, gender, pregnancy, and contraception have been shaped over time. How might your own experiences or gender impact your perspective on these topics? How might your point of view influence the way you support others in these areas? Critically examine how the media you engage with (movies, TV, ads) shapes societal views on sex, relationships, and identity

Resources to Support Meaningful Action

Women in Canada, including Indigenous women, have endured severe violations of their reproductive health rights, including forced sterilization without informed consent and policing of their bodies. Indigenous women have also faced disproportionate scrutiny and intervention, including birth alerts—a now-banned practice that led to newborn apprehensions and reinforced systemic discrimination in child welfare and healthcare. The lasting harm of these actions continues to shape their trust in medical systems today. Acknowledging this history and its ongoing impacts is essential to meaningful change

- *How does your organization acknowledge and address the historical and ongoing medical violence against Indigenous women?*
- *What steps can you take to rebuild trust and ensure respectful, informed care?*

To learn more about Canada's history and recommendations for future actions see the Forced and Coerced Sterilization of Persons in Canada by the Standing Senate Committee on Human Rights.[312]

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Advance parent/caregiver-infant interventions that prioritize early relational health, nurture secure attachments, and promote mental well-being as foundational to strong families		Develop community-wide initiatives to raise awareness of healthy behaviours during the preconception period	Value Indigenous Peoples perspectives and self-determination of women, girls and gender diverse people to contribute to the health and well-being of their families and communities
		Normalize the experience of mental health issues during pregnancy and parenting/caregiving to reduce stigma around seeking help	Advocate for community programs targeted to prevent gender inequities and foster inclusivity	Involve everyone, especially men and boys, in gender-based violence prevention
			Public health communication campaigns on the benefits of exclusive breastfeeding/chestfeeding for parents and infants, while promoting accessible community-based supports and environments	
Integrate Upstream Strategies	Collaborate with community partners to increase early access to prenatal health care and enhanced supports for equity-deserving pregnant people	Collaborate with community partners to design and promote equitable, inclusive, and accessible prenatal education programs, removing physical and financial barriers to enhance support and improve participation		Advocate for a provincial prenatal education strategy
		Integrate concepts of trauma- and violence- informed care, resiliency and responsive parenting/caregiving into prenatal education	Maintain and build upon evidence-based comprehensive sexual health education for K-12 students, including education on sexual orientation and gender identity	Utilize tools such as the Provincial Council for Maternal and Child Health's tips sheet Providing Inclusive, Affirming and Safer Perinatal Care to 2SLGBTQIA+ Individuals to improve knowledge and understanding regarding perinatal care to better meet the needs of 2SLGBTQIA+ parents/caregivers and families throughout pregnancy, birthing and postpartum

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate Upstream Strategies		Implement evidence-based preconception health promotion initiatives	Require ongoing education and mentorship for community organizations and healthcare providers on the concepts of early adversity, resilience and use of a trauma- and violence-informed approach Prioritize the participation of local partners in solutions to address barriers to reproductive health services for all people	Advocate for digital solutions at the provincial-level to reach expectant and new parents/caregivers in Ontario, with evidence-based health messages to improve prenatal, child, and parent health outcomes
	Expand access and reduce barriers to multi-component family-focused interventions for perinatal mood and anxiety disorders (including CBT, psychotherapy, and psychoeducation) to enhance parenting skills, mental health, parent/caregiver-child relationships, and infant development			
	Utilize The Care Pathway for the Management of Perinatal Mental Health for primary care providers to standardize the identification, assessment and monitoring of mental health issues during pregnancy and post-partum		Integrate mHealth digital tools, like tailored SMS messaging and apps, into healthcare systems to enhance access to prenatal education, improve social connectedness, and provide stage-appropriate information on healthy pregnancy and parenting	
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 (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

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Influence healthy public policy			Promote the importance of home visiting programs and advocate to increase funding and availability of these programs	
			Develop and implement policies that protect, promote, and support breast/chest feeding and the expression of breastmilk in workplaces and public spaces	
Intervene to lessen harm	Promote and educate families on the benefits of home visiting programs and ensure they are accessible to all geographical areas across the province		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 for perinatal mental health concerns, conduct developmental screenings (e.g., ASQ), and support HBHC initiatives
			Collaborate with community organizations and healthcare professionals to develop best practices and standards for trauma- and violence-informed perinatal care, including resources to support staff	
Collect use and data	Collect sociodemographic data in maternal and child health programs and monitor outcomes for priority populations, specifically focusing on reducing inequities			
	Support the collection of data on reproductive health indicators to inform prenatal education, prenatal care and support services			Call on the Government of Canada and Statistics Canada to collect larger survey samples of 2SLGBTQ+ people to support better intersectional analysis
	Promote data sharing between primary care and other health professionals within the circle of care to foster a holistic approach to treatment and enhance referrals to appropriate supports		Support research and evaluation efforts to better understand the links between early adversity and reproductive health outcomes	

Strategic actions were adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, with additional sources.[6,7,33,90,224,245,249–256]

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:

- 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
- Child welfare policies prioritize family preservation and provide culturally safe, prevention-focused supports to reduce the need for child apprehension
- Parents and caregivers are supported with skills and opportunities to help their children learn and grow
- Programs and services that support parents/caregivers in drawing from cultural and traditional child-rearing practices
- Equitable and culturally safe, family-supportive policies and system changes
- Enhanced support for parents/caregivers to foster healthy relationships, reducing the risk of family and intimate partner violence

Why it matters

Supportive relationships and positive learning experiences begin at home, but they are significantly strengthened when communities actively support families. The saying "**it takes a village to raise a child**" speaks to the importance of support for all parents/caregivers in raising healthy, resilient children. Cross-sector programs that honour cultural practices and traditions from early childhood can help teach parents and caregivers the importance of serve and return interactions, as well as attachment-based and responsive parenting approaches.[257,258] These strategies emphasize building secure emotional bonds and providing responsive, empathetic care, both of which are critical for healthy development. By equipping families with the knowledge, skills, and resources to foster safe, stable, and nurturing relationships and environments, a strong foundation is created for both immediate well-being and long-term resilience.[6]

For healthy development, children need a stable environment, but stressful life circumstances can make parenting feel like sailing rough waters. Providing parents/caregivers with supports like quality child care, consistent parenting/caregiving resources and financial assistance can help them manage these challenges and better equip them to
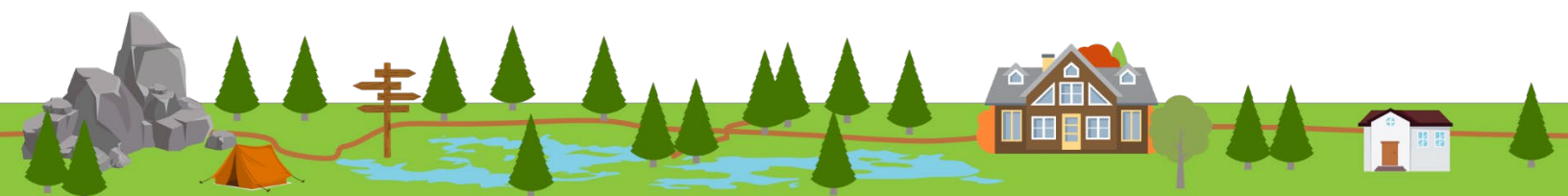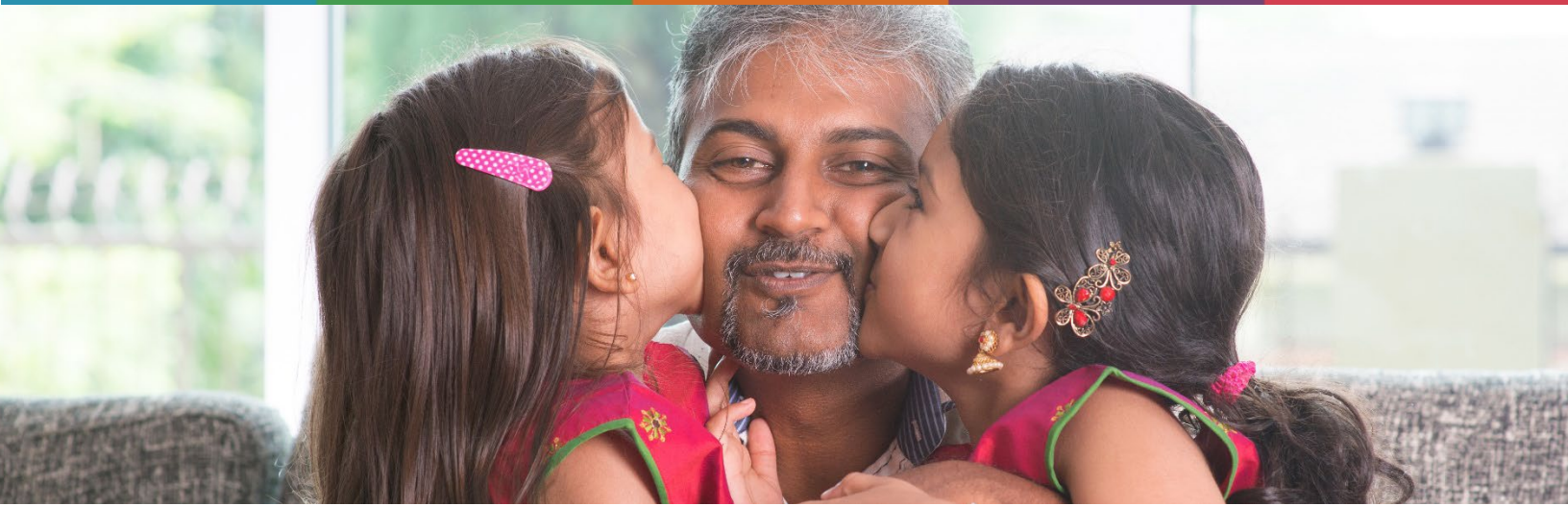
nurture their child's development, well-being, and learning.[6] Reducing the accumulation of stressors that affect families helps protect children both directly by decreasing how often and intensely their stress response is activated and indirectly by enhancing the ability of the adults they rely on to provide stable and supportive care. This creates a stronger foundation for healthy development and reduces the risk of lasting harm.[46] Every policy —from tax credits to paid leave— should reduce financial pressures on families and increase the time and capacity for supportive family relationships.[259]

Lifting families out of poverty should be an urgent priority. Many Ontario families continue to face financial instability, with rising inflation driving up costs for housing, food, and healthcare, and exacerbating issues of unemployment and low wages. In 2021, 295,030 families with children lived in poverty, up by 48,020 from 2020, reflecting the temporary nature of pandemic income supports that had previously reduced poverty levels.[260] The number of children living in poverty has also risen, with one in six children under the age of 6 in Ontario living in poverty in 2021. Similarly, 16% of children under 18 were living in poverty, representing a 2.6% increase from 2020.[260] Many of these families are living far below the poverty line and some children are more at risk. Racialized child poverty rates were higher than poverty rates for non-visible minorities.[261] Additionally, the province reported a poverty rate of 9.1% for new immigrant families.[261] Lone parent households, often headed by women, experience the most financial disparity. For instance, in 2020, 26% of lone-parent families in Ontario were living in low income.[262] Living in poverty can overburden families with stress and result in both physical and mental health concerns. The causes and solutions are well understood, and with focused efforts, meaningful change can be achieved, ensuring all children have a fair opportunity to thrive.

Child welfare in Canada plays a critical role in protecting children. The Child, Youth and Family Services Act, 2017, outlines how services should prioritize the best interests, protection, and well-being of children by supporting families with strength-based, culturally respectful interventions that promote autonomy, continuity, and early intervention, while also considering the diverse needs and rights of children, families, and communities.[263] However, there are ongoing challenges in ensuring the system effectively supports families in need. Indigenous, particularly First Nations children, and Black children are significantly overrepresented in care, reflecting the lasting and ongoing impacts of colonial policies, systemic inequities, and barriers to accessing support.[264,265] Not only are families in Indigenous communities in Canada 3.6 times more likely to be investigated by child welfare agencies, but their children are also removed at rates 17 times higher than those of white families.[266] Black families in Ontario are over twice as likely to be investigated than white families, and 2.5 times as likely to have their children removed.[267] Neglect is frequently cited as a reason for child apprehension, but it is often linked to economic hardship, including inadequate housing, food insecurity, and limited social services.[266] To achieve better outcomes for children and youth and address systemic inequities, child welfare reform must be rooted in a systems-level prevention framework guided by human rights principles.[268] This requires collaboration, sustained investment of financial and human resources across all levels of government, and the development of structures that promote mutual engagement, accountability, and collective action. Additionally, child welfare reform must prioritize strengthening families and implementing community-based solutions that empower local organizations and address the unique needs of communities.[264,269–271] The emphasis must shift toward supporting families – keeping them together, safe, well, and strengthened by the resources they need to thrive. This approach prioritizes reducing external stressors,

fostering strong, responsive relationships, and building essential life skills.[269] By shifting from a forensic investigation model to one that emphasizes support and empowerment, child welfare agencies can better address the root causes of challenges and provide supportive resources tailored to each family's unique needs, and build their capacity for self-sufficiency, safety, and healthy relationships.[264] A system rooted in equity, healing, and long-term well-being is not just possible—it is necessary.

Shifting social norms can be used to strengthen protective factors within families and communities. Parenting/caregiving practices may differ between cultures and the overwhelming amount of parenting/caregiving advice is confusing. Differing beliefs about parenting and caregiving may cause parents and caregivers to feel hesitant to seek help, fearing they will be judged as "bad" or worried about intervention by child welfare services. Supporting parents/caregivers to raise healthy children requires promoting the value of responsive parenting/caregiving practices and positive gender norms and equity, changing social norms around violence, and the use of safe and effective discipline.[272] Other social norms that are particularly relevant to preventing early adversity and promoting optimal child development include promoting a shared responsibility for the health and well-being of all children, reducing stigma around help-seeking, providing non-judgemental and supportive services, and enhancing connectedness to build resiliency in the face of adversity.[90,272] Raising community awareness can change how people view the factors contributing to early adversity and its impacts on their lives. It can also begin to shift the focus to preventative efforts, building on positive childhood experiences. This shift redirects the focus from individual blame to community responsibility and solutions, while also reducing the stigma around seeking help for parenting/caregiving challenges, substance use, depression, or suicidal thoughts.

It is essential for parents/caregivers to access supports that are equitable and culturally safe. Community conditions affect the level of stress or support that families experience, and when supports neglect to include culturally relevant elements—such as language immersion, land-based learning, or cultural practices —they add an extra layer of stress, placing children and families at an unjust disadvantage. Supports that are not culturally safe risk causing further harm by failing to acknowledge or validate a family's traditions and practices, thereby reducing their ability to benefit from the supports and services.[273] Policies, programs, and practices that adopt a two-generation approach—simultaneously supporting both children and their parents or caregivers—can help enhance core skills, such as executive functioning and self-regulation. These skills are crucial for success in school and the workplace and enable parents to better support the development of these capabilities in their children.[274] Integrating culturally rooted strategies alongside these core skills, can support parents/caregivers to seek help and offer practical solutions to provide the care and nurturing that children and youth need to thrive.[272]

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

Harvard's Center on the Developing Child outlines three guiding principles for policies and practices to improve outcomes for children and families.[46] Evidence shows that reducing stress, strengthening core life skills, and fostering responsive relationships help prevent early adversity and optimize development, making comprehensive parenting/caregiving supports essential. The principles are as follows:

- **Reduce Sources of Stress:** Excessive activation of the body's stress response can overload the brain and other organ systems, affecting healthy development and making it difficult to use core life skills.
- **Strengthen Core Skills:** We all need a set of essential skills to manage life, work, and relationships successfully. These include planning, focus, self-regulation, awareness, and flexibility.
- **Support Responsive Relationships:** Responsive relationships build sturdy brain architecture, support overall well-being, and buffer children and adults from toxic stress [25].

For concrete examples to guide decision makers in applying these principles into policy and practice see The 3 Principles to Improve Outcomes for Children and Families.
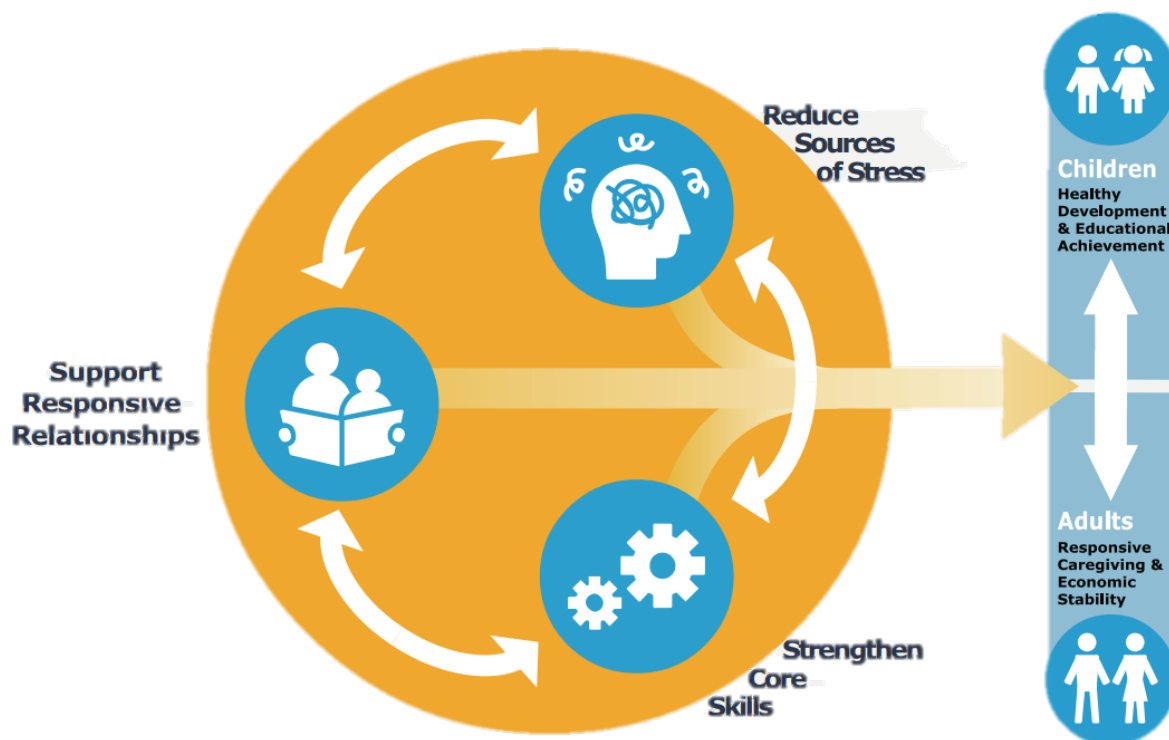

Figure 6. Three Principles to Improve Outcomes for Children and Families.[46]

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Engage in culturally appropriate public education campaigns to raise awareness of child development and how the brain works, to encourage responsive parenting and healthy brain development		Represent the diversity of families in communications and programs	
	Encourage children/youth and families to learn and celebrate their cultural identity and values through school curriculum, cultural education programs and community events		Collaborate to develop and share consistent messaging on responsive parenting/caregiving	Build positive norms that support families and emphasize the importance of responsive parenting/caregiving
		Shift programming culture to a multi- generational approach that is strength- and resilience-based and family-centred	Engage with members of the community from multiple backgrounds to understand cultural practices around parenting/caregiving, ensuring barriers to participation are removed and appropriate compensation is provided	Challenge norms that support harsh child discipline practices (e.g., spanking) and encourage positive discipline
		Engage in campaigns to reimagine parenthood and partners' role in equally shared parenting/caregiving		Recognize lived experience as valuable knowledge equal to professional expertise, with both complementing rather than replacing each other
	Support health care practitioners to incorporate Early Relational Health into all visits and encourage training such as Keystones of Development (Mount Sinai)			Reduce stigma, blame and discrimination around seeking help with parenting/caregiving challenges including but not limited to substance use, mental health challenges, and financial hardship
Integrate upstream strategies	Expand access to and broaden the reach of parenting/caregiving education that builds skills by utilizing innovative learning platforms (such as text messaging, mobile apps, online courses, and community workshops)		Build capacity of service providers to integrate awareness of early adversity and resilience into programs and resources	Support education about the unique needs of 2SLGBTQ+ children and adolescents, as well as children of 2SLGBTQ+ parents/caregivers
	Use digital solutions to reach parents/caregivers in Ontario, with evidence-based health and development messages to improve child and parent health outcomes		Support youth led and community organizations delivering 2SLGBTQ+ programming	Engage in education and awareness campaigns aimed at reducing screen time for children and youth, using the Canadian Paediatric Society guidelines

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Integrate upstream strategies		Foster collaboration between extended family and service providers to implement shared, responsive parenting /caregiving approaches to ensure consistent support across home, school, and community settings		
			Increase funding to enhance equitable access to culturally appropriate parenting/caregiving support for newcomer and Indigenous families in rural and urban communities (e.g., HBHC, Canadian Prenatal Nutrition Program, NFP)	
			Train service providers and educators in culturally safe care to improve support for immigrant and refugee children and youth, fostering self-awareness and reflection on biases	
			Partner with community organizations, including Indigenous and newcomer groups, to plan and support initiatives aimed at promoting children's development across diverse communities	
Influence healthy public policy	Advocate for comprehensive supports and services for children and youth with specialized care needs		Work alongside racialized, Black and Indigenous communities to co-develop policies and practices that prioritize a child- and family-centered approach, addressing the unique needs and circumstances of these populations	
	Establish policies that support family preservation and strengthen relationships including promoting frequent contact between children and youth in out-of-home care and their families, minimizing placement disruptions, and facilitating engagement for parents facing incarceration or uncertain residential status			Advocate for policies and legislation that strengthen economic supports for families, especially lone parent families and those receiving income assistance (e.g., OW or ODSP)

PATHWAYS TO CHANGE	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Influence healthy public policy	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	Promote the implementation of flexible work weeks and enhanced parental leave policies for all workers	Provide adequate compensation, benefits, professional development, and support for service workers (such as early childhood educators, early years and mental health providers) to reduce turnover and maintain stable relationships among staff, children, and families	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 Advocate for policy changes that shift child welfare agencies toward a more supportive, community-based, and prevention-focused model, emphasizing early intervention, family preservation, and collaboration with community organizations Advocate for children's right to physical security and repeal Section 43 of the Criminal Code to ban corporal punishment
Intervene to lessen harm	Raise awareness about how an individual's culture affects how they perceive trauma, safety, and privacy	Provide opportunities for people to learn about and reflect on their own experiences with early adversity and how it may impact their parenting/caregiving	Ensure programs, services and resources (e.g., parenting/caregiving programs and services) are culturally specific, culturally accessible and trauma sensitive	Adopt a healing-centred engagement approach that empowers individuals exposed to trauma to actively participate in their own healing process, focusing on their agency and well-being
	Advocate for supportive programming for incarcerated parents and their children		Advance the uptake and acceptability of supports and resources for families experiencing family and Intimate Partner Violence (IPV)	
	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			
Collect and use data	Conduct and disseminate evaluation results of new programs and initiatives to support high quality, evidence-based interventions		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.	

Strategic actions were adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, with additional sources.[6,33,46,264,275–284]

MEASURING SUCCESS

Given the intersectoral nature of early adversity, measuring the impact of initiatives to reduce it and promote healing is complex. Across Canada, there is no common, consistent or coordinated approach to measuring ACEs or their impacts. Communities undertaking this type of work should identify a common set of targets and indicators at population and program levels to monitor progress on initiatives. More consistent data collection would help promote early prevention efforts, inform the provision of support, demonstrate the effectiveness of prevention measures, and help to evaluate progress.[33]

The Adverse Childhood Experiences and Resilience Community of Practice (ACER CoP) and Public Health Ontario (PHO) **recognize a gap in measuring early adversity and resilience related indicators** and acknowledge the need to establish a standardized set of core indicators for use across communities. At present, some local health units are gathering data from surveys like the Canadian Community Health Survey (CCHS) and the Canadian Health Survey on Children and Youth (CHSCY), as well as other regional surveys. Current data sources have limitations, including the need to extrapolate across different datasets and reliance on proxy indicators that are not directly linked to ACEs and resilience. Current data sources primarily focus on ACE-related categories, such as abuse, neglect, and household dysfunction, but often rely on indirect or proxy indicators that don't fully capture the complexity of early adversity. While these sources provide useful information, they may not directly measure the full range of ACEs or their impacts on resilience. Additional data related to protective factors, adverse community experiences, long-term health effects of adversity and related social determinants of health are necessary to comprehensively provide a clear picture of the prevalence of early adversity and help evaluate the effectiveness of interventions. Incorporating specific health equity measures, such as rate ratios or population impact numbers, into ACE-related indicators can help identify at-risk populations, understand disparities, and prioritize actions to address these inequities. Expanded measurement tools like the World Health Organization's ACE International Questionnaire (ACE-IQ) could offer a more comprehensive understanding by capturing a broader spectrum of ACEs and their long-term effects.[33,285].

When examining the impacts of early adversity on populations that are disproportionately affected, special attention must be given to collecting data from Indigenous, Black, and racialized groups. Historically, data has been used against these populations to further colonialist and racist agendas. To address this, it is vital to uphold the principles of OCAP (Ownership, Control, Access, and Possession) and EGAP (Equity, Gender, and Anti-Racism), while working closely with the communities affected to ensure their involvement and safeguard their rights. This collaboration should empower these communities, allowing them to shape the research process and ensuring that the data is used to drive meaningful, positive change. This approach aligns with the principles of United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which asserts the right of Indigenous Peoples to freely pursue their economic, social, and cultural development, and to participate in decisions that affect their communities[286].

There is significant variability in the capacity of communities to measure early adversity and resilience indicators, and a **coordinated provincial approach** is needed to align and compare data across different communities. PHO is exploring standardized ACEs assessment, monitoring, and the regular collection of key indicators. In addition to ACEs indicators, it will be important to include strengths- or asset-based indicators to measure community and family resilience when defining provincial measures. The selection, prioritization, and reporting of indicators could be guided by this framework.
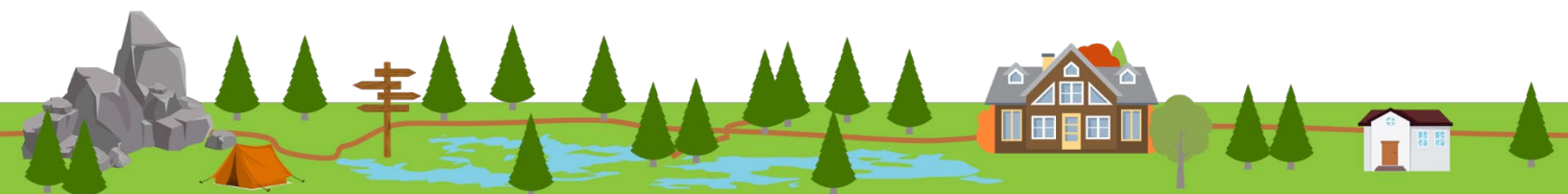
Sustainable Development Goals

Addressing early adversity aligns with the Sustainable Development Goals (SDGs) by addressing the most important social, economic, and environmental challenges communities face. The United Nations 2030 Agenda for Sustainable Development and its associated goals can help communities to identify specific measures that show progress toward reducing toxic stress and fostering an inclusive environment that supports the prevention and mitigation of early adversity.[287] The UN has identified 17 SDGs and 169 targets that focus on five areas of critical importance that shape the SDGs: *People, planet, prosperity, peace, and partnership.*[287] These goals seek to end poverty for all *people*, protect the *planet* and ensure that everyone can enjoy *peace* and *prosperity.* Canada has also adopted a framework to address the sustainable development goals (SDGs) which focus on poverty reduction, sustainable economic growth, Reconciliation with Indigenous Peoples, gender equality, and climate action.[288] The Government of Canada website highlights several examples of partners and stakeholders' actions to localize the SDGs: 2023 Voluntary National Review Spotlight.[289]

Tackling ACEs supports progress toward the SDGs, as efforts to achieve these goals also address the drivers of early adversity and promote protective factors that enhance resilience.[33] The SDGs focus on early childhood development as a means to securing lifelong health, which is also a focus in ACEs work, offering a politically endorsed, multisectoral framework for action.[290,291] For instance, poverty reduction (Goal 1), food security (Goal 2), health and well-being (Goal 3), quality education (Goal 4), and gender equality (Goal 5) each include targeted approaches designed to enhance children's health, well-being, and education.[292] Some of the SDGs address ACEs directly such as Gender Equality (Goal 5), which involves empowerment and ending all forms of violence against women and girls and SDG target 16.2 (within Goal 16) which focuses on ending abuse, exploitation, trafficking, and all forms of violence against children).[33] Other SDGs address early adversity and their risk factors more broadly, such as Reduced Inequalities (Goal 10) and Good Health and Well-being (Goal 3).[291] Early adversity affects health, social, and economic outcomes throughout life.

In conclusion, communities that align their efforts to prevent and mitigate ACEs with a common set of indicators and evaluation measures can effectively monitor progress and ensure consistency across different regions. By **establishing shared goals and using coordinated approaches,** these communities can better understand the impact of their initiatives, identify areas for improvement, and ultimately contribute to a healthier, more resilient population.

Figure 7. United Nations Sustainable Development Goals.[293]
Source: https://www.un.org/sustainabledevelopment/. The content of this publication has not been approved by the United Nations and does not reflect the views of the United Nations or its officials or Member States.

LIMITATIONS

Positionality

The intent of the positionality reflection activities in this document was to encourage individuals to reflect on their own experiences, thoughts, feelings, values, and relationships with the material presented. One's positionality could significantly influence how individuals perceive and act on information. The activities embedded throughout the framework did not represent the full and ongoing process of exploring one's positionality. Readers are invited and encouraged to engage in an ongoing and expanded practice of self-reflection when considering adversity and resilience across different contexts and forms of engagement.

Knowledge and Research

Research on early adversity and ACEs faces several limitations. For example, there is no universally agreed-upon definition of ACEs, leading to inconsistencies across studies and difficulty in making comparisons.[33] Studies often focus on a narrow range of ACEs, excluding other experiences of early adversity and trauma such as parental death, bullying, racism, poverty and community violence. As a result, the Framework used the definition of early adversity to encompass this broader understanding of what constitutes adversity in the early years. Additionally, trauma-informed practice and trauma- and violence-informed care (TVIC) lack consistent definitions, leading to variations in their implementation and evaluation. Establishing a clear, internationally recognized framework would help standardize and advance these approaches to ensure effective, comprehensive care.[33]

More consistent data collection, particularly through cohort and longitudinal studies, is needed to inform prevention and support efforts. Further research is also needed to understand the relationship between early adversity and poverty, the impact of toxic stress, and the effectiveness of therapeutic interventions. While the science of ACEs has evolved drastically, there is still more work needed to provide deeper insights into the biomolecular and brain science of adversity, including the impact on development and opportunities for intervention.[33] Another important consideration for assessing and evaluating these initiatives is that data collection on indicators related to early adversity are inconsistent and more difficult in low-population areas due to large geographic regions, a lack of specialized expertise, and limited opportunities for research and community engagement.

Implementation

Several factors should be considered when implementing this framework. First, shifting the focus from acute issues to preventive measures can be difficult, especially when many community members, such as political leaders, agencies, and media, are more inclined to address immediate issues. Overcoming this reluctance to embrace upstream prevention strategies is crucial, especially when funding and mandates are often centred around secondary and tertiary interventions. Second, collaboration is key—while individual interventions can be effective, the greatest and most sustainable impact comes from integrated, cross-sector strategies that not only address the drivers of adversity but also create the conditions for resilience and well-being. Capacity limitations pose a significant challenge. Community partners, though deeply committed, are often stretched thin, with the same individuals and sectors involved in multiple initiatives. This is particularly true in smaller, rural, and northern communities, where resource constraints are more pronounced, making implementing a comprehensive approach more difficult. For example, financial limitations such as operating and implementation costs can be prohibitive, and funding often favours larger urban centres. Another challenge is recruiting and retaining qualified staff, particularly in agencies serving children and youth.

Despite these challenges, the Ontario Early Adversity and Resilience Framework provides a critical foundation for collaborative action. By acknowledging these limitations and working together to address them, we can create a more supportive, resilient, and equitable future for all Ontarians.

CONCLUSION

Extensive research on early adversity has deepened our understanding of its lasting effects on health, behaviour, and societal systems, while also highlighting the factors that foster resilience and lessen harm. The Ontario Early Adversity and Resilience Framework was developed by leaders specializing in adversity, child development, and resilience to consolidate the best available evidence and translate this knowledge into a practical tool for cross-sector collaboration. This framework equips communities with strategies to prevent adversity, strengthen protective factors, build resilience, and support healing. By applying evidence-based, trauma- and violence-informed approaches, advocating for systemic change, and ensuring equitable opportunities, communities can create conditions that allow all children and families to thrive.

Recognizing that each community has distinct needs, priorities, and resources, the framework is designed to be adaptable. It can be used at both local and provincial levels to develop collective action plans that address local needs, prioritize programs and services that improve population health, and drive province-wide initiatives, such as public awareness campaigns. Additionally, municipal and provincial governments can apply the framework to inform funding, policy decisions, and local planning, while also providing direction for health initiatives across sectors to achieve broader impact. Communities may apply it in whole or in part, tailoring it to their local contexts. For example, Indigenous communities can adapt the framework to align with their cultural values, teachings, and community-led health and wellness initiatives. Focused efforts in key areas— socially connected, equitable, and inclusive communities; social emotional development and resilience; reproductive health and parenting/caregiving readiness; and responsive and culturally safe parenting/caregiving —can drive coordinated action that leads to meaningful, lasting change.

Sustained collaboration and flexibility will be essential as research, policies, and community needs evolve. By using this framework as a foundation, communities, service providers, and policymakers can take shared responsibility in addressing early adversity, strengthening resilience, and advancing health and well-being for children and families across Ontario.

DEFINITIONS

Unless otherwise noted, definitions provided are taken directly from the source cited.

Language	Definition
Anti-Discrimination	Discrimination is an action or a decision that results in the unfair or negative treatment of person or group because of their race, age, religion, sex, etc. Some types of discrimination are illegal under federal and provincial human rights laws.[294] Anti-discrimination refers to the proactive stance against unjust treatment, bias, or prejudice towards individuals or groups based on factors such as race, ethnicity, gender, sexual orientation, religion, disability, or any other characteristic protected by law. It involves promoting equality and fairness in all aspects of life, including employment, education, housing, and public accommodations.[295]
Anti-Racism	Anti-Racism is the active process of identifying and eliminating racism by changing systems, organization structures, policies, and practices and attitudes, so that power is redistributed and shared equitably.[296]
Cultural Safety	A culturally safe environment is physically, socially, emotionally, and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual's identity, who they are, or what they need.[296]
Healing-Centred	Healing-Centred practices advance a strength-based, collective view of healing, and re-centre culture as a central feature in well-being. Trauma is viewed not simply as an individual isolated experience, but rather there is an understanding of the ways in which trauma and healing are experienced collectively. This approach focuses on the well-being we want, rather than symptoms we want to suppress; it is asset-driven and non-stigmatizing, it supports adult providers with their own healing, and it is culturally grounded and views healing as the restoration of identity.[278]
Positive Stress	Positive stress is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.[31]
Preconception	Preconception health refers to the health of all individuals during their reproductive years, whether before a first pregnancy or in-between pregnancies, regardless of gender identity, gender expression or sexual orientation.[198]
Primordial Prevention	Primordial prevention addresses underlying economic, social, and environmental factors that lead to disease causation and aims to establish and maintain conditions that minimize health risks.[297]

Primary Prevention	Prevention of health problems (e.g., disease, injury) occurs at three levels: primary, secondary and tertiary. Primary prevention addresses specific causal factors for disease and aims to reduce the incidence of disease. Secondary prevention addresses earlier stages of disease and aims to decrease the prevalence of disease through shortening its duration Tertiary prevention addresses later stages of disease (rehabilitation, treatment) and aims to decrease the impact and/or number of complications.[297]
Proportionate Universalism	Proportionate Universalism refers to the concept that people across the whole population gradient are entitled to social benefits proportionate to their needs. For policy, it encompasses both targeted and universal approaches to ensure the population as a whole is proportionately allocated benefits, services, and access to environmental and social factors that encompass a healthy community.[298]
Self-determination	Self-determination, as a psychological construct, refers to volitional actions taken by people based on their own will, and self-determined behaviour comes from intentional, conscious choice, and decision.[299]
Socioeconomic Status	Socioeconomic status (SES) encompasses not only income but also educational attainment, occupational prestige, and subjective perceptions of social status and social class. SES reflects quality-of-life attributes and opportunities afforded to people within society and is a consistent predictor of a vast array of psychological outcomes.[300]
Structural Violence	Structural violence refers to harm that individuals, families and communities experience from economic and social structures, social institutions, relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs.[301]
Tolerable Stress	Tolerable stress activates the body's alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.[31]
Toxic Stress	Toxic stress can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance use or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.[31]

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