A Framework for Reporting on Early Childhood Development Programs and Services A First Nations Perspective

FINAL DRAFT

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Introduction:

First Nation children are the fastest growing segment of the Aboriginal population in Canada. In 1996, 35% (281,000) of Aboriginal people were younger than 15 years of age compared to about 21% for Canada. Life expectancy at birth is seven to eight years less for registered First Nations persons than for Canadians generally. Death rates for First Nation infants from injuries are four times the rate of non-First Nation infants (CICH, 2000). Children with disabilities or identified special needs are unlikely to survive or receive the services they need. FAS rates are 30 times the general population and the cost of meeting the needs of someone who is severely affected by FAS over a lifetime is $1 to $1.5 million (RCAP, 1996).

The First Nation status population according to Statistics Canada is estimated to increase to nearly 1 million by 2005. Given the current birth rate trends the relative youthfulness of the First Nation population is expected to continue to be representative of this phenomenon for several generations to come. Children are our future. They are the joy for us today and the hope for us tomorrow.

Children are the most precious resource of our Nations. They are the link to the past generations, the enjoyment of present generations, and the hope for the future. First Nations intend to prepare their children to carry on their cultures, traditions and governments. Because early childhood development is the beginning of the shaping of the minds and values of our young children, it is vitally important that First Nation governments have jurisdiction over the programs which will have such a lasting and significant impact. The care and nurturing of our children contributes to the development and potential of our future generations. Safe nurturing environments are required to ensure that they will grow, play and learn in order to be prepared for school and for life.

The Problem

First Nations children in Canada are *at risk*. They are at risk from conception right through their early years to their later years of life. This is the result of crushing poverty conditions that we know plagues nearly every First Nation community to one degree or another. Without our children we will have no future. Without our children we will have no one to carry on our traditions, our languages and our legacies. As long as we continue to do nothing our children will continue to be afflicted with disabilities which can be prevented. They will also continue to die because the injuries and diseases that they are exposed to could have been prevented and were not. It is the responsibility of Canada to ensure that the First Nations children of this country have an equal opportunity to life, health and happiness. According to the *United Nations Convention on the Rights of the Child* every child has the right to live in "*an atmosphere of happiness, love and understanding*." Those responsible for children in an official capacity must ensure that "*the best interests of the child shall be a primary consideration*" (Article 3).

The Convention specifies three broad areas of rights in order to promote children's interests: *provision rights to goods*, *services and resources; protection rights from neglect, abuse, exploitation and discrimination*; and *participation rights giving children proper information in order to enable them to make decisions about and contribute to the circumstances of* their everyday life.

The health of a community and a Nation is evidenced by the social conditions and environment of its inhabitants. The data in the following tables describes the conditions existing in First Nation communities across the country. These data are collected from a variety of sources such as Statistics Canada, the Aboriginal Peoples Survey, the DIAND *Indian* Register and the First Nations and Inuit Regional Health Survey. They are presented in table format to indicate a matrix of risk and protective factors that can be equated with assessing community health, need and resiliency.

Table 1 (a)
Risk Factors for First Nation and Aboriginal Children in Canada

Risk Factor Category	Characteristic	Statistical Indicator of Risk
Community Environment	Poverty	*Most Aboriginal people are at or below the poverty line. In major western cities, four times as many Aboriginal people as other citizens are below the poverty line.*
	High unemployment	*50% of First Nation children living on or off-reserve are living in poverty. Aboriginal people are less active in the labour force. They represent 47% of the those employed on-reserve and 57% off-reserve compared to the national labor force employment rate of 68%*
	Inadequate Housing	*First Nations houses on-reserve are ten times more likely to be crowded than houses the general population live in. Only 54% of houses have adequate water supplies and 47% have adequate sewage disposal. More than 20% of First Nations have problems with their water supply which threatens health and safety.*
	Cultural devaluation	*There are 633 First Nations in Canada, 52 Nations and cultural groups. There are 57 Aboriginal languages and 12 language families represented in Canada and only 3 languages are predicted to survive – Cree, Inuktitut and Ojibway.*
	Culture and language barriers	*According to Census and APS data 21.9% of Aboriginal persons age 5-14, 27.5% aged 15-24, 36.7% aged 25-54 and 63.1% aged 55+ speak an Aboriginal language. As the Elders die the languages are dying with them.*
	Low educational levels	*The education of Aboriginal people lags behind other Canadians. 18% of Aboriginal people 15 years or older have less than grade 9 compared to 13.8% for Canadians, 8.1% Aboriginal people are high school graduates compared to 12.9% for Canadians. 4.7% Aboriginal people have University degrees compared to 11.6% Canadians.*
	Low achievement expectations from society	*69% of First Nation youth never complete high school compared to 31% of the general youth population for Canada. Rates of First Nation youth aged 20-24 attending university was 12% compared to 35% for the general population. Completion rates for First Nation youth are approximately 31% compared to 58% for the general population.*

Table 1 (b)
Risk Factors for First Nation and Aboriginal Children in Canada

Risk Factor Category	Characteristic	Statistical In Indicator of Risk
Family Environment	Alcohol, tobacco and other dependency of parents	*According to the FNIRHS 78% of respondents said they used tobacco in non-traditional ways. 62% smoked cigarettes, 4% used snuff and 1% used chewing tobacco. The majority of the population of smokers are under the age of 40 and the smoking rates are up to 72% for the youngest adult age group (age 20-24). Smoking for Aboriginal children begins as early as 6 to 8 years (0-8%) but rapidly increases at age 11 to 12 (10% to 65%) with a peak initiation at about age 16 years.*
	Parental abuse and neglect	*25% of Aboriginal adults reported sexual abuse is a problem in their community and 15% reported rape as problems. 25 % of First Nation youth reside in one parent households and 18% live in non-family settings. Compared to their non-Aboriginal counterparts First Nations youth are 1.6 more times likely to report living in a non-family setting. Mortality rates among Aboriginal youth indicate there are 250 deaths per 100,000 persons, a rate of approximately 3.6 times higher than deaths reported for all Canadian youth.*
	Financial strain	*More than 45% of all First Nation youth were living in a low income household, a rate of roughly 1.9 times that of non-First Nation youth*
	Large, overcrowded family	*More than half (52%) of First Nation households live in homes that fall below one or more of the housing standards as compared to 32% for Non-First Nation households*
	Unemployed or underemployed parents	*Earned income per employed Aboriginal person in 1991 was $14,561 compared to $24,001 for the general Canadian population. First Nations people are economically disadvantaged in that they earn an average of half what Canadians earn and subsist on social assistance at a rate of five times higher than the rest of the Canadian population.*
	Parents with little education	*Half of the First Nations school age population do not complete high school.*
	Single female parent without family/other support	*32% of Aboriginal children live in households with a lone-parent and are at elevated risk for living in poverty*
	Family violence or conflict	*39% of Aboriginal adults reported that family violence is a problem in their community. Incarceration rates of Aboriginal people are 5-6 times higher than the national average. The highest rates of Aboriginal sentenced admissions were in the NWT (80%), the prairies (50%) and BC (20%)*
	Frequent family moves	*High rates of mobility characterize the First Nation youth population. Between 1995 and 1996, more than one third of First Nation youth reported a change in residence, a rate roughly 1.4 times higher than that of non-Aboriginal youth*
	Low parent/child contact	*5% of First Nations children were in the custody of Child and Family services in 1996/97.*

Table 1 (c)
Risk Factors for First Nation and Aboriginal Children in Canada

Risk Factor Category	Characteristic	Statistical Indicator of Risk
Vulnerability of the Child	Child of an alcohol, tobacco or drug abuser	*Incidences of FAS/FAE in First Nation communities are 30 times the national average.*
	Birth defects and physical disabilities	*Aboriginal people are more likely than other Canadians to have hearing, sight and speech difficulties. Mobility impairment occurs at the same rate for both populations. The rate of disability for Aboriginal people is 31%.*
	Learning disabilities	*Aboriginal youth are at elevated risk of suffering from a physical developmental or learning disability. According to the APS nearly a third of all First Nations people aged 15 and older had a disability which is more than double the national rate during the same period*
Early Behavior Problems	Emotional problems	*The suicide rates for First Nations females are 4 times higher than for Canadian females and 32.6 times higher for First Nation males than Canadian males*
	Inability to cope with stress	*Solvent abuse by youth is a particular concern: 22% of First Nations youth who report solvent abuse are chronic users and come from homes where there is financial hardship, neglect, family conflict or child abuse. Suicide rates for registered First Nation youth ages 15-24 are eight times higher than the national rate for females and five times higher for males.*
	Low self-esteem	*Incidences of FAS/FAE in First Nation communities are 30 times the national average*
	Aggressiveness	*Rates of incarceration (age group 15-19) are nine times higher among the First Nation population at approximately 45.7 per 10,000 compared to non-First Nation youth at 4.9 per 10,0000.*
Adolescent Problems	School failure and dropout	*65% of First Nation youth never complete high school compared to 31% of non-Aboriginal children.*
	At risk of dropping out	*31% of First Nation youth do not attend school compared to the 69% who do*
	Violent Acts	*Rates of incarceration for violent crimes are nearly 9 times higher for First Nation youth at 103 per 10,000 compared rates of 11.8 per 10,000*
	Drug use and abuse	*62% of First Nations people aged 15 and over perceive alcohol abuse as a problem in their community while 48% state that drug abuse is an issue.*
	Teenage pregnancy/teen parenthood	*Aboriginal youth are at elevated risk of becoming pregnant at an early age and greater risk of contracting a sexually transmitted disease.*
	Unemployed/under-employed	*Earnings from employment per person aged 15+ First Nation persons = $9,140 compared to $17,020 for the Canadian population*
	Suicidal	*Suicide rates for registered First Nation youth ages 15-24 are eight times higher than the national rate for females and five times higher for males.*

Table 1(d)
Risk Factors for First Nation and Aboriginal Children in Canada

Risk Factor Category	Characteristic	Statistical Indicator of Risk
Negative Adolescent Behavior and Experience	Lack of bonding to family, school, community	*65% oF First Nation youth never complete high school compared to 31% of non-Aboriginal children. Rates of incarceration for violent crimes are nearly 9 times higher for First Nation youth at 103 per 10,000 compared rates of 11.8 per 10,000*
	Hopelessness	*Solvent abuse by youth is a particular concern: 22% of First Nations youth who report solvent abuse are chronic users and come from homes where there is financial hardship, neglect, family conflict or child abuse. Suicide rates or registered First Nation youth ages 15-24 are eight times higher than the national rate for females and five times higher for males.*
	Feelings of failure	*The most prevalent health problems among First Nation children include ear infections, respiratory conditions, broken bones, emotional and behavioral problems. Half of the First Nations school age population do not complete high school.*
	Vulnerability to negative peer pressure	*Solvent abuse by youth is a particular concern: 22% of First Nations youth who report solvent abuse are chronic users and come from homes where there is financial hardship, neglect, family conflict or child abuse*

Sources: Statistics Canada, Aboriginal Peoples Survey, DIAND Indian Register, Health Canada – Medical Services Branch, First Nations and Inuit Regional Health Survey, DIAND *Gathering Strength*

Upon review of Table 1(a-d) it is clear Canada has a long way to go in conforming to the *UN Convention on the Rights of the Child*. Article 3 in particular points to the obligation of the state to ensure *that all services for children shall conform with the standards established by competent authorities, particularly in areas of safety, health and in the number and suitability of their staff, as well as, competent supervision, and that due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background*." Article 20 further states that children have a right to a *"standard of living that is adequate for the child's physical, mental, spiritual and social development ."*

The purpose of this document is to provide a set of principles and guidelines based on a set of societal indicators to permit First Nations, in partnership, with government, to report on progress in improving and expanding early childhood development programs and services in four major areas. These four major areas include: *participation* (number of children and families services and number of "spaces" or equivalent), *coverage* (% of target population services and number of program sites), *quality* (evaluation findings) and *cultural relevancy*.

Current Status:

According to 1996 data the following children aged 0-14 identified with an Aboriginal group:

Table 2
Children 0-14 Years Identifying with an Aboriginal Group in Canada 1996

Age group	North American Indian	Metis	Inuit
0-4 yrs.	**106,370**	25,800	7,325
5-9 yrs.	101,415	24,220	7,025
10-14 yrs.	91,880	22,605	5,560

Early Childhood Development Programs and Services

The First Nation child population is significantly larger statistically than the national average making child care and early childhood development program services a *critically important issue*. First Nation children continue to be under-represented in the current child care system. There have been initiatives in the 1990's that have addressed some of the need but clearly not enough. The following programs have been initiated to date:

National Child Benefit (NCB)

The goals of the National Child Benefit are: to help prevent and reduce the depth of child poverty; to increase labour force attachment; and to reduce overlap and duplication by harmonizing program objectives and benefits and simplifying administration. Through the Child Tax Benefit, federal benefits are increasing for all low-income families, which will, over time, displace and eventually replace welfare benefits for children. It is intended to provide a common child income benefit to all low-income families regardless of their source(s) of income. Complimentary benefits and services are provided by provincial, territorial and First Nation re-investments.

Results	**Indicators**
Help prevent and reduce the depth of child poverty	➔ Incidence of low income ➔ Incidence of child poverty ➔ Duration of low income
Promote attachment to the labour market by ensuring that families will always be better off as a result of working	➔ Labour market participation- ➔ Number and % of earners in families below the low-income line ➔ Average earned income as a % of the low income line

Source: http:socialunion.gc.ca/

Expenditures for NCB in 1998-99 were $30.3 million, 1999-2000 were $48.26 million and 2000-2001 were $55.19 million. In 1998-99 the breakdown of expenditures equaled approximately: for Child/Day care programs ($810,589.00), Nutrition programs ($4 million), Early child development programs ($389,238.00), Employment and Training programs ($4 million) and other related programs ($5.7 million).

The First Nations and Inuit Child Care Initiative (FNICCI)

The *First Nations /Inuit Child Care Initiative* was announced in 1995. It intended to achieve levels of quality and quantity of child care in First Nations and Inuit communities that compared to the general population. The 3 year initiative was to develop and upgrade child care spaces with a target of 6,000 spaces (6% of the need in First Nation communities) which were intended to meet the accessibility level of the general population. The financial commitment of $6 million was for 1995-96 followed by $26 million for 1996-97, $40 million for 1997-98 and ongoing funding of $36 million annually was committed thereafter.

As of 1999-2000 the FNICCI provided 8,500 child care spaces at a program cost of $41 million (with 7,700 spaces and $36 million expended in 1998-99).

The initiative serves children between the ages of 0 and 12 with priority given to children under age 6. The initiative is managed by local Aboriginal organizations to ensure that it is responsive to community needs and priorities.

Many communities have linked their First Nations Head Start and Aboriginal Head Start (Urban and Northern Communities) programs which provide half day developmental experiences to First Nations and Inuit Child Care to provide a continuum of support for children. About 50 percent of the communities that receive FNICCI funding also have First Nations or Aboriginal Head Start programs.

Parent who were previously receiving social assistance or Employment Insurance are now working or in training because of access to child care for their children.

Aboriginal Head Start in Urban and Northern Communities

Aboriginal Head Start is a Health Canada-funded early intervention program for First Nations, Inuit and Metis children and their families living in urban and northern communities. The principal goal of AHS is to demonstrate that locally controlled and designed early intervention strategies can provide Aboriginal children with a positive sense of themselves, a desire for learning and opportunities to develop fully as successful young people. A total of 3,126 children enrolled in AHS in 2000. Sixty-seven percent of participating children had no other early intervention programming before attending AHS. Nationally

53% of children enrolled in AHS are children from First Nations backgrounds, 28% Metis and 18% Inuit. In urban sites 80% of participants are First Nations, 14% are Metis and 13% are Inuit. In remote sites, 46% are Inuit, 27% First Nations and 23% Metis. In 36% of cases, children live at home with their single mother.

Aboriginal Head Start currently reaches approximately *seven percent* of its target population. According to 1996 Census data, there are 41,915 three to five year old Aboriginal children living in urban and northern communities across Canada (the primary target group for AHS) with 2,776 enrolled in Aboriginal Head Start in urban and northern communities.

There are now 114 AHS sites in 8 provinces and all three northern territories. AHS located in remote communities account for 35% of the total projects, while 65 percent are located in non-remote communities.

Sixty four percent of all AHS sites report that they are unable to enroll all the children in the community in need of AHS. Forty eight sites indicated they could serve an additional 1, 223 children with additional resources to do so.

Off-reserve Aboriginal head Start was originally announced in 1995 and funding for a 4 year period totaled $93.7 million: $25.7 million for 1995-96, $23 million for 1996-97 and $22.5 million respectively for 1997-98 and 1998-99

Results	**Indicators**
➔ Strengthened early childhood development capacity in Aboriginal communities ➔ Empower children, families, individuals and communities to adopt healthy lifestyles. ➔ Key determinants of health (nutrition, health promotion, early child development, social support networks, education and cultural and language) in Aboriginal Health Start programs addressed.	In children ➔ Enhanced school readiness ➔ Better health and healthy living ➔ Early identification of health and learning disorders ➔ Knowledge and practice of good nutrition ➔ Strengthened identity as an Aboriginal person ➔ Increasing proficiency in Aboriginal languages and knowledge of traditions ➔ More effective use of social support agencies to support children In Parents/Caregivers/Family ➔ Parents motivated to improve own education ➔ Improved health, nutrition, healthy living and parenting practices ➔ More appropriate use of health care system and social support agencies ➔ Strengthened identity as an Aboriginal person ➔ Parental involvement in AHS program development, evaluation and management In the Aboriginal community ➔ Community mobilization around children ➔ Experience and training of importance of early childhood development ➔ Cultural renewal of Aboriginal values and traditions ➔ AHS staff participates in training to improve skills and knowledge

Source: Aboriginal Head Start Program and Participants 2000 www.hc-sc.ca
www.hc-sc/hppb/childhood-youth/acy/ahs.htm

Aboriginal Head Start On-Reserve

Aboriginal Head Start On -Reserve was set at $100 million over 4 years beginning with $15 million in 1998-99, $33 million in 1999/2000, $27 million in 2000/2001 and $25 million per year ongoing.

Aboriginal Head Start On-Reserve supports early childhood development strategies designed and controlled by First Nations communities that provide pre-school children with a positive sense of themselves, encourages a desire for learning and gives children the opportunity to develop fully and successfully.

Results	**Indicators**
Culture and language ➔ Short term – enhanced knowledge of culture and language ➔ Long term – enhance and strengthen FN languages and cultures	Short term ➔ Ability to use/understand the language ➔ Direct and indirect measures of cultural knowledge Long Term ➔ Use of language ➔ Participation in cultural activity
Education ➔ Short term – school readiness and improved social skills ➔ Long Term – to develop life long love for learning	Short term ➔ Pre-school and kindergarten screening tests Long term ➔ Number/proportion of high school graduates ➔ School performance ➔ Expressed interest in lifelong learning
Health Promotion ➔ Short term – change in health knowledge and behavior ➔ Long term – create a healthy community	Short Term ➔ Incidence of disease ➔ Absenteeism – with reasons ➔ Measures of health knowledge and behavior (parents and children) Long term ➔ Enhanced self-esteem ➔ Enhanced health and social well being according to community standards ➔ Increased healing activity
Nutrition Increased awareness of nutritional needs	➔ Changes in eating habits ➔ Direct and indirect measures of nutritional knowledge
Social Support Programs ➔ Short term – increased community networking and support for pre-school needs, increased child access to other adults and services ➔ Long term – provide most effective network of support for family and child, strengthen relationship between child and its community.	Short term ➔ Donations from the community (time, money, products, services) ➔ Participation by the community (attendance at class and special events) Long Term ➔ Resources community earmarks for pre-school group
Parent and Family Involvement ➔ Short term – increased family involvement in AHS and developing child, enhanced health and social well being of the child ➔ Long term – strengthened relationship between parents/caregivers and child	Short term ➔ Direct and indirect measures of family involvement ➔ Numbers of parents in training programs ➔ Family participation and attendance in class ➔ Number and support groups with children-without children Long term ➔ Professionally developed and culturally relevant measures of relationship between parents/caregivers and child

Source: www.hc-sc.gc.ca

Brighter Futures

Brighter Futures began in 1992-93 as a Canada wide program to assist First Nations and Inuit communities in developing community-based approaches to health programs. The purpose is to improve the quality of, and access to, culturally sensitive wellness services in the community.

There are several components to Brighter Futures: mental health; child development; injury prevention; healthy babies; and parenting skills. Communities determine their own priorities and resources accordingly.

Table 3
Dedicated Services for First Nations and Other Aboriginal Children and Families Activities and Expenditures Table

	Who Does Activity Reach?						Expend. Children	On Under 6
	Activities/	Sites	Number Children	Of: Under 6		Families	$	$
	1999/00	00/01	99/00	00/01	99/00	00/01	99/00	00/01
Child/Day Care Programs Alberta	17	17	1,404	1,404	N/A	N/A	3,629,000	3,629,000
Child/Day care Programs Ontario	66	66	N/A	N/A	N/A	N/A	12,176,000	12,177,000
Aboriginal Head Start New Brunswick	14	14	N/A	N/A	N/A	N/A	1,804,000	1,804,000
Elementary Ed. (Pre-K and K)	485	485	14,153	13,936	N/A	N/A	65,000,000	65,000,000
First Nations National Child Benefit	600	600	42,580	42,580	N/A	N/A	23,700,000 **	23,700,000 **
First Nations & Inuit Child Care Initiative	390	390	>7,000	>7,000	N/A	N/A	41,000,000 ***	41,000,000 ***
Brighter Futures	N/A	N/A	45,000	45,000	N/A	N/A	22,000,000	20,000,000
First Nations Head Start	225	305	6,100	7,000	N/A	N/A	29,500,000	24,250,000
Aboriginal Head Start (Urban/Northern	112	114	3,122	3,200	N/A	N/A	22,500,000	22,500,000
Total Expenditures							221,309,000	214,060,000

* All 1999-2000 figures are actuals and 200-2001 figures are estimates

** 35% of the total First Nations reinvestment, of which 8% was child day care ($48.26 m). Estimates of proportion of all NCB projects that reports as ECD projects.

*** Reflects expenditures on behalf of children up to age 12, but expenditures are primarily for children under age 6

**** There are currently 168 funded First Nations Head Start Programs serving 305 c ommunities.

Source: Early Childhood Development Agreement Report on Government of Canada Activities and Expenditures www.socialunion.gc.ca click on National Children's Agenda

Mainstream Programs

In September 2000 the Government of Canada, and its provincial and territorial government partners announced the *Early Childhood Development Agreement* to foster the well being of Canada's young children. Under this agreement, the

Government of Canada, committed $2.2 billion over 5 years, beginning in 2001/02 to help provincial and territorial governments improve and expand early childhood development programs and services in four areas:

- ➔ Healthy pregnancy, birth and infancy
- ➔ Parenting and family supports
- ➔ Early childhood development, learning and care, and
- ➔ Community supports

In a Government of Canada report entitled Federal/Provincial/Territorial Early Childhood Development Agreement: Report on the Government of Canada Activities and Expenditures 2000-2001 the following mainstream programs were described:

Healthy Pregnancy, Birth and Infancy

Canada Prenatal Nutrition Program - $37,666,000
Is a comprehensive community-based program that supports pregnant women who face conditions of risk that threaten their health and the development of their babies.

Reducing the Risk of Sudden Infant Death Syndrome (SIDS) – $40,000
Aims to raise public and professional awareness of SIDS and how to reduce babies' risk.

Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) - $4,000,000
Aims to prevent FAS/FAE,to reduce its effects and to strengthen supports to affected children, families and communities.

Postpartum Parent Support Program - $100,000
Provides consistent parenting information to families of newborn children and ensures liaison and referral between hospitals and community health centres.

Family-Centred Maternity and Newborn Care: National Guidelines - $15,000
Assists hospitals and other health care agencies in planning, implementing and evaluating maternal and newborn programs and services.

Employment Insurance: Maternity and Parental Benefits - $1,194,600,000
Provides maternity and parental benefits for up to one year to eligible parents with a child born or placed in their care for adoption on or after December 31,2000.

Parenting and Family Supports
Nobody's Perfect - $140,000
A parent support and education program for at-risk parents of children under age six.

Community Action Program for Children - $59,500,000
Funds community groups to establish and deliver services that address the developmental needs of children under age 6 living in conditions of risk.

Child Health Record - $105,000
A tool to assist parents in keeping track of important facts about their child's development.

National Literacy Secretariat -Family Literacy Projects - $3,416,000
Funds projects to support parents in improving their literacy skills and in reading to their children.

Early Childhood Development, Learning and Care

Child Care Expense Deduction - $424,000,000
Tax deduction to help pay a portion of eligible child care costs.

Canada Child Tax Benefit Program –Supplement - $284,200,000
Support to low-and middle-income parents who care for a young child at home.

Military Family Resource Centres - $4,000,000
Delivers a range of services to promote the health and well-being of Canadian Forces families.

Community Supports

National Strategy on Community Safety and Crime Prevention - $1,370,000
Helps equip Canadians with the knowledge, skills and resources they need to advance crime prevention efforts in their communities.

Dedicated Services for First Nations and Other Aboriginal Children and Families

Child/Day-care Programs -Ontario and Alberta - $15,806,000
Agreements that aim to ensure on-reserve child care services are comparable to those offered to residents of the province in general.

Aboriginal Head Start -New Brunswick - $1,804,000
Helps maintain the strength of families, assist children with physical, emotional, social and/or educational difficulties and protect children from harmful environments.

Elementary Education (Pre-Kindergarten and Kindergarten) - $65,000,000
Supports education services for Status Indian or Inuit children aged 4 and 5.

First Nations National Child Benefit Reinvestment - $23,700,000
Savings garnered from federal increases in the Canada Child Tax Benefit are "reinvested" by First Nations into community-based programs and services for low-income families with children.

First Nations and Inuit Child Care Initiative - $41,000,000
Provides First Nations and Inuit communities with improved access to affordable, quality child care.

Brighter Futures - $20,000,000
Assists First Nations and Inuit communities in developing community-based approaches to health programs.

First Nations Head Start - $24,250,000
An early intervention program for young First Nations children on reserve (ages 0 to 6)and their families intended to meet their emotional, social, health, nutritional and psychological needs to prepare the children for school.

Aboriginal Head Start (Urban and Northern Communities) - $22,250,000
An early intervention program for First Nations, Inuit and Métis children and their families living in urban centres and large northern communities that prepares young Aboriginal children for school by meeting their spiritual, emotional, intellectual and physical needs.

Research and Information

National Longitudinal Survey of Children and Youth - $7,742,000
Long-term study of Canadian children that tracks their development to early adulthood. and Understanding the Early Years Initiative - Research initiative that aims to increase a community's knowledge about young children's development and how best to meet their needs.

Social Development Partnerships Program - $5,224,000
Supports research and development projects to advance national knowledge related to early childhood, learning and care (formerly the Child Care Visions Program).

Intercountry Adoption Services - $500,000
Provides co-ordination and consultative services to provincial and territorial governments for international adoptions.

Centres of Excellence for Children's Well-Being – $525,000
To effectively collect and disseminate advanced knowledge on key issues of children's health to those individuals or groups who need it most.

National Clearinghouse on Family Violence $886,000
A national resource centre for all Canadians seeking information about violence within the family and looking for new resources being used to address it.

Child Health Surveillance -$4,904,000
Surveillance programs to support reproductive and child health, including: programs in perinatal health; injury, abuse and neglect; infectious and chronic diseases; and immunization.

Health Warning and Information Labels and <com > Web site -$360,000
Increase public awareness of the dangers of smoking during pregnancy, and effects of tobacco smoke on newborns.

Population Health Fund - $2,337,000
Supports initiatives that facilitate coordinated action among voluntary organizations, service providers, governments and the private sector to improve the population 's health.

Health Transition Fund - $3,774,000
Supports evidence-based decision-making in health care reform, primarily by supporting pilot and evaluation projects that explore innovative approaches to health care delivery.

Note – the above figures are estimates – some of the estimates include expenditures for older children where it was not possible to isolate the proportion that was spent on children under the age of 6. Source: http://socialunion.gc.ca

In summary, although there are programs listed for Aboriginal populations by the Government of Canada in their ECD strategy these are wanting in terms addressing the overall needs of First Nations children. It is not clear whether moneys are targeted from the mainstream dollars for such activities as reduction of SIDS (Sudden Infant Death Syndrome), FAS/FAE, Parent support programming such as Nobody's Perfect, Family literacy projects, etc. These programs amount to millions yet the population most *at risk* is not targeted for *at least a portion* of these dollars.

Principles for the Development of a Reporting Framework

The purpose of performance measurement is for government accountability to First Nations, to the Canadian public and to one another.

The Government of Canada must, as First Nations already recognize, that there is significant diversity in the provision of ECD programs and services to the First Nation population of Canada. Any framework must acknowledge that there will be varying data sources and capacities that will affect the ability to report conditions, demographics and priorities.

Descriptive information is required to provide program objectives, target population, program descriptions, program histories and outcomes anticipated.

Information will also be required to include descriptive data about the target population in terms of client characteristics, income, activity status, access, site locations, percentage of population served, etc.

Overall First Nation Child Related Indicators

There are *various kinds of indicators* that can be used to "tell a story" or to illustrate outcomes. In the case of First Nations *contextual factors* will be particularly important to establishing the attributes of the environment of a First Nation child which cannot solely be impacted by ECD funding. This, for example, pertains to the poverty conditions prevalent in most First Nation communities, as well as, the lack of infrastructure that mainstream communities are not reflective of. In addition there are regional variances which must be reflected in the types of indicators utilized. The territories, for example, will have different variables than provinces in the south who have less remote conditions and varying degrees of infrastructure.

The First Nations Statistical Institute which is being established with the mandate to collect First Nations data and will be legislated with similar powers to Statistics Canada will have a major role in the development of data bases, data sources and in ensuring data integrity.

Access to data will be a key factor to the success of researchers and government officials to validating indicator data. Statistics Canada will have an integral role as well and legislation such as the *Statistics Act* will affect the access to and usability of data particularly in the case of First Nations people.

Data sources for the following programs have already been identified and should be considered the basis for indicator source data as follows:

***National Child Benefit through*:**

The first National Child Benefit Progress Report which was released May 1999: http://socialunion.gc.ca/NCB-99/toceng.html

The second National Child Benefit Progress Report which was released May 2001: http://socialunion.gc.ca/NCB-progress2000/toceng.html

The next annual report is anticipated this Winter (2002). An evaluability assessment in also being undertaken that will result in an 2 yr. evaluation of the NCB program and will assess how well the NCB's objectives have been met and the level of satisfaction with the program among the participants. Those data should be available by the end of 2002.

***Aboriginal Head Start (on-reserve) through*:**

The 1998-99 Annual Report, the National Evaluation Framework and the Guide for Applicants all which are available from Health Canada at http://www.hc-sc.gc.ca

Aboriginal Head Start Initiative (Urban and Northern) through:

The impact evaluation and comprehensive annual report of the program.

The third national annual process evaluation survey which is currently underway.

Data on previous evaluations are available at http://www.hc-sc.gc.ca/hppb/childhood-youth/acy/ahs.htm

Family and Community Related Indicators

This section details current data information in the following topic areas to establish indicator benchmarks for this framework in terms of implementation:

➔ Labour Force Characteristics

Income security rates are insufficient for the income security of First Nation people. Adequate resources are required to address this problem to ensure equal participation in education and employment and training programs.

Table 4
Canada Labour Force Characteristics 1996

	Total Aboriginal	Total Registered Indians	On-reserve	Off-Reserve	Inuit	Metis	Other Aboriginal	Non-Aboriginal
Total Labour Force Activity	777,010	312,405	148,150	164,250	23,070	123,070	312,375	21,857,915
Total Labour Force	486	169,390	76,305	93,090	13,955	81,180	221,990	14,326,185
Employed	389,700	123,345	54,365	68,975	10,960	65,155	190,245	12,929,040
Unemployed	96,810	46,045	21,935	24,110	2,995	16,025	31,745	1,397,150
Unemployed Experienced	62,665	28,965	14,420	14,540	2,095	10,825	20,780	936,135
Unemployed Unexperienced	34.145	17,080	7,515	9,565	895	5,195	10,970	461,010
Not in Labour Force	284,500	143,015	71,855	71,160	9,305	41,890	90,285	7,531,725
Participation Rate%	63	54	52	57	60	66	71	66
Unemployment Rate	20	27	29	26	22	20	14	10
Employment/ Participation Ratio	51	40	37	42	47	53	61	59

Source: Statistics Canada, DIAND Core Census Tabulations, 1996, T-11

- There were 771, 010 Aboriginal people aged 15 or more in Canada, representing 3.4% of the total Canadian labour force.
- Registered *Indians* comprise 35% of the Aboriginal labour force and account for 32% of employment and almost 48% of the unemployed.

- Registered *Indians* had the lowest labour force participation rate of any Aboriginal group, with a rate of 54%. The Other Aboriginal population had the highest rate of participation in the labour force; at 71%.
- Unemployment rates for all Aboriginal groups (except the Other Aboriginal population), continue to be at least double the rate of the non-Aboriginal population.
- Registered *Indians* had the highest unemployment rate of any Aboriginal group, at 27%.
- The Other Aboriginal population experienced the highest employment/population ratio of any Aboriginal group, with a rate of 61%.

Source: Aboriginal Labour Force Characteristics from the 1996 Census. INAC March 2001

Table 5 provides the percentage of working aged Aboriginal and Non-Aboriginal people who are currently in the labour force by gender.

Table 5
Population 15+ by Labour Force Activity by Gender 1996

	Total Aboriginal	Total Registered Indians	On-reserve	Off-reserve	Inuit	Metis	Other Aboriginal	Non Aboriginal
FEMALE								
Total Labour Force Activity	404,720	167,430	72,190	95,245	11,640	61,775	163,875	11,201,750
Total Labour Force	231,165	80,225	32,460	47,760	6,495	36,705	107,703	6,573,585
Employed	189,780	61,525	25,280	36,245	5,190	30.300	92,760	5,937,835
Unemployed	41,385	18,700	7,180	11,525	1,305	6,140	14,970	635,750
Unemployed Experienced	23,810	10,090	4,050	6,045	845	3,920	8,945	397,630
Unemployed Unexperienced	17,570	8,605	3,130	5,480	465	2,485	6,025	238,120
Not in the Labour force	173,560	87,205	39,725	47,485	5,145	25,070	56,140	4,628,165
Participation Rate (%)	57	48	45	50	56	59	66	59
Unemployment Rate (%)	18	23	22	24	20	18	14	10
Employment/ Population Ratio	47	37	35	38	45	49	57	53
MALE								
Total Labour Force Activity	366,290	144,970	75,965	69,005	11,620	61,295	148,400	10,656,165
Total Labour Force	255,355	89,160	43,840	45,325	7,455	44,475	114,260	7,752,600
Employed	199,925	61,815	29,085	32,735	5,765	34,855	97,485	6,991,205
Unemployed	55,430	27,345	14,755	12,585	1,690	9,615	16,775	761,395
Unemployed Experienced	38.855	18,875	10,370	8,500	1,250	6,905	11,830	538,505
Unemployed Unexperienced	16,570	8,475	4,385	4,085	440	2,715	4,945	222,890
Not in the Labour force	110,940	55,810	31,130	23,680	4,160	16,820	34,145	2,903,560
Participation Rate (%)	70	62	58	66	64	73	77	73
Unemployment Rate (%)	22	31	34	28	23	22	15	10
Employment/ Population Ratio	55	43	38	47	50	57	66	66

Source: INAC Aboriginal Women A Profile from the 1996 Census 2001

These data indicate that the percentage of men age 15 and over participation rate in the labour force is consistently higher than that of women. The largest

difference is in the participation rates on reserve, where on-reserve Registered *Indian* men experienced higher unemployment rates relative to the women of the same group. Across all groups, Other Aboriginal men experienced the highest participation rate, at 77%. Registered *Indian* women living on reserve experienced the lowest participation rate, at 45%. The unemployment rate for both genders was double that of the non-Aboriginal population.

(Source: INAC Aboriginal Women A Profile from the 1996 Census 2001)

➔ Parental Education Levels

Table 6
Economic Indicators 1991

	Aboriginal Rate	Canadian Rate
Earnings from employment per person age 15+	$9,140	$17,020
Labour force participation (% of population age 15+)	57%	67.9%
Unemployment rate (% of the labour force)	24.6%	10.2%
Earnings from employment per employed person	$21,270	$27,880

Source: RCAP Report Vol. 5, Statistics Canada, "Labour Force Activity"

In the Royal Commission on Aboriginal Peoples (RCAP) report Renewal: a Twenty-Year Commitment the authors describe the differences in economic outcomes between Canadians and Aboriginal people. They indicate that the gap in average earnings from employment (including self employment) for persons aged 15 years and over is significant. As illustrated in Table 6 in 1990 Aboriginal people earned an average of $9,140 or 53.7 per cent of the Canadian average of $17,020. There are three reasons for this difference:

(1) Aboriginal people participated in the labour force at a lower rate (57 per cent compared with 67.9 percent);

(2) They experienced a higher unemployment rate (24.6 per cent compared with 10.2 percent); and

(3) Those who were employed earned less than employed Canadians ($21,270 compared with $27,880.00).

Further described in the RCAP report was the level of education and how that relates to the probability of finding employment and income. The study found that in the case of Aboriginal people, less than half of those with a grade nine education or less were employed at any time in 1990, compared to more than 90 percent of those with a university degree. Average income ranged from less than $13,000 for those with a grade nine education or less to more than $33,000 for those with a university degree. This suggests that there is a significant correlation between educational attainment and employment income among Aboriginal people. This further suggests that education is an important lever for improving the economic situation for Aboriginal communities.

Table 7
Education and Employment Income Comparison 1991

Highest Level of Education Completed	Aboriginal People (% of pop. age 15-64)	All Canadians (% of pop. age 15-64)	Average Employment Income Per Aboriginal person ($000s)
Less than grade 9	25.4	11.8	12.7
Grades 9-13	32.2	22.8	15.3
High School Diploma	12.9	21.3	19.4
College without certificate	8.0	6.2	15.8
College with certificate	14.2	17.9	20.5
University without Degree	4.7	7.9	22.6
University with Degree	2.6	12.2	33.6
Total	100.0	100.0	17.8

Source: RCAP Report Vol. 5 Statistics Canada, "Educational Attainment and School Attendance." and Aboriginal peoples survey

In addition to educational attainment, health and social factors such as disability, conflicts with the law, and ill health are related to economic performance. Any improvement in these areas will be a contributing factor in reducing the economic gap between Aboriginal people and Canadians.

In Table 8 the RCAP study found that unemployment rates far out pace that for Canadians and that the average income of Aboriginal people declined in 1991. The reasons for these trends according to the study were a recession in the early 1990's along with loss of jobs and a decline in market prices for goods traditionally traded by Aboriginal people. The economic disadvantages of Aboriginal people are significant. Finding employment in Aboriginal communities is very difficult. Even though in some cases educational attainment has improved slightly over the years, due to greater Aboriginal control in schools; economic disparities continue to widen. Trends for employment in Aboriginal communities are toward low wage jobs. This results unfortunately in an increase in federal social assistance expenditures

Table 8
Economic Indicators for Aboriginal People and All Canadians Age 15+ 1991

	Aboriginal People (2)	All Canadians (1)	Gap (2-1)
Labour Force participation rate	57.0	67.9	10.9
Unemployment Rate	24.6	10.2	14.4
% with income less than $10,000	47.2	27.7	19.5
Average total income	$14,561	$24,001	$9,440

Source: RCAP Vol. 5 -Statistics Canada "Canada's Aboriginal Population 1981-1991: A Summary Report"

According to the RCAP report, in addition to relatively low participation rates in education, Aboriginal people make up a disproportionate share of the clients of the justice system and of federal, provincial and territorial social and income support programs.

➔ Parental Health

Health is defined by the World Health Organization (WHO) as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." According to WHO research there are many factors that influence health. They include social support networks, education, employment and working conditions, social and physical environment, gender and culture. (Towards a Common Understanding: Clarifying the Core Concepts of Population Health: discussion paper Health Canada 1996)

According to *Canada's Performance 2001 Annual report to Parliament*, the overall health of Canadians is measured by four indicators: life expectancy, health status, infant mortality and physical activity.

Life expectancy in Canada has steadily increased from 59 years in the early 1920's to nearly 79 by 1999 (75.9 for men and 81.4 for women). Life expectancy at birth for Registered On–reserve *Indians* is approaching that of the general Canadian population. Despite these gains, a life expectancy gap of approximately 5.7 years remains between the Registered *Indian* and Canadian populations (Basic Departmental Data, INAC 2000).

In terms of **Health Status** women experience more illness, more years of disability and more stress than men although they live longer (Statistics Canada 2001). Also, Canadians with lower income and levels of education are less likely to rate their health as excellent or very good then are Canadians with higher income and levels of education (Statistical Report on the health of Canadians 1999)

Infant Mortality rates in Canada have decreased substantially throughout the past century as a result of improvements in sanitation, nutrition, infant feeding, and maternal and child care health, as well as, improvements in the economic status of the population. Canada's infant mortality rates decreased from 134 deaths per 1,000 live births in 1901 to 5.5 deaths per 1,000 live births in 1997 (Source: The Daily, Statistics Canada, March 31, 2000).

Despite the range of services and programs currently available to Aboriginal communities and supported by provincial, territorial and federal governments, Aboriginal children and families continue to fall below the Canadian average on many soci-economic indicators of wellness. (source: Canada's Performance 2001). While progress is being made on many fronts, continued efforts are required to narrow the gaps and build community capacity (ibid). For example:

- Infant mortality is falling but is still double that of the non-Aboriginal population.
- Aboriginal infants are over three times more likely than non-Aboriginal infants to suffer Sudden Infant Death Syndrome (SIDS)
- In 1995, three out of five Aboriginal children under the age of 6 were in low-income families, compared with the national rate of one in four.
- The disability rates in First Nations communities are twice the national average
- Suicide rates for First Nations youths (age 15-24) are eight times higher than the national rate for women and five times higher than the rate for men.

Source: Basic Departmental Data, 2000 INAC

Physical activity according to Statistics Canada 2001 *How Healthy are Canadians*, indicates that regular physical activity can be beneficial to both physical and mental health. People who exercise are less susceptible to a number of chronic conditions and emotional problems. Studies show, for instance, that the odds of having heart disease are significantly higher for those who are sedentary (5.0%) or those who engage in only light physical activity (3.7%) than for those who engage in moderate or vigorous physical activity (1.0 and 1.3%). (Source: Health Reports vol. 11. No. 1, 1999 Statistics Canada)

Experts estimate that a 10% increase in physical activity would save $5 billion in costs for medical care and sick leave, as well as, tax revenues lost as a result of premature death. (Source: How healthy are Canadians? 2001)

Heart disease, high blood pressure and diabetes are considerably "new" diseases in Aboriginal communities and are increasingly problematic according to A Second Diagnostic on the Health of First Nations and Inuit People in Canada. Diabetes is especially problematic in First Nations populations, where it tends to be predominantly of the non-insulin-dependent type. The age at onset is younger and complications, such as end stage renal disease and cardiovascular

risks, are more frequent and appear to develop faster in Native people (ibid p.7). The Sandy Lake First Nation, for example, in northwestern Ontario has a diabetes rate of 26%, the third highest rate in the world and 4-5 times the national average (ibid). A genetic predisposition to fat storage combined with a less active lifestyle and high-fat diet have been found to play a role in the onset of diabetes in the Ojibway and Cree living in the small community (ibid).

According to the First Nations Inuit Regional Health Survey, less than 2/3 of diabetic First Nations and Labrador Inuit ever attended diabetes clinics or received diabetic education.

In 1996-97 First Nations and Inuit from Eastern Canada, the prairies and the Western provinces had mortality rates that were up to almost 1.5 times higher than the 1996 national rate. (ibid p. 8)

Disabilities are often the effects of serious health conditions that cause various losses of functioning. According to the Inuit First Nations, Non-Status, Aboriginal Women's Consultation Final Summary Report October 2001 there are inadequate resources to ensure prevention and awareness, education programming, strategies and communication of the prevention message on such topics as Fetal Alcohol Syndrome FAS/FAE, HIV/AIDS, STD's and injury.

Diabetes

Diabetes is a serious health condition that can contribute to a number of long-term complications There are two types of diabetes. In type 1 diabetes (10 percent of all cases), the body does not produce enough insulin, while in type 2 diabetes (90 percent of cases), the body is unable to properly utilize the insulin it produces. While the risk factors for type 1 diabetes are largely unknown, the onset of type 2 diabetes is known to be associated with poor dietary and exercise habits and being excessively over weight. Possible complications resulting from diabetes include high blood pressure and heart disease, loss of sight, nervous system disorders, and lower limb amputations. Prevention and treatment measures are essential following the onset of diabetes to prevent or delay the occurrence of many of these debilitating complications.

The rate of diabetes in Canada has increased over the period from 1994-1999, and, according to Health Canada, the rate of increase has reached epidemic proportions. As we have already described, the rate of diabetes among First Nations people is more than 3 times the national average and rates among Metis and Inuit people also appear to be higher than those of the non-Aboriginal population. Virtually all diabetes among Aboriginal peoples is of the type 2 variety and thus potentially preventable.

FAS/FAE

Fetal Alcohol Syndrome is a condition causing permanent life-long disabilities. Features of FAS include growth deficiencies, developmental delays, neurological, behavioural and intellectual deficits, skull or brain malformations, and characteristic facial features. FAS is diagnosed only when prenatal use of alcohol is confirmed. Fetal Alcohol Effects (FAE) is diagnosed when some, but not all of these features are present and is often identified during the first years of school. Whether an individual child will have FAS or related effects appears to depend on a number of factors in addition to alcohol exposure, including prenatal health, nutrition, and other drug use, lifestyle and socio-economic factors. Therefore, substance use and pregnancy issues are best addressed in the context of the overall health of a family and a comprehensive, integrated response by communities. [1] Culturally appropriate responses are needed in the case First Nations and Aboriginal people.

Based on estimated rates in industrialized countries of 1 - 3 per 1,000 births, it is estimated that in Canada at least one child is born with FAS each day, or approximately 350 per year. According to the Canadian Centre on Substance Abuse, the incidence of FAS appears to be much higher in some Aboriginal communities than in other parts of Canada. A recent study of a First Nations reserve in Manitoba found that 1 in 10 children was the victim of FAS or FAE or roughly 100 cases per 1,000 births on the reserve (source: A Second Diagnostic on the Health of First Nations and Inuit People in Canada). This is a result, according to research, that indicates that alcohol intake, especially binge drinking, during pregnancy seems to be more common in Aboriginal women (ibid).

To prevent new occurrences of FAS and FAE, Health Canada is working with many partners to build a social environment that will support the decision of expectant mothers to avoid the use of alcohol during pregnancy. In the 1999 budget, the federal government announced increased funding for the expansion of the existing *Canada Prenatal Nutrition Program* to allow for a sustained focus on FAS/FAE. Funding of $11 million over three years was allocated to enhance various activities, including public awareness and education, FAS/FAE training and capacity building, early identification and diagnosis, coordination, integration of services, and surveillance. Additional resources of $25 million over two years for the FAS/FAE Initiative, announced in the December 2001 Budget Speech, will hopefully assist in addressing these difficult issues in Aboriginal communities.

HIV/AIDS

HIV infections and the contraction of AIDS can result in many disabling conditions. In the absence of fully effective treatments for HIV and AIDS, efforts have focused on prevention of new infections. Successful prevention initiatives will reduce the number of new cases of infection and potential ensuing disabilities. Health Canada's Surveillance reports on the total number of HIV

[1] Enhancing Fetal Alcohol Syndrome (FAS)-related Interventions at the Prenatal and Early Childhood Stages in Canada. Available from http://www.ccsa.ca/docs/capc-cpnp/monograph.htm

infections and occurrence of AIDS give an overall indication of the magnitude of this avoidable source of disabling conditions. These reports include individuals and cases that come to the attention of the health care system and may not include all cases of HIV and AIDS. HIV infections represent a continuing threat of disability that require ongoing prevention efforts.

The ethnicity of AIDS cases is known in only 57 percent of cases. Based on these cases, the occurrence of AIDS among Aboriginal people has been increasing and stood at 5.6 percent of new cases in 1993-1996.

Information on Aboriginal cases of AIDS is taken from *Aboriginal People and HIV/AIDS*. http://www.hc- sc.gc.ca/hppb/hiv_aids/can_strat/aboriginal/ aboriginal_hiv.html

➔ Family Characteristics

Aboriginal children are the fastest growing segment of the Aboriginal population. In 1996, 35% of Aboriginal people were younger than 15 years of age compared to about 21% for Canada. Even more significantly, the fertility rate among the Aboriginal population is about 69% higher than the rate for the general Canadian population and population growth is twice the national rate (1996 Census). Given that, we know Aboriginal children are most likely to grow up in low-income families and communities, and are twice as likely to live with a lone-parent. So the demand for programs and services is high.

Comparatively, according to The Ninth Annual Report On Child Poverty In Canada 1.3 million Canadian children live below the poverty line – 400,000 more than a decade ago. This report is compiled by Campaign 2000 which is an anti-poverty coalition of 80 national, community and provincial organizations. The Coalition concludes that families living below the poverty line spend more than 55% of their income on food, shelter and clothing. This is despite a children's budget, a children's agenda and an economic boom. Aboriginal children are included in these numbers which indicates a significantly higher risk for those with disabilities.

Table 9
Children in Canada Living in Poverty 1989-1998

Year	Number of Poor Children	Percentage
1989	936,000	14.4%
1990	1,107,000	16.9%
1991	1,142,000	18.2%
1992	1,080,000	18.8%
1993	1,247,000	21.3%
1994	931,000	19.5%
1995	1,472,000	21.0%
1996	1,515,000	21.4%
1997	1,441,300	21.4%
1998	1,336,000	19.0%

Source: Campaign 2000 based on figures from the Canadian Council on Social

Table 10
Poor Children in Canada
Provincial Statistics

Province	Number of Poor Children in 1998	Rate of Child Poverty in 1997
Newfoundland	31,000	25.1%
Quebec	388,000	23.8%
Manitoba	63,800	23.6%
Nova Scotia	40,200	19.1%
New Brunswick	30,500	18.0%
Saskatchewan	48,300	18.7%
Ontario	471,500	17.5%
Alberta	128,800	17.1%
BC	131,000	14.8%
PEI	4,200	12.4%

Source: The Canadian Council on Social Development and Statistics Canada

Table 10 illustrates the number of poor children in Canada by province. The highest number of children in poverty according to the Canadian Council on Social Development and Statistics Canada are in the Atlantic at 25.1%, followed by Quebec at 23.8% and Manitoba at 23.6%.

Education is a key socio-economic building block which is a significant variable that determines the future earning and employment well being of an individual. For First Nation people access to education and employment is a significant equity issue.

Smoking

According to A Second Diagnostic on the Health of First Nations and Inuit people in Canada: in 1997, 62% of First Nations and Labrador Inuit individuals 15 years of age or older smoked, a rate that is a little *over twice as high* as the general Canadian population in 1996-97 (29%). The self-reported smoking rate in the FNIRHS was unchanged from the 1991 Aboriginal Peoples Survey.
The ratio of Aboriginal and non-Aboriginal smokers was similar in the Northwest Territories in 1996. In the FNIRHS, the smoking rate decreased with age, just as it did in the 1996-97 National Population Health Survey (NPHS). First Nations and Labrador Inuit started to smoke as early as 6 to 8 years of age, with a rapid increase in initiation at ages 11 and 12 and a peak at age 16 (ibid pg. 19). The general Canadian population has a similar peak age at initiation.

First Nations and Inuit smokers were more likely to suffer from a chronic condition. Furthermore, smoking rates were negatively associated with educational attainment (ibid).

A recent study of Saskatoon pregnant women found that health risk behaviours during early pregnancy were more prevalent among women with an Aboriginal or Métis background (ibid p. 25)

The risk behaviours (alcohol intake, tobacco use, the use of psychoactive drugs, caffeine intake) were also more frequent in women with lower education and income levels, those not living with a partner, those who had previous births, and in some cases, younger women (ibid).

An earlier study found that smoking, caffeine intake and binge drinking were the most prevalent in Inuit and Indian pregnant women, compared to non-Aboriginal women and those with a mixed race. Moreover, smoking was significantly associated with low birth weight and a shorter body length of the newborn (ibid)

Drinking

Alcohol and substance abuse is considered a major problem in Aboriginal communities. In 1996-97, 46% of people in detoxification and treatment facilities in the Regina Health District were of First Nations or Métis descent (ibid p. 19).

Information derived from addiction treatment centres, alcohol-related hospitalizations, and deaths due to violent causes (such as suicide) indicate that alcohol is the abused drug of choice and that the negative consequences of alcohol and substance abuse are more severe in indigenous Canadians (ibid).

Aboriginal youth are at two to six times higher risk for every alcohol-related problem than their non-Aboriginal counterparts in the Canadian population. A report by the Canadian Centre on Substance Abuse and the Addiction Research Foundation of Ontario suggest that Aboriginal men may be more apt to abuse alcohol while women tend to abuse drugs alone. Binge drinking seems to be a pattern among Native people which has particular implications during pregnancy (ibid).

In 1996, Aboriginal people 15 years of age or older living in the Northwest Territories were almost three times more likely than non-Aboriginal residents to have used marijuana or hashish in the past year and three-and-a-half times more likely to have used LSD, speed, cocaine, crack or heroin (ibid).

The situation in the First Nations and Inuit population does not appear to be improving. More than half of the FNIRHS respondents perceived no progress in the reduction of alcohol and drug abuse between 1995 and 1997 (ibid).

The use of solvents and non-beverage alcohol among Native children seems to be widespread. One in five Aboriginal youths has used solvents and one-third of users is under the age of 15. Over half began to use solvents before reaching 11 years of age (ibid).

According to the 1996 Northwest Territories Alcohol and Drug Survey, Aboriginal people aged 15 or over were about eleven times more likely to have ever sniffed solvents or aerosols than the non-Aboriginal respondents and almost twenty-four times more likely than the rest of Canada (ibid).

Policy Implications of Early Child Development for First Nation Communities

According to the *Royal Commission on Aboriginal Affairs Report* (RCAP) "child care is as much an economic development as a social issue. Child care is an integral factor in an individual's road to self-reliance and in community economic development and health." The impact of inadequate or unavailable child care is felt by the whole family and the community. At the center of it all are the children - the men and women of the future."

Economic opportunity, education, training and employment are viewed by First Nations people as the key to the future. Each will give First Nations the ability to address the issues of their communities in the context of the outside world. They will also develop economies and provide job opportunities. Low levels of education found among Aboriginal people in First Nation communities leads to unnecessary and unavoidable losses of social and economic benefits, not only to our communities but also to Canada.

The symptoms of poverty are devastating to First Nation communities especially when reforms to reverse poverty's trend have been unsuccessful. Empowerment in any society requires its' people to be pro-active. First Nations communities are no different. Poverty has a telling way of making people reactive, not pro-active, resulting in high dependencies on social assistance that can lead to under-employment and unemployment. In addition there are many specific issues that create failure in many First Nations students and workers. To achieve long term sustainable communities policy makers would be wise to encourage and support education, training and entrepreneurial endeavors. Hand and hand with these initiatives are the support systems necessary to ensure success. This particularly relates to child care and early childhood development.

Quality of health, family characteristics, community support and prenatal conditions influence a child's readiness for school and for the future. It also influences the parents' ability to participate in a positive way in training or the work force.

First Nation communities need child care and early childhood development programs for a variety of reasons: to meet the needs of working or studying parents and also to develop culturally appropriate child care, early childhood development and family support services for their children, families and communities.

What is Required

Although there have been child care and early childhood development initiatives in place since the 1990's there are still many barriers to overcome. The programs in terms of resourcing far from meet the need as described in our analysis of First Nation community risk factors (see Tables 1a-d). The following are some of the realities that still exist in First Nation communities today:

Day care, Child care and Head Start centres are expensive to operate and many communities do not have the facilities or funding to open or provide for these services. Establishing programs that integrate language, culture and traditions, as well as, modern community living takes time and money. In many First Nation communities these programs are still in the development phase due to lack of funding, trained personnel and facilities.

Funding for the design and development of First Nations specific child care, early childhood development and Head Start training programs and capacity building for community boards, directors and program managers is required. Inclusion of Elders and knowledgeable community members in the design, development and delivery of early childhood development, Head Start and child care programs is essential.

Enhancement and creation of new child care and early childhood development services over time is critical to ensure that location, hours, and types of community programs are flexible and meet the needs of parents and families. The current allocations of funding and child care spaces are totally inadequate. Allocation formulas must recognize and support the diversity of community program and resource needs. Funding allocations also must provide sufficient funding to keep parent fees at an affordable level for all parents. Fee schedules must be consistent with community practices and values.

First Nations and regions that receive other funding for child care spaces must not be penalized in such a manner that existing funding is reduced. Capital and operations and maintenance for day care facilities are grossly under funded. Reporting requirements need to be community oriented. Most importantly regular child care spaces are so severely under resourced that *special needs* children have almost no access to services.

We know that early childhood intervention creates and fosters healthier communities thus saving money in social spending long term. There is a critical need for the federal government to coordinate within its departments to ensure integration and pooling of resources for First Nation early childhood and child care programming. There is no long term commitment by the government to continue their children's initiatives long term. This has critical implications for the

well being of First Nations children who are such a precious resource for the future in terms of development, empowerment and self sufficiency.

Needs of First Nations must be considered in terms of creating, sustaining and providing technical support for child care and early childhood development programs. This is translated into the following:

1. Stable and adequate funding that is fair and equitably distributed is required for the long term.

2. Licensing and monitoring of day care, child care and Head Start facilities must be within the jurisdiction of First Nations in order to respect self-government and self-sufficiency parameters of First Nations.

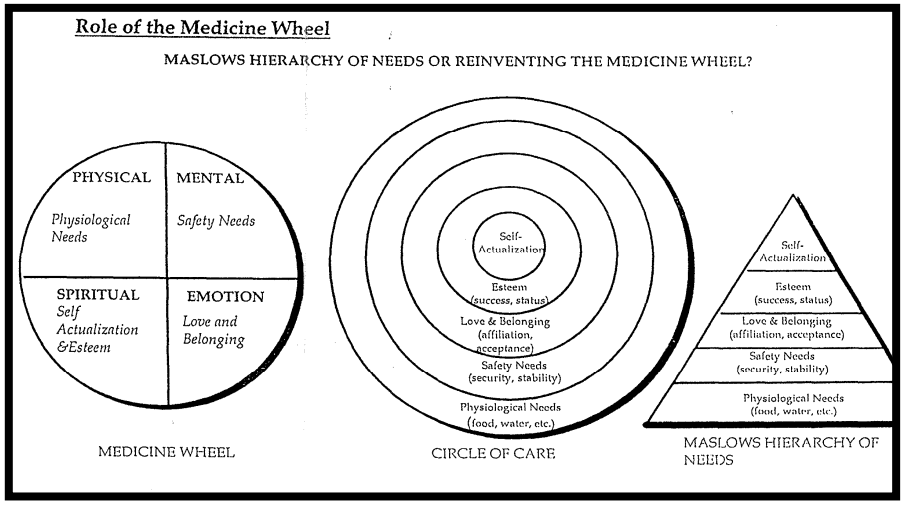
3. First Nation specific training must be developed and delivered to ensure there are sufficient child care providers who are able to meet the needs of First Nation children and their parents. Culturally specific curricula is also required.

4. Resources are required for the development of proper facilities that also includes operation and maintenance costs for sustainability purposes. There is a severe lack of capital facilities.

5. Funding must be flexible and meet the diverse needs of regions and First Nation communities that are diverse and changing.

6. Resources are also required to meet the requirements of *special needs* children above that of regular child care spaces.

The following diagram outlines *Maslow's hierarchy of needs* and its relationship to the *Medicine Wheel*.



We know that for a human being to live they must have their basic physiological needs of food, water, housing and clothing met. They also must have their safety needs met in terms of security and stability. Love and belonging ensures acceptance and affiliation with the family, the community and ultimately society. With these an individual can develop their self-esteem, self-actualization and inevitably their full potential. For First Nations the majority of our population are still struggling with the vary basics of Maslow's hierarchy of needs. If their living, housing, food and clothing needs are not met then it will be impossible to achieve the higher levels of self-actualization that we all aspire to as human beings. This is the particularly the reality of First Nations children. It is our responsibility and the responsibility of Canada to have the political will to design and implement a national system of early childhood development and child care programs that will ultimately meet the true needs of First Nations people. This means programs that must be high quality, culturally appropriate, comprehensive, equitable, accessible and affordable. Any investment in our children will certainly be an ultimate investment in our future. This is the right of our children and our people.

This document is designed to set the parameters for determining progress from a First Nations perspective with societal indicators as described herein. These will serve as a benchmark for the future in terms of analysis of success and determination of policy initiatives for the generations to come.

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Appendix 1

Population by Sex and Age Groups Showing Total North American Indian Population Status For Canada

Population by Sex and Age Groups, Showing Total North American Indian Population Status, for Canada, 1996 Census (20% Sample Data)

Sex and Age Groups	Total population	North American Indian (1)			Not a North American Indian
		Total	Registered under the Indian Act	Non-status Indian	
Canada					
Both sexes	**28,528,125**	**554,290**	**461,510**	**92,780**	**27,973,835**
0-4 years	1,917,425	70,825	58,240	12,590	1,846,595
5-9 years	1,989,800	68,110	57,710	10,405	1,921,690
10-14 years	1,991,975	60,575	50,480	10,095	1,931,400
15-19 years	1,956,115	51,255	42,805	8,445	1,904,865
20-24 years	1,892,910	47,475	39,420	8,055	1,845,430
25-34 years	4,481,315	94,070	79,290	14,780	4,387,245
35-44 years	4,843,025	73,230	60,230	12,995	4,769,800
45-54 years	3,697,970	43,675	35,770	7,905	3,654,290
55-64 years	2,477,820	25,535	21,205	4,330	2,452,285
65 years +	3,279,770	19,540	16,365	3,180	3,260,225
Male	14,046,880	269,070	223,120	45,950	13,777,810
0-4 years	980,380	36,490	30,260	6,230	943,890
5-9 years	1,021,825	35,085	29,800	5,280	986,745
10-14 years	1,022,220	30,585	25,555	5,025	991,640

15-19 years	1,007,970	26,020	21,640	4,380	981,950
20-24 years	947,265	22,745	18,900	3,850	924,520
25-34 years	2,209,285	43,615	36,365	7,255	2,165,665
35-44 years	2,386,130	33,575	27,290	6,285	2,352,560
45-54 years	1,837,260	20,440	16,450	3,990	1,816,820
55-64 years	1,217,135	11,750	9,480	2,270	1,205,380
65 years +	1,417,405	8,765	7,385	1,380	1,408,645
Female	14,481,245	285,225	238,390	46,830	14,196,025
0-4 years	937,040	34,335	27,980	6,355	902,705
5-9 years	967,975	33,030	27,905	5,120	934,950
10-14 years	969,760	29,995	24,925	5,070	939,765
15-19 years	948,140	25,230	21,170	4,065	922,910
20-24 years	945,645	24,730	20,525	4,205	920,915
25-34 years	2,272,035	50,455	42,920	7,530	2,221,580
35-44 years	2,456,895	39,655	32,945	6,710	2,417,240
45-54 years	1,860,705	23,230	19,320	3,915	1,837,475
55-64 years	1,260,685	13,775	11,720	2,060	1,246,905
65 years +	1,862,365	10,780	8,975	1,805	1,851,585

(1) Users should note that, depending on the area under study, the data in this table may be more affected than most by the incomplete enumeration of certain Indian Reserves and Indian Settlements. In the 1996 Census, a total of 77 Indian Reserves and Indian Settlements were incompletely enumerated. The populations of these 77 communities are not included in the Census counts.

This table contains data selected from Catalogue No. 93F0025XDB96000 in the Nation Series.

More Information About Census Tables on the Internet

Appendix II

Population of Aboriginal Group 1996 Census

Population by Aboriginal group, 1996 Census

Definitions and notes	Total population	Aboriginal population (see definition)				Non-Aboriginal population
		Total[1]	North American Indian [2,3]	Métis[2]	Inuit[2]	
	Number					
Canada	**28,528,125**	**799,010**	**554,290**	**210,190**	**41,080**	**27,729,115**
Newfoundland	547,155	14,200	5,430	4,685	4,265	532,955
Prince Edward Island	132,855	950	825	120	15	131,905
Nova Scotia	899,965	12,380	11,340	860	210	887,585
New Brunswick	729,630	10,250	9,180	975	120	719,380
Quebec	7,045,080	71,415	47,600	16,075	8,300	6,973,665
Ontario	10,642,795	141,520	118,830	22,790	1,300	10,501,275
Manitoba	1,100,295	128,680	82,990	46,195	360	971,615
Saskatchewan	976,615	111,245	75,205	36,535	190	865,370
Alberta	2,669,195	122,835	72,645	50,745	795	2,546,360
British Columbia	3,689,755	139,655	113,315	26,750	815	3,550,100
Yukon	30,650	6,175	5,530	565	110	24,475
Northwest Territories[4]	64,120	39,690	11,400	3,895	24,600	24,430
Northwest Territories	39,460	19,000	x	x	x	20,460
Nunavut	24,665	20,690	x	x	x	3,975

x Data unavailable, not applicable or confidential.

4. Includes Nunavut.

Source: Statistics Canada, 1996 Census.

Appendix III

Aboriginal Population by age Groups 1996 Census

Aboriginal population by age groups, 1996 Census

Click here to select a province or territory Submit

Definitions and notes	Canada	Newfoundland	Prince Edward Island	Nova Scotia	New Brunswick
	Number				
Total	**799,010**	14,200	950	12,380	10,250
0-4 years	**99,330**	1,350	75	1,570	1,250
5-9 years	**95,340**	1,415	120	1,370	1,085
10-14 years	**85,745**	1,475	130	1,240	1,090
15-19 years	**74,755**	1,360	100	1,165	910
20-24 years	**69,040**	1,420	50	1,100	985
25-34 years	**135,900**	2,535	195	2,175	1,795
35-44 years	**107,710**	2,080	145	1,750	1,480
45-54 years	**65,260**	1,190	70	1,035	780
55-64 years	**37,615**	800	35	610	465
65 years and over	**28,315**	570	30	350	405
Source: Statistics Canada, 1996 Census *Nation* tables.					

Definitions and notes	Canada	Quebec	Ontario	Manitoba	Saskatchewan
	Number				
Total	**799,010**	71,415	141,520	128,680	111,245
0-4 years	**99,330**	8,120	15,275	17,945	16,625
5-9 years	**95,340**	7,400	14,440	16,225	16,005
10-14 years	**85,745**	6,430	14,250	14,065	13,725
15-19 years	**74,755**	6,105	12,705	12,370	11,015
20-24 years	**69,040**	6,145	12,360	11,390	9,490
25-34 years	**135,900**	12,205	25,045	21,090	17,255
35-44 years	**107,710**	10,190	21,295	15,985	12,270
45-54 years	**65,260**	7,060	13,375	9,740	7,020
55-64 years	**37,615**	4,285	7,490	5,525	4,265
65 years and over	**28,315**	3,470	5,280	4,345	3,575
Source: Statistics Canada, 1996 Census *Nation* tables.					

Definitions and notes	Canada	Alberta	British Columbia	Yukon	Northwest Territories
	Number				
Total	**799,010**	122,835	139,655	6,175	39,695
0-4 years	**99,330**	15,760	15,065	680	5,610
5-9 years	**95,340**	15,685	15,360	675	5,555
10-14 years	**85,745**	13,820	14,380	575	4,555
15-19 years	**74,755**	11,810	12,840	465	3,905
20-24 years	**69,040**	10,370	11,950	465	3,310
25-34 years	**135,900**	21,485	24,250	1,250	6,625
35-44 years	**107,710**	16,170	21,160	940	4,230
45-54 years	**65,260**	9,035	12,670	550	2,730
55-64 years	**37,615**	5,185	6,900	295	1,750
65 years and over	**28,315**	3,505	5,080	280	1,415
Source: Statistics Canada, 1996 Census *Nation* tables.					