Early Childhood Development and Special Needs An Aboriginal Perspective

Prepared by:

Dr. Rose-Alma J. McDonald for the Early Childhood Development Special Needs Workshop February 8-9, 2005 What we do today, right now, will have a cumulative affect on all our tomorrows.

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Children are the most precious resource of our Nations:

They are the link to the past generations.

 The enjoyment of the present generations.

Our hope for the future.

An Investment in Children is an Investment in Our Future

Poverty is an important determinant of health and child development. If economic and community conditions can be improved children's health and development can be affected.

The cost to society and for rehabilitative services can be reduced if quality child development can be ensured

The Demographics of Aboriginal Children, Their Families, Communities and Their Special Needs

The Demographics of Aboriginal Children 0-6 in Canada

Over 1.3 million people reported some Aboriginal ancestry in 2001. That was 4.4% of the total population of Canada up from 3.&% in 1996.

The Aboriginal population is characterized as the youngest and fastest growing segment of the overall Canadian population.

219,570 of the 286,500 Aboriginal children in Canada live off reserve. <u>77% of all Aboriginal children are between the ages of 0-9.</u>

Total Population of Aboriginal People According to Statistics Canada

North American Indian -Indian, Metis or Inuit : 957,650* Métis - Aboriginal people of Indian and European heritage- : 266,020* Inuit - Aboriginal people in Northern Canada/Nunavut/NT, Northern Quebec and Labrador: 51,390* Total People of Aboriginal Origin: 1,319,890 Total Population of Canada: 31,414,000 More than one aboriginal origin: 44,835

Reserves People of aboriginal origin living on reserve: 285,625 People of aboriginal origin living off reserve: 1,034,260 People of non-aboriginal origin living on reserve: 36,230

Source: 2001 Census, Statistics Canada- a study of urban Aboriginal people includes people of a single aboriginal origin and those of a mix of one aboriginal origin with non-aboriginal origins . Note: data is self-reported by respondents Regional First Nation Distribution: an Example of Aboriginal Demographics

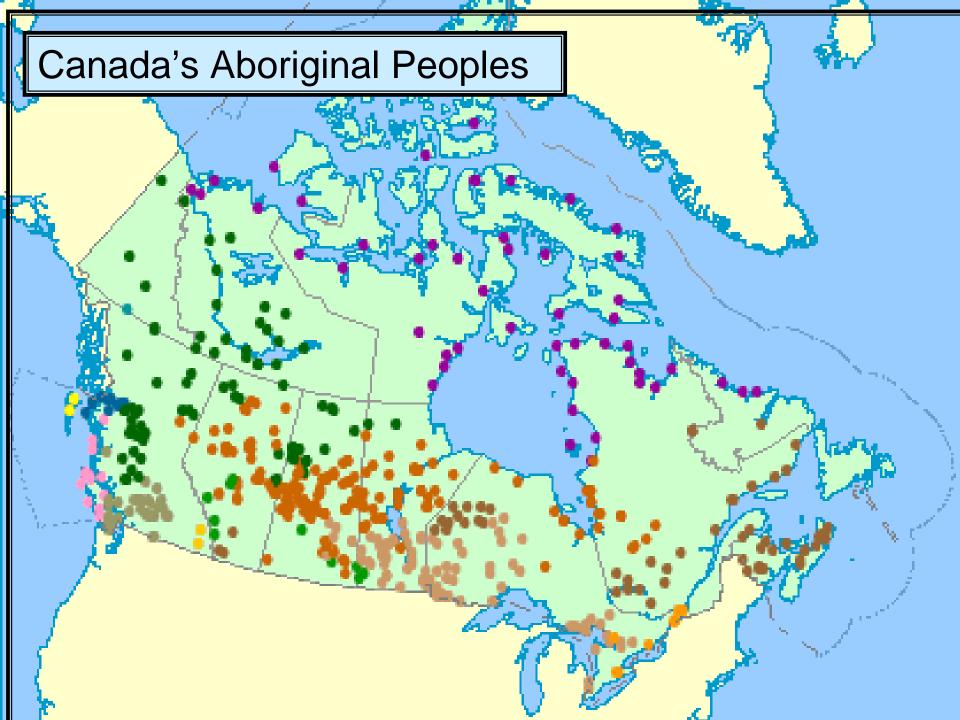
Nun	nber of First Nation Bands in Canada	633
	Ontario	126
	British Columbia	197
	Saskatchewan	70
	Manitoba	61
	Alberta	43
	Quebec	39
	Atlantic Region	31
	Northwest Territories	26
	Yukon	16
	Total Number of First Nation Bands	609**

Note: AFN includes 24 First Nations who are not recognized by DIAND bringing the total to 633

First Nations in Canada: A Further Example of Aboriginal Demographics

Province	Total Native Population
BC	96,808
Alberta	71,297
Saskatchewan	88,857
Manitoba	88,161
Ontario	130,149
Quebec	55,848
Atlantic Province	22,380
Yukon	6,948
NWT	13,209
Canada	573,657

THE AVERAGE COMMUNITY POPULATION = 500 112 COMMUNITIES HAVE NO YEAR ROUND ACCESS 261 COMMUNITIES ARE 50-350 KMS FROM SERVICE CENTRES



Characteristics of the Aboriginal Child Population Age 0-6

Although the Aboriginal population accounted for only 3.3% of Canada's total population, Aboriginal children represent 5.6% of all children in Canada

Aboriginal people living in urban areas are more than twice likely to live in poverty as non-Aboriginal people.

Aboriginal (52.1%), visible minority (42.7%) and children with disabilities (23%) age 0-14 are more likely to be poor.

Aboriginal children are much more likely than children in Canada to die from injuries: the rate from injuries is four times for Aboriginal infants and among preschoolers, the rate is five times greater.

Characteristics of the Aboriginal Child Population Age 0-6

- Aboriginal people have a disability rate that is more than twice the national average.
- Aboriginal children are four times more likely to be hungry.
- Aboriginal children have more health problems
- If there is nothing done there will be a rise in high-poverty Aboriginal neighbourhoods.
- Fewer Aboriginal children age 14 and under lived with two parents in 2001 than non-Aboriginal children.

Characteristics of the Aboriginal Child Population Age 0-6

- 32% of Aboriginal children living on reserve and 46% of Aboriginal children in the census metropolitan areas, lived with a lone parent and 39% of Aboriginal single mothers earn less than \$12,000 per year..
- Twice the proportion of Aboriginal children lived with a lone parent in 2001 as did non-Aboriginal children.
- Some 35% of Aboriginal children that is one in three moved in the 12 month period prior to 2001.
- We know that "Canada's Creeping Economic Apartheid " also exists for Aboriginal people – the title of a 2001 study on the racialization of economic inequity and poverty for visible minorities

Aboriginal Children Age 0-6 A Vulnerable Population

Children who live in persistent poverty are less likely to be included in aspects of society that are critical to their healthy growth and development They are twice as likely to live in a "dysfunctional" family, twice as likely to live with violence, and more than three times as likely to live with a depressed parent. Only half of children who lived in persistent poverty participated in recreation at least once a week, compared to three quarters of those children who have never been poor.

Vulnerable Children or at Risk Children are Most Impacted by Poverty

Aboriginal children with special needs face conditions that are characterized by: inadequate nutrition, substandard housing and sanitation, unemployment, poverty, discrimination, racism, violence, inappropriate or absent services and high rates of physical, social and emotional illness, injury, disability and premature death.

Special Needs Defined:

Children are considered to have special needs if they require services and supports (in order to participate with their peers) beyond what is provided through regular maternal, infant and early development programming.

Implications of Special Needs

Aboriginal children with special needs require a wide range of health related services and supports. These include a complex variety of speech, occupational, psychological, palliative, neurological, physiological, behavioral, social and pediatric experts and caregivers.

Origins of Special Needs

Special needs are created by variables often related to environmental, physical, health or medical causative factors. These factors result in emotional or behavioral disturbances, developmental delays, autism, FAS/FAE, physical impairments, asthma, and many other special needs conditions.

Supports Required as a Result of Special Needs

Aboriginal children particularly in the age 0-6 category require early diagnosis and assessments to ensure early identification of special needs conditions that if treated at an early age can be less disabling as the child ages.

Children with special needs also require special medical supplies, equipment, transportation and pharmaceuticals depending on the severity of their disability.

Why Aboriginal Children Are Predisposed to Special Needs and Disability

The Entire Population is *at risk* in our Communities

- Aboriginal Children aged 0-15 (eg.FAS/FAE, safety at home, lack of parent training, SIDS, access to assessments and supports)
- Aboriginal Youth Age
 15-24 (eg. substance abuse, alienation, neglect, abuse)
- Aboriginal Women (eg. poverty, domestic violence, low self-esteem, separation or loss)

- Aboriginal Elders (eg. isolation, unsafe home, poor nutrition, stress)
- Aboriginal Men (eg. poor family management, un- or underemployed, apathy)
- Aboriginal Persons with Disabilities (eg. economic instability, lack of disability supports, lack of education and training opportunities)

Protective Factors for Aboriginal Communities in Canada and the Implications for ECD

Individual	Family/Relationship	Community	Societal
 Substance abuse awareness Economic opportunity and ability to rise out of poverty Education and academic achievement Anger management/healing Prevention and treatment of FAS/FAE Employment and capacity building skills Positive activities Cultural enrichment Positive mentoring Prevention of violence and abuse Adequate social support services Language and culture Religious activities Academic support Health promotion Recreation and leisure activities Sweat lodges and drum groups Increased self esteem Positive involvement(s) 	 Substance abuse awareness Economic opportunity and ability to rise out of poverty Prevention of domestic violence Physical, sexual and emotional abuse awareness and prevention Positive activities Cultural enrichment Gang prevention Language and culture Family counseling Adequate social and support services Religious activities Safe homes Health promotion Recreation and leisure opportunities Gun regulation and control Family management skills Lower infant mortality rates Improved schools and commitment to school Healing from residential school experience Sweat lodge and drum groups Elders 	 Substance abuse awareness Improved schools, relevant curriculum and teachers who are culturally competent Zero tolerance for drugs, alcohol and violence Recreation and leisure activities for families and communities Employment and economic development Crime prevention Cultural activities Gun control and regulation Health promotion Disease prevention Transportation and housing Funding support First nation/community policing that is adequate to meet the needs of the community Institutional support from police and the justice system Less music and media portrayals of violence Aboriginal language & culture Recreation and leisure activities 	 Native representation in policy making Positive relations between government and first nations Stronger laws and policies that support first nations self-sufficiency/self-government Crime and abuse prevention legislation De-colonization Eliminate assimilation policies Reduce violations of human rights Equality between first nations and non-first nations Proper social safety needs designed from a first nation world view (eg. Aboriginal strategic initiative 1997) Economic development Laws and norms that do not favor drug use, crime or firearms Advocacy Peacemaking Proactive legislation Cultural enrichment and awareness Adequate funding and resources

Risk Factors for Aboriginal Communities in Canada and the Implications for ECD

Individual	Family/Relationship	Community	Societal
 Substance abuse Poverty Low academic achievement Identity conflict Acculturation Low self-esteem Anger FA S/FAE Grief Limited employment skills Lack of positive involvement(s) Limited cultural involvement Alienation Witnessing or experiencing violence or abuse as a child Peer pressure Gang influence Impulsive and antisocial tendencies Childhood separation and loss History of personal or family health problems Favorable attitudes toward problem behaviors 	 Substance abuse Poverty Neglect Emotional abuse Sexual abuse Physical abuse Economic instability Domestic violence Criminal behavior Few male role models No sense of belonging Unsafe home Dysfunctional attachment Stress Poor nutrition Availability of guns Poor family management Emotionally unsupportive family environment High rates of infant mortality Residential school experience and impacts on parenting skills or lack of thereof Lack of commitment to school Favorable parental attitudes and involvement in problem behavior 	 Substance abuse Poor academic achievement Schools and curriculum not culturally relevant and teachers not culturally competent Apathy Level of tolerance towards, drugs, alcohol and violence Denial Lack of recreation and other leisure activities Crime Employment Social degradation Limited cultural activities Isolation Urbanization Availability of guns Norms First nation/community policing Limited funding support Lack of institutional support from police/justice system Media portrayals of violence 	 Weak laws and policies Society norms supportive of superiority and ethnocentris High levels of crime and othe forms of violence and abuse Colonization Assimilationist policies Social and economic inequalities Violations of human rights Political and economic powe exercised – and differently applied- according to ethnic identity (non-first nation versus first nation) Improper scope and effectiveness of social safety nets designed to ensure minimum universal standard of service eg. Social assistance, education, housing, Uneven economic development Laws and norms favorable toward drug use, firearms an crime

An Holistic Approach to Improving Conditions in Aboriginal Communities – Implications for ECD

Children	Youth	W omen	Men	Elders	FN Persons with
 Child safety car seats Parent training to prevent SIDS Safety at home to 	 Suicide prevention programs Crisis/help lines Drug and alcohol awareness 	 Drug and alcohol awareness Crisis shelters for women and children 	 Men Language and culture Religious activities Health promotion Self esteem 	 Falls prevention and home safety Fire and home safety 	Help lines Help lines Fire safety Drug and alcohol awareness Self-esteem
 Safety at home to prevent falls, poisoning, fire, etc. Baby-sitting courses for caretakers Swimming and water safety FA S/FA E prevention and treatment Language and culture Health promotion Increased self- esteem 	 Self-esteem development How to deal with peer pressure Bicycle, ATV, motor vehicle safety Violence Prevention Fire Prevention Substance abuse awareness Language and culture Health promotion 	 Parenting Programs Suicide prevention programs Fire prevention Prevention of domestic violence Language and culture Religious activities Health promotion Self esteem Education Substance abuse awareness 	 Self esteenf Education Substance abuse awareness Drug and alcohol awareness Safe Driving and vehicle safety Gun Safety Violence Prevention Fire Prevention On the land safety programs W ater and basic safety for boating, skidoo's, ATV's 	 Drug and alcohol awareness Help lines Language and culture Religious activities Health promotion Self esteem Substance abuse awareness Recreation and leisure 	 Self-esteern Language and culture Religious activities Health promotion Self esteem Education Substance abuse awareness

A Proactive Approach to Special Needs Supports for Aboriginal Children 0-6

The Government of Canada has a Direct Role with Respect to:

- Social and health programs and services to children and their families.
- These programs are administered both through direct community based programming and through agreements with provincial and territorial governments and Aboriginal organizations
- The Government of Canada also delivers a number of innovative programs including some for at risk Aboriginal children.

Some of the Programs and Services Currently Available

Health Canada

- Canada Prenatal Nutrition Program First Nations and Inuit Component – 550 projects 6, 000 children
- Aboriginal Head Start in Urban and Northern Communities -114 sites
- Brighter Futures
- Aboriginal Head Start On-Reserve 7,700 children
- Fetal Alcohol Spectrum Disorder First Nations and Inuit Component -
- Non-Insured Health Benefits
- First Nations and Inuit Home and Community Care
- Fetal Alcohol Syndrome/Fetal Alcohol Effects Syndrome First Nations and Inuit \$1.3 million

Some of the Programs and Services Currently Available

Human Resources Canada

First Nations and Inuit Child Care Initiative (389 Sites – 7,000 children)

Indian and Northern Affairs

- Child/Day-Care Program Alberta 17 sites 1,113 children
- Child/Day-Care Program Ontario 67 Programs 2,097 funded spaces
- First Nation Child and Family Services Head Start New Brunswick - 15 sites – 381 children
- First Nations National Child Benefit Reinvestment
- Elementary Education Program
- Income Assistance Program special Needs
- First Nations Child and Family Services special needs
- Assisted Living Program covering age 0-6
- Special Education Program

Some of the Programs and Services Currently Available

CMHC

RAP – retrofit program

Provincial Programs

- Assessment
- Tuition Recovery
- Relocation to Access

Barriers to Accessing Support Services for Aboriginal Children

- There is limited access on reserve to support services
- Jurisdictional variations in decision making and eligibility for services varies based on interpretation of eligibility
- New authorities need to be developed to better address the special needs requirements of Aboriginal children
- There is lack of coordination inter-departmentally and "stove piping" occurs
- The story needs to be told in a business case manner to better make the case for adequate funding from Treasury Board – support services are therefore under funded

Gaps and Challenges

- Need to identify best practices
- Need flexible funding options
- Prevention is required
- Capacity and training is required
- There are service gaps onreserve
- Jurisdictional disputes between federal/provincial

Strategies for Change

- Dialogue is needed for creative solutions in areas of shared responsibility
- Get community input to analyze needs
- Need structured dialogues for authority renewal
- Need high level involvement at ADM, Ministerial levels not just technical
- Do case studies, research and evaluation to pilot and show case new approaches

Priorities in a Special Needs Context

- Jurisdictional issues between INAC and Health Canada need to be clarified
- Resources need to be leveraged to address unmet needs
- Political will and engagement of federal/provincial parties is required to resolve jurisdictional issues
- Increased funds are required to develop new models based on a holistic needs based delivery model
- There needs to be more efficient use of existing resources in order to focus on the gaps in services

Priorities in a Special Needs Context

- Prevention is required
- Infrastructure and Maslow's Hierarchy of needs must be addressed
- Capacity building and training dollars are required at the community level
- There needs to be consistent application across the board from region to region to address supports and needs
- One stop resource centres are required something like the Akwesasne Disability Consulate concept/model

What is Required to Influence and Promote Political Will

- A political strategy is required that is solutions based designed to educate, provide statistics, nurture letter writing campaigns and general public awareness
- Need to build alliances with disability groups
- Conduct public education campaigns via e-mail, websites, campaigns to key MP's
- National Aboriginal political campaigns via AFN resolution at their Annual General Assembly
- Develop a cost/benefit analysis based on a strong business case for government investment in children

Fundamental Principles for Support Services and Special Needs

- Must be First Nation driven
- Must include First Nation People with Disabilities
- Children must come first
- There must be parental/community involvement
- Be culturally appropriate
- Focus on strengths
- Inclusion/equality/universality
- Local capacity focused
- Delivery by First Nation people
- Holistic and community based
- Partnership/shared responsibility
- Financial transparency
- Prevention/early intervention and ECD
- Proactive versus reactive
- OCAP Ownership, Control, Access and Possession

Implications for Social Policy aimed at Aboriginal Children with Special Needs Age 0-6

Social Policy and Early Childhood Development – What is required

- Improvement of the ed., economic & social status of the least privileged group - Aboriginal Children age 0-6 and their families
- Introduction of intervention measures through better health & prevention practices for Aboriginal children 0-6 and their families
- Legislation & regulations that are geared towards early childhood development and healthy environments for Aboriginal children 0-6

Social Policy and Early Childhood Development – What is required

Public education regarding the predisposition of environmental hazards, poverty & potential for special needs in Aboriginal children age 0-6

Fostering better informed and strengthened families and communities

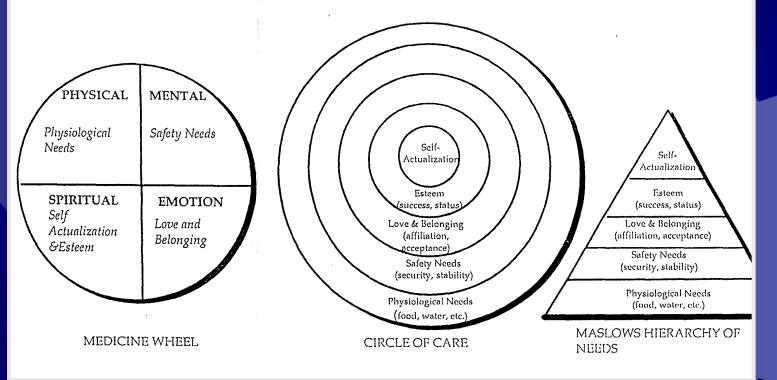
Reduce and control the use and abuse of drugs and alcohol to lower FAS/FAE rates among Aboriginal children 0-6

 Better accountability by government jurisdictions (federal/provincial) in terms of role and responsibilities in providing services to Aboriginal people – children age 0-6 and their families

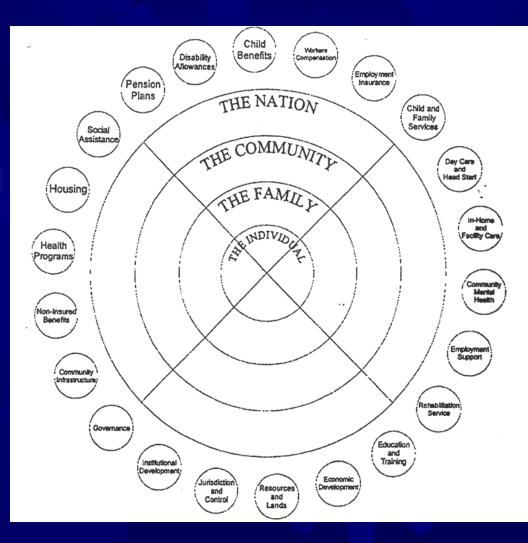
Maslow's Hierarchy of Needs and the Medicine Wheel

Role of the Medicine Wheel

MASLOWS HIERARCHY OF NEEDS OR REINVENTING THE MEDICINE WHEEL?



Collaboration Between Stakeholders:



At the Nation Level: • Follow fundamental principles

Decolonize and move away from paternalistic practices

Recognize fiduciary responsibilities to First Nations

Must be First Nation driven

At the Community Level:

 Capacity and training with a focus on special needs

 Holistic and coordinated services that concentrate on the child first

Agree to joint solutions

Focus on gaps

At the Family Level:

- Improved care and supervision of children especially 0-6
- Improved prevention and health promotion as a proactive method to address special needs
- Home care, self-managed care and strong disability supports based on independent living

At the Individual Level:

Equality, dignity and respect for all

Focus on strengths

 Tolerance of difference – respecting diversity

Independence, choice and risk

The Needs of Aboriginal Communities Are Not One Size Fits All:

Strategies must be characterized by: coordination collaboration education participation be social and physically supportive adequately resourced, and address the self-government goals of the **Aboriginal populations of Canada**

Areas of Support Services Required

- Special needs support centres that provide services for:
 - Sensory impairment
 - Mental health
 - Respite care
 - Income assistance
 - Housing
 - Transportation
 - Assessment and evaluation
 - Developmental disabilities
 - Medical equipment and supplies
 - Advocacy
 - Assessments

- Essential components for success:
 - Political will
 - Fiscal resources
 - Capacity building and training
 - Consumer driven
 - Inter-sectoral and multilateral
 - Commitment to change
 - Transparent and accountability
 - Willingness to take risks

In Summary:

 National data gathering is required to track <u>at</u> <u>risk</u> populations and document the special needs of Aboriginal children age 0-6.

 We need to promote coordinated and integrated Aboriginal focused approaches which are endorsed by Aboriginal leaders and are community based.

In Summary:

 Heightened awareness is required to enable Aboriginal communities to better understand that special needs and disabilities are preventable.

 The cost of government inaction must be <u>correlated</u> with the savings for immediate and long-term special needs intervention. The greatest success stories are those of people who, having recognized a problem, <u>transformed it into an opportunity</u>. We now have the opportunity to make a difference in our communities and that is our challenge here today and for the days to follow....



Without healthy, socially developed children and youth we will have no future. We will have no guarantees for tomorrow without them.