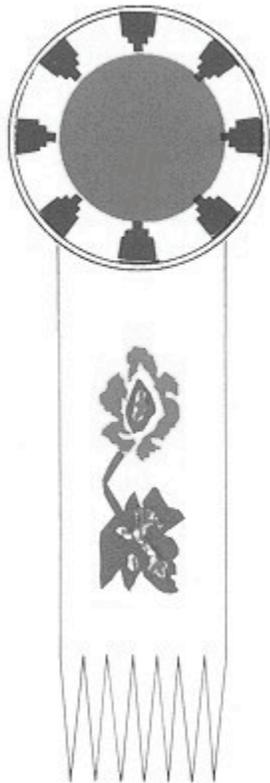


Native Women's Association of Canada



ABORIGINAL
CHILDREN
LIVING
OFF-RESERVE

AGES 0 - 6 YEARS

~ February 5, 2003 ~

Submission to the Subcommittee
on Children and Youth at Risk

An NWAC Submission

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Submission to the Subcommittee on Children and Youth at Risk
of the Standing Committee on Human Resources Development
and the Status of Persons with Disabilities

1. Introduction

I would like to thank the Committee members for the opportunity to participate in Phase 2 of the ongoing study of Aboriginal children in Canada.

The Native Women's Association of Canada is a national body of provincial / territorial Aboriginal women's groups/organizations that works to empower women by being involved in developing and changing legislation that affects Aboriginal women. It is our mission to foster participation in a national dialogue that creates a space for the full participation of Aboriginal women in Canadian society and therefore improve the overall quality of life for our children and youth.

Today we would like to focus our presentation on the strengths challenges and needs of off-reserve Aboriginal children. While doing that we will attempt to address the implications of mobility and the very crucial issue of jurisdiction. While we will be highlighting the many challenges and barriers faced by our urban communities we want to acknowledge the very diligent work being carried out by our community-based service providers that are making marked improvement to healthy child development.

As background we would like bring to the attention of the Subcommittee the recent statistics provided by numerous reports that once again reinforce the need for change.

2. Background

The number of young Aboriginal children in Canada has been increasing but is expected to stabilize at its present level of about 120,000. The breakdown is as follows:

- 68% of young Aboriginal children live off reserve;

In 1996, there were 117,355 children between birth and age 5 for whom Aboriginal identity was reported. This represented about 15% of the total population with Aboriginal ancestry. Of these children, 32% (37,365) lived on reserve and 68% (79,990) lived off reserve. Of those living off reserve, 33,620 lived in rural areas, 15,965 lived in smaller cities (10,000 to 100,000 population) and 30,405 lived in large cities.

- 28% of young Aboriginal children live in lone-parent families;

Aboriginal children less likely to live with both parents. Proportionally, far fewer Aboriginal children aged 14 and under lived with two parents in 2001 than did non-Aboriginal children. In large urban areas Aboriginal children were almost as likely to live with a single parent as they were with both parents. About 65% of Aboriginal children living on reserves lived with two parents. This compares with only 50% in census metropolitan areas. In contrast, almost 83% of non-Aboriginal children lived with two parents. Conversely, twice the proportion of Aboriginal children lived with a lone parent in 2001 as did non-Aboriginal children. On reserves, 32% of Aboriginal children lived with a lone parent. This percentage jumped to 46% for those in the census metropolitan areas. Only 17% of non-Aboriginal children lived with a lone parent.

- 12% of young Aboriginal children live with relatives other than their parents;

Not all Aboriginal children lived with their immediate families. Just under 5% of those living in large urban areas lived with either a relative other than their parent(s), or lived with a non-relative. This compares with only about 0.6% among non-Aboriginal children.

- 58% of young Aboriginal children live in low-income families;

In 1996, 58% of Aboriginal children from birth to age 5 were living in low-income families (based on the pre-tax low-income cut-off). The average income of Aboriginal lone-parent families is especially low. In 1995, Aboriginal female lone-parent families with children had an average annual income of about \$16,000. Seventy percent of Aboriginal lone mothers identified government transfer payments as their major source of income

Poor children are twice as likely as other children to die before their first birthday; they are more likely to suffer injury, chronic health problems, and psychiatric disorders.

The infant mortality rate for the Aboriginal population is 1.5 times higher than the non-Aboriginal population. Aboriginal children experience high rates of some types of health problems, including injuries, disabilities and respiratory problems.

Aboriginal mothers were less likely to initiate breastfeeding than mothers in Canada overall (54% compared to 75%), but more likely to breastfeed six months or more (39% compared to 24%).

In 1997, 15% of children under six, 11% of children aged 6-11 years and 9% children aged 12 years and older had asthma. Bronchitis affected almost one in ten children under 6. Respiratory illness is the single greatest cause hospitalization for young Aboriginal children, as it is for non-Aboriginal children.

2.3% of male Aboriginal youth (15-24 years of age) are diagnosed with diabetes compared to 0.4% of males of the same age in the national population. The difference is even greater between female Aboriginal youth (3.6%) and females of the same age in the national population (0.4%).

In 1999, the infant mortality rate for First Nations populations was 1.5 times higher than that of other children in Canada. In addition, the rate of deaths from injuries is 3 to 4 times higher for Aboriginal children than for other children in Canada. Persistent high levels of Sudden Infant Death Syndrome have also been documented among Aboriginal children.

The rate of severe disabilities among Aboriginal children living on reserves is much higher than for those living off reserve and more than twice as high as the rate for non-Aboriginal children. Aboriginal children also have high rates of allergies, bronchitis and asthma.

Based on the 1997 Regional First Nations and Inuit Health Survey, 54% of Aboriginal children less than 1 year of age had been or were being breastfed. More than half of these children were breastfed for more than 7 month. Babies fed formula rather than breast milk are ten times more likely to be admitted to hospital.

While there is a lack of comparable data on the use of alcohol and tobacco by mothers of young Aboriginal children compared to mothers of non-Aboriginal children, anecdotal evidence suggests that this is an issue for this group of children. In particular, use of alcohol by pregnant mothers is believed to pose a significant challenge in some Aboriginal communities. Based on scattered local and regional surveys, the incidence of fetal alcohol syndrome and effects (FAS/FAE) is believed to be much higher among Aboriginal children than among non-Aboriginal children, although no definitive statistics are available.

Women who receive inadequate prenatal care and nutrition are three times more likely to have low-birth weight babies and to experience birth complications which may lead to chronic conditions or disability for the child.

As a group, Aboriginal children are among the most disadvantaged of all Canadian children. Continuing disparities in social conditions, including sub-standard, overcrowded housing, and social problems such as domestic violence, suicide and alcohol and substance abuse, represent barriers to healthy development. Many of these children and youth live in extreme poverty without adequate physical and social support to enable them to grow up healthy.

3. Service and Program Delivery

The programs and services designed to promote the development of pre-school children cannot respond to all the socio-economic problems facing our communities it has provide various opportunities for our children, families and communities.

Aboriginal Head Start programs empower parents and their communities to meet the development needs of young children. 98 Aboriginal Head Start sites across Canada enrolled 3,252 children in off-reserve preschool programs in the 1998-99 term. First Nations children represent 44% of the program participants, Inuit children 34% and Métis children 22%.

The Community Action Program for Children (CAPC) funds community-based projects that support the healthy development of children, directly or through services for parents and care givers. In 1999, 39 CAPC projects serving Aboriginal families were sponsored by Aboriginal organizations and 6 CAPC projects serving Aboriginal families were significantly governed by Aboriginal organizations. These figures are indicative of the substantial efforts made by Aboriginal communities to support Aboriginal families and promote the well being of children and youth. Although the majority of Aboriginal parents reported that their child or children had no emotional or behavioral problems, a substantial minority reported problems. 9% of children from birth to 5 years had problems, 18% of children 6-11 years of age and 23% of children 12 years and older.

In all there are thousands of people working on various strategies across the country to improve the development of our children. Among these service providers in the Aboriginal community there is a wealth of experience and knowledge that must be utilized. NWAC supports an integrated and holistic approach that involves the essential role and participation of Aboriginal women to define and implement programs and services to meet the needs of their population. The current health status of Aboriginal children in the urban setting must be ameliorated within the holistic framework that acknowledges the impact of colonization and resultant socio-economic and health determinates such as poverty violence substance abuse. Our needs must be addressed in ways that honour our right to self-government and our cultures.

4. Jurisdiction

The responsibility of Aboriginal children and Aboriginal children oriented programs demands resolution. Several federal departments share responsibility for providing support services and mechanisms to on and off reserve children however for off-reserve. Aboriginal children in urban and rural settings the responsibility has been somewhat clouded by jurisdictional wrangling. Many urban Aboriginal communities are unable to access additional dollars for early childhood development from the provincial governments because it is a “federal” responsibility however as the recent Census data indicates the urban Aboriginal community is growing at a phenomenon rate. The lack of a more collective approach to funding that is not repetitive or overlapping with other programs should be examined.

For the urban communities delivering the services there is a lack of coordination among the community that prevents the consumer from deriving the maximum benefit from the programs and services available. This is clear with the lack of Aboriginal specific programs and services for people with disabilities caused by FAS, FAE and particular pre-natal care.

5. As stated in the subcommittee’s report regarding children on reserve

“...Having said this, the information we were given during our meetings also brought to light many shortcomings with respect to these programs and services for families and young children living on reserve....”

These shortcomings become doubly complicated when we are referring to the urban Aboriginal community. Many young Aboriginal families dislocating from reserve to urban centers are financially unstable and without positive frames of reference for themselves.