

**Environmental Scan of Aboriginal Early  
Childhood Development Programs in BC:  
The Winds of Change**

**Prepared for the BC Aboriginal Child Care Society**

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## SECTION 1

### 1.0. Introduction: The Changing Policy Environment for Aboriginal Early Child Development and Child Care Programs

*“Overall, we found that the federal government’s progress has been unsatisfactory.” Auditor General of Canada, Management of Programs for First Nations, May 2006 Status Report of the Auditor General<sup>1</sup>.*

*“ We remain concerned that a significant education gap exists between First Nations people living on reserves and the Canadian population as a whole and that the time estimated to close this gap has increased slightly, from about 27 to 28 years.” Auditor General of Canada, November 2004 Report.<sup>2</sup>*

#### 1.1. Purpose of this Environmental Scan

An environmental scan is a planning tool and a starting point for thinking about the future. Its purpose is to identify and describe the environments, circumstances or issues that may affect the development plans of an organization, community or institution.

The main goal of this environmental scan is to provide current information on early childhood policy and programs that will assist First Nations and other Aboriginal communities in BC as they plan for a better future for their children at a time when major changes in federal government policies for all young children and families have resulted in the elimination of many early childhood programs and created a general climate of uncertainty about what the future holds.

Until 2005, from the late 1990s, federal, provincial and territorial governments in Canada strongly promoted their “shared vision” for policies to address the need for more early childhood programs and also as a way to “close the gap in life chances” between Aboriginal children and other Canadian children. Several federal/ provincial/ territorial early childhood agreements were signed and increasing amounts of funding flowed from

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<sup>1</sup> Auditor General of Canada, Management of Programs for First Nations, May 2006 Report of the Auditor General of Canada, Statement to the Standing Committee on Aboriginal Affairs and Northern Development. [http://www.oag-bvg.gc.ca/domino/other.nsf/html/o6aa01\\_e.html](http://www.oag-bvg.gc.ca/domino/other.nsf/html/o6aa01_e.html)

<sup>2</sup> Auditor General of Canada. *Indian and Northern Affairs Canada – Education Program and Secondary Student Support. November 2005 Report.* <http://www.oag-bvg.gc.ca/domino/reports.nsf/html/20041105ce.html>

the federal to the provincial governments for new programs. The federal Conservative government elected in 2006 has refused to honour these agreements, most of the federal funding that supported new provincial early childhood programs will disappear in 2007, and the shared vision is, apparently, no more.

To provide an overview of these programs as we do here may seem in January 2007 like an exercise in nostalgia, a lament for *temps perdu*. We believe that, on the contrary, it is important to have a record and an assessment of the programs that still exist, of what has been recently lost, and of what needs to be restored.

## **1.2. An Overview of Policy Changes in Aboriginal Early Childhood Development, Education and Care**

### ***1.2.1. Definition of terms: What do the terms “early childhood education”, “early childhood development”, “early learning”, “early childhood education and child care” mean?***

Unfortunately there is no simple answer to the question posed above. Most of these programs are variations on a theme. Government programs with these different names are often based on the language in current academic discourse in the fields of education or health. As well, the names of government programs may allude to different categories of beneficiaries, and the goals and content of the various programs for young children. The easiest way to understand the program differences may be to look briefly at how these distinctions have evolved.

Historically, three main types of programs for pre-school children, have developed separately in Canada: child care programs, preschool programs, and enhanced programs for young vulnerable children. While there may be some convergence in practice, they mostly continue to be treated<sup>3</sup> by governments as separate entities<sup>3</sup>.

- Child care programs, often also called daycare programs, were first developed in the 1850s as charities that provided daycare for the children of poor women working outside the home. Child care programs continue to be geared to parental employment although they are now also seen as essential to women's equality. These programs may be operated as for-profit or non-profit enterprises and be eligible for government funding. Parents may receive subsidies that depend on their income level. The level and extent of government support tends to reflect the understanding of the government in power of what is a “public good.”

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<sup>3</sup> OECD, OECD Thematic Review of Early Childhood Education and Care Canadian Background Report -October 2004. <http://www.sdc.gc.ca/en/cs/sp/sdc/socpol/punblications/reports/2004-002623/page07.shtml>

- Preschool programs emerged to help children age three to five years of age to prepare for school by providing them with an enriched early learning experience. Today these programs are usually privately funded. They tend to be described as Early Learning or Early Childhood Education programs.
- Some preschool programs, the Headstart and Prenatal Nutrition programs, for example, were developed as “prevention” programs for economically disadvantaged children and their families. They usually incorporate a combination of child health/well-being and early childhood education features and also emphasize family involvement. These programs are usually described as Early Childhood Development programs and are government funded.

A variant of the third type of program in BC is the Aboriginal Supported Child Development program which is designed to provide extra support to enable special needs Aboriginal children to be included in early childhood centres.

The traditions of most Aboriginal people in BC surrounding child care and early childhood development are different from the mainstream and the continuing distinctions made between the various programs for preschool children and their families may, therefore, not be very meaningful or helpful in a First Nations or Aboriginal context.<sup>4</sup> The different program names, content and eligibility requirements given to such programs are mystifying to many. One aim of this scan is, therefore, to demystify these labels and distinctions by describing the elements of the government programs for Aboriginal people that come under the labels of child care, early childhood development, or early learning. As one means for avoiding these labels, the international generic term, Early Learning and Child Care (ECEC, will be used here where no specific program is being referred to.

The international Organization for Economic Cooperation and Development (OECD) uses the term, “early childhood education and care” (ECEC) as a comprehensive label for all the programs relating to the care, well-being and education of young children in its regular reports on the state of such programs in developed countries. ECEC is defined by the OECD as “all arrangements that provide care and education for children under age 6 regardless of the setting, funding, opening hours or program content.”<sup>5</sup> The scope

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<sup>4</sup> Karen Isaac, Personal communication, BC ACCS, August 2006.

<sup>5</sup> OECD, OECD Thematic Review of Early Childhood Education and Care Canadian Background Report -October 2004. <http://www.sdc.gc.ca/en/cs/sp/sdc/socpol/punblications/reports/2004-002623/page07.shtml>

of the OECD definition includes programs that would, in a Canadian context, include, for example, the federal Prenatal Nutrition program and the National Child Benefit program.

In Canada, there does not seem to be any single comprehensive term in general use that encompasses all the different arrangements that exist for preschool children.

Slightly different government programs that emerged in the past decade in Canada that could all fall under the ECEC heading may be labelled Early Childhood Development (ECD), Early Learning and Child Care (ELCC) or Child Care or Prenatal Nutrition. The term that currently seems to be most frequently understood in Canada to encompass a wide range of early childhood programs and services seems to be Early Learning and Child Care (ELCC). However, in line with the focus on “development” of most Aboriginal programs, the international term, Early Childhood Education and Care (ECEC), is preferred here as a generic term to refer to all government programs for preschool Aboriginal children.

### ***1.2.2. A Brief History of Federal Investment in Aboriginal ECEC: Addressing “the gap in life-chances” between Aboriginal and non Aboriginal children***

Publicly-funded programs for preschool Aboriginal children emerged in the mid 1990s as a strategy for countering the historical disadvantages met by Aboriginal children and their families. At that time the recommendations for Aboriginal ECD made by the Royal Commission on Aboriginal Peoples coincided with expectations that governments were going to expand funding for early childhood development and child care for all Canadian children. From 2000 until 2005, this optimism increased as a number of important agreements were reached between the federal, provincial and territorial governments based on a “shared vision” for strengthening ECD policies and programs in Canada. These ECD agreements followed the 1999 Social Union Framework Agreement (SUFA) which had as its primary objective “to reform and renew Canada’s system of social services” through governments working in partnership with each other on agreed priorities for reform.<sup>6</sup>

The stage was set for the expansion of expanded early childhood development and child care policies and programs with the announcement in September 2000 of the federal/ provincial/ territorial Agreement on Early Childhood Development (ECD) with funding of \$2.2 billion to be administered by the provinces. This Agreement did not allocate specific funding for Aboriginal ECD. However, in late 2002, the Aboriginal Early Childhood Development Initiative (AECD) was announced with a five-year commitment of \$320

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<sup>6</sup> [http://www.socialunion.ca/menu\\_e.htmlsocial](http://www.socialunion.ca/menu_e.htmlsocial)

million over five years of new federal funding. The goal of the Initiative was “to address the gap in life-chances between Aboriginal and non-Aboriginal children.”

The Initiative and the so-called “single window” strategy for its implementation were primarily directed at First Nations on reserve.<sup>7</sup> The funding was to be used to expand specific existing programs for preschool children. The “single window” strategy was to “be implemented by Health Canada, Human Resources Development Canada (HRDC) and Indian and Northern Affairs Canada (INAC) in consultation with Aboriginal organizations and communities.”<sup>8</sup> Smaller amounts to enhance ECD programs for First Nations on reserve were allocated in subsequent federal budgets.

In 2003, another federal/provincial/territorial agreement, the Multilateral Framework on Early Learning and Child Care (ELCC) was signed. ELCC funding agreements were then negotiated separately with each province. BC did not sign until September 2005 but ELCC funding began to flow to BC in 2003 under the Multilateral Framework Agreement through the Canada Social Transfer, with new ELCC funding to follow on the agreement.<sup>9</sup> The total amount scheduled to be transferred to BC in yearly increments from 2005-2010 was planned to reach a total of \$841.1 million by 2009 -2010. The increased funding for child care programs was welcomed by child care advocates who continue to press for a national child care program. There was no explicit funding allocation for Aboriginal programs but from 2003 onwards the province increased ELCC funded programs specifically designed for Aboriginal children and families. Though the provincial funding emphasis was mainly on off-reserve Aboriginal programs and projects, a number of projects for on-reserve First Nations also received some funding.

In late 2005, the federal Liberal government announced a \$5 billion national child care program. Although the details of that program were not spelled out and a federal election was imminent, it looked like the future of ECEC programs in Canada was assured or at least on course. It seemed that the necessity for such programs and for “addressing the gap in life-chances” of Aboriginal children and the message of international and national agencies and researchers on the importance of early learning

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<sup>7</sup> The 2001 Census defines “Aboriginal” as: “Identifying as North American Indian, Inuit or Métis or as a Treaty or a Registered Indian or a member of an Indian band or First Nation in Canada”.

<sup>8</sup> [http://www.ainc-inac.gc.ca/nr/wc/bdg2k3c\\_e.html](http://www.ainc-inac.gc.ca/nr/wc/bdg2k3c_e.html).

<sup>9</sup> Canada, British Columbia, *Moving Forward on Early Learning and Child Care: Agreement in Principle Between the Government of British Columbia and the Government of Canada, September 29, 2005*. p.8 [http://www.sdc.gc.ca/en/cs/comm./sd/news/agreements\\_in\\_principle/PCO\\_British Columbia](http://www.sdc.gc.ca/en/cs/comm./sd/news/agreements_in_principle/PCO_British_Columbia)

and child care programs had finally been understood by Canadian law-makers. That message is clear and unequivocal: that investing in early childhood development builds a better and safer future for children and for all of us. The early childhood years are usually defined as the years from birth or in utero to six years of age. These years are identified by researchers as critical years in a child's life; years when on the one hand, exposure to risk from a harmful environment can profoundly affect a child's health and well-being throughout life and when, on the other hand, actions that encourage early learning in young children can have lifetime beneficial effects.<sup>10</sup>

It appeared that there could be no turning back the clock on ECEC but this perception was proved wrong when the newly elected (in 2006) federal Conservative government rejected the 2005 ELCC agreements and announced that the ELCC funding transfers to the provinces would cease in March 2007.<sup>11</sup> According to the funding projections for the BC programs, only \$246.7 million of the promised \$841.1 million ELCC funding was to be transferred to the province for 2005-2006-2007.<sup>12</sup> It now appears that the remaining \$594.4 million for the years 2007-2010 will not be forthcoming.

The Conservative government also cancelled the National Child Care Plan announced in late 2005 by the previous government and established the Universal Child Care Plan called "Choice in Childcare". This plan provides \$100 per month to individual parents from July 2006 for each child under age six as well as \$250 million in funding for the creation of 25,000 child care spaces with incentives for private businesses to create these spaces.<sup>13</sup> As the BC Aboriginal Child Care Society (ACCS) noted in a 2006 presentation to a federal consultation committee on child care spaces, the expectation that private businesses will create child care spaces does not make much sense for First

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<sup>10</sup> Keating, Daniel P. and Clyde Hertzman. (Eds.) (1999) *Developmental Health and the Wealth of Nations: Social Biological, and Educational Dynamics*. New York: Guilford Press.

<sup>11</sup> Friendly, Martha and Carolyn Ferns, *The state of the national child care program and provincial/territorial contexts, March 2006. Briefing Notes*. Childcare Resources and Research Unit, University of Toronto. <http://www.childcarecanada.org>

<sup>12</sup> Canada, British Columbia, *Moving Forward on Early Learning and Child Care: Agreement in Principle Between the Government of British Columbia and the Government of Canada, September 29, 2005*. p.8 [http://www.sdc.gc.ca/en/cs/comm./sd/news/agreements\\_in\\_principle/PCO\\_British Columbia](http://www.sdc.gc.ca/en/cs/comm./sd/news/agreements_in_principle/PCO_British_Columbia)

<sup>13</sup> <http://www.universalchildcare.ca/en/home.shtml>

Nations communities where there are few private businesses and where “quality, culturally-responsive childcare and early learning services” are what is needed.<sup>14</sup>

The political winds have changed direction and the future of ECEC programs and other major initiatives for Aboriginal children and their families established or promised by the previous government is currently uncertain. The new federal government clearly wants to put its own stamp on ECEC and other policies and programs for Aboriginal children. This process will take some time and will involve consultations with Aboriginal people, according to senior government officials consulted for this scan.

In the meantime, as the Auditor General of Canada has frequently noted, the inefficient federal management of programs for First Nations is not improving overall and outcomes for Aboriginal students are not improving.

### **1.2.3. The “Single Window” Strategy**

This environmental scan was initially intended to be a fairly modest update of a more extensive environmental scan on First Nations ECD and childcare programs that was conducted in 2003. The many changes in government policies since 2003 and the different audience (the Aboriginal community not federal government departments) for this scan have, however, necessitated some changes in both the format and the general approach.

The assistance of federal and provincial officials was invaluable in clarifying program changes and in identifying funding levels for both the 2003 and this 2006 scan. However, this scan did not enjoy the same level of information-sharing by government officials that the previous scan did and current information on budgets and sites is consequently somewhat incomplete. Government web-sites are also less up to date or informative than in the recent past.

The main reason for the much lessened interest in this scan is likely that the 2003 scan was designed primarily to inform the work of the federal government agencies involved in the delivery of the various Aboriginal ECD and child care programs that could be included within the scope of the federal “one window” or “single window” strategy. That strategy, a key objective of the 2002 federal Aboriginal ECD Initiative, required increasing cooperation, co-ordination and integration among three key government

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<sup>14</sup> BC ACCS, *Consultations on the Federal Child Care Spaces Initiative: Presentation of the BC Aboriginal Child Care Society (ACCS) on the Federal Child Care Space Initiative, September 2006*. Vancouver.

departments that would lead to the eventual consolidation of federal ECD/ ELCC and childcare programs for First Nations.

The single window strategy is, in 2006, being reassessed. The term “single window” has been consigned to oblivion and though there have been intermittent attempts to revive the issue, the interviews done for this scan suggest that there is not at present the same political pressure on federal government departments to move forward cooperatively on simplifying the delivery of ECEC programs to First Nations.

The implementation of the single window strategy between 2003 and 2005 included a series of consultations with First Nations and other Aboriginal organizations. A key issue for the Aboriginal organizations was whether the approach would indeed function to reduce the ever expanding volume of paperwork and reporting requirements demanded by different government departments from Aboriginal communities. At the end of the consultations, the integration of federal programs was being described by some Aboriginal representatives as “a good thing” in principle though others expressed reservations that the federal “single window’ strategy was a Trojan horse and more about finding ways to cut costs than to reduce red tape. Since the need for a more coherent and coordinated approach to supporting service provision on reserve was clearly evident, some First Nations began independently to integrate or plan for the integration of ECD and other social programs in their communities.

Since provincially-administered ECD and ELCC programs for Aboriginal children and families in BC expanded considerably after 2003, this 2006 Scan also includes information about the provincial Aboriginal ECEC programs and their policy context. Most of these provincial programs depended on the ELCC funding from the federal government, funding that is due to be cut in 2007.

### **1.3. Methods**

Methods used for this Scan included the following:

- A brief review of 2001 Census Data, INAC demographic data and recent studies related to Aboriginal children and families in BC;
- Face-to-face and telephone interviews aimed at identifying policy and program changes, new programs and budgets since 2003 with officials from four federal government departments: Health Canada, Indian and Northern Affairs Canada, the Public Health Agency of Canada, and Human Resources and Social Development Canada, as well as with provincial Ministry officials;
- Documents and other information from a First Nations perspective which were made available by BC ACCS.

#### **1.4. Organization of the Report**

This Environmental Scan is organized into five sections:

- Section 1, the Introduction, briefly describes the political context for this scan, the purpose of the scan and the methods used;
- Section 2 provides social and demographic information about the Aboriginal population of BC that the ECD/ ELCC programs are designed to serve;
- Section 3 describes the current federal and provincial policy environment for Aboriginal ECEC programs in BC;
- Section 4 provides descriptions of current Aboriginal ECD/ELCC funded programs in BC and a brief review of some of the federal efforts aimed at integrating federal programs delivered on reserve;
- Section 5 provides an overview and a discussion of the implications for ECEC planning of recent research that examines the differences within and between First Nations communities and the effects of on/off reserve mobility on Aboriginal communities
- Section 6 provides the conclusions of the report.

## SECTION 2

### 2.0. A Social and Demographic Profile of the Aboriginal Population of BC

#### 2.1. The Big Picture

A discussion of early childhood development programs for Aboriginal children cannot be understood without some discussion of the circumstances in which they and their families live and of the “gap in life chances” that provided the rationale for the federal Aboriginal ECD Initiative of 2002. The information provided here is intended, therefore, to provide a broad context for understanding the circumstances in which young BC Aboriginal children and their families live.

#### 2.2. A Cautionary Note

Two sources of demographic information, the 2001 Census and INAC membership data, provide an overview of the size and other demographic characteristics of the BC Aboriginal population that the AECD programs are designed to serve. The 2001 Census data are considered to be the most reliable data currently available on Canadian Aboriginal people but it is important to note that some First Nations people did not participate in the Census and also that the mobility of the Aboriginal population can have unknown effects on data gathering. The INAC data are also influenced by mobility and refer only to those people that have Registered Indian status, a term that is not necessarily synonymous with the term “First Nation”.

#### 2.3. Census Statistics

The 2001 Census defines “Aboriginal” as: “Identifying as North American Indian, Inuit or Métis or as a Treaty or a Registered Indian or a member of an Indian band or First Nation in Canada”.

**Table 1**

Aboriginal Population of BC - 2001

North American Indians	Métis	Inuit	Total
118,295	44,265	800	170,025 (163,360)

Source: Census of Canada 2001

Other 2001 Census data indicate that in May 2001:

- BC had a population of 170,025 people identifying as Aboriginal.<sup>15</sup> They comprise 4.4 per cent of the total BC population of 3,868,875 and their share of the population is on the rise;
- BC has the second largest provincial Aboriginal population after Ontario which had an Aboriginal population of 188,315 in 2001;
- 36,855 or 22 per cent of all the Aboriginal people in BC lived in the Vancouver Census Metropolitan area (CMA) which has the third largest urban Aboriginal population in Canada (after Winnipeg and Edmonton);
- The Aboriginal population is much younger than that of the rest of Canada with a median age of 26.8 years compared to 38.7 years;
- Aboriginal families are slightly larger than other families;
- Aboriginal children 14 years of age and under represent one third of the Aboriginal population;
- Aboriginal children 14 years and under represent 7.3 percent of the children in BC although the Aboriginal population is only 4.4 per cent of the BC population;
- Aboriginal people move residence more often than other Canadians - 22 per cent moved in the 12 months before the Census compared with 14 per cent of non-Aboriginal people;
- There is a steady growth in the number of young Aboriginal people moving from rural areas to cities and forming families there;<sup>16</sup>
- The Aboriginal birth rate is much higher than the population as a whole which is declining.<sup>17</sup>

#### **2.4. Indian and Northern Affairs Canada (INAC) Statistics**

Membership list statistics from INAC for the on and off reserve registered Indian population in BC are published annually and so are more up to date than the 2001 Census data. These statistics show that the number of registered Indians living off

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<sup>15</sup> The Census has arrived at the Aboriginal total by subtracting the non-Aboriginal population figure from the total BC population figure.

<sup>16</sup> Vancouver Sun, Jan. 22, 2003. *More Canadians now claiming some aboriginal ancestry*, includes this comment by Andy Siggner, senior advisor on Aboriginal data for Statistics Canada

<sup>17</sup> OECD, OECD Thematic Review of Early Childhood Education and Care Canadian Background Report -October 2004. <http://www.sdc.gc.ca/en/cs/sp/sdc/socpol/publlications/reports/2004-002623/page07.shtml>

reserve in BC was increasing and greater than on reserve numbers in 2004 and 2005. As Table 2 below shows: In December 2003 the numbers of the on reserve registered Indian population slightly exceeded the off reserve number. By 2004 the balance had changed and the off reserve population was slightly greater than the on reserve. In December 2005, the on-reserve/ off reserve difference increased further. (See also Appendix 1)

**Table 2**

BC Registered Indian Population living on and off reserve December 2003 – December 2005

<b>Year</b>	<b>On Reserve</b>	<b>Off Reserve</b>
December 2003	58,338	57,778
December 2004	58,470	59,488
December 2005	58,781	61,263

Source: Compiled from INAC Data

- INAC data (see Appendix 1) also show that adults on/ off reserve residence from December 2003 to December 2005 was linked to age and gender:
- Between the ages of 0-24 years and over 65 years more BC registered Indians lived on reserve than off reserve but between ages 25 and 34 and ages 35 to 64 more lived off reserve than on.
- The majority of the young child-rearing population age 25 to 39 lived off reserve.
- Significantly more registered Indian women (53.2%) than men (46.8%) lived off reserve in BC in 2005. (See Appendix 1)

As the table (below) shows more Registered Indian children 0-4 and 5-9 years lived on reserve than off reserve in BC from December 2003 to December 2005. However, over that three year period, the on-reserve numbers show a steady decrease from 5.4% in 2003 to 4.5% in 2004 and 3.9% in 2005.

**Table 3**

BC Registered Indian Population age 0-9, on and off reserve, 2003-05

	On reserve			Off reserve		
	Age 0-4	Age 5-9	Total	Age 0-4	Age 5-9	Total
Dec. 03	4195	5371	9566	3590	4993	8583
Dec. 2004	4245	5224	9469	3645	4979	8624
Dec. 2005	4256	5125	9381	3751	4962	8713

INAC: Extrapolated from INAC data

On reserve populations can fluctuate depending on a variety of factors but there may be considerable variation among BC First Nations communities in the extent to which their population numbers do fluctuate. Many factors such as availability of employment, education, training or housing can determine an individual's choice to move on or off reserve or, as is often the case, to move back and forth from a reserve to an urban area as a 2004 INAC study found. That 2004 INAC study of Aboriginal mobility using 2001 Census data, 1996 Census data and a 1991 post-censal survey, concludes that there were "high rates of movement or "churn" both within and "to and from" cities ...resulting in residential and community instability" and that the higher mobility compared to the general population was observed across all age groups peaking at age 20-29 and then declining steadily as people grow older".<sup>18</sup>

Whether the on/off reserve population changes indicate a trend to more registered Indians in BC in certain age groups choosing to live off reserve than on reserve or whether the figures are explained purely by "churn" is not yet clear but the extent of movement in itself has important implications for program planning and for ensuring links are strengthened between on and off-reserve programs for First Nations children and their families.

## 2.5. Community Size

**Table 5**

Distribution of BC on-reserve population by community size. 2003

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<sup>18</sup> Norris, Mary Jane and Stewart Clatsworthy, *Aboriginal Mobility and Migration within Urban Canada: Outcomes, Factors and Implications*, INAC [2003]; Norris, Mary Jane et al. *Aboriginal Mobility and Migration patterns and the Policy Implications* in Jerry P. White et al., *Aboriginal Conditions: Research as a Foundation for Public Policy*. Vancouver: UBC Press. 2003

<b>Population</b>	<b>&lt;200</b>	<b>200-600</b>	<b>600-1000</b>	<b>&gt;1000</b>
<b>Number of Reserves</b>	99	66	27	6
<b>% of Reserves</b>	50	33	14	3

**Source: INAC**

Small community size (50% of communities in BC have less than 200 people), especially if coupled with remoteness, may hinder access to government programs and resources for small children who may be few in number. (See also discussion in Chapter 5 below).<sup>19</sup>

## **2.6. Aboriginal Children Living in Poverty**

According to a 2003 federal government report, 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). In large cities, over 45 per cent of these children are likely to be living in single parent families. The vast majority of these Aboriginal single parents are women and they and their children are likely to be living in persistent poverty. In 1995, 70% of Aboriginal female single parent families were dependent on income assistance.<sup>20</sup>

As Table 4 (below) shows, Aboriginal children under 15 years of age living on-reserve are almost twice as likely to live in a single parent family than other children and two and one half times more likely to do so if they live off reserve in a large urban centre. On reserve, almost one third (31.95) of Aboriginal children and getting near to half (45.6 %) of Aboriginal children in an urban census metropolitan area (CMA) live in a single parent family. The average for all non-Aboriginal children in single parent families is much lower at 16.9 per cent and 18 per cent in an urban Census Metropolitan Area.

**Table 4**

Children (under 15 years) of Single Parent Families – 2000

Non-Aboriginal

Aboriginal

<sup>19</sup> Mark Sommerfeld and Payne, H. *Small, Independent First Nations, Evolving Issues and Opportunities in the Administrative Reform of Community Health Programs*. Inter Tribal health Authority. 2001. 17-18.

<sup>20</sup> Federal/Provincial/Territorial Early Childhood Development Agreement.(2003) *The Well-Being of Canada's Young Children: Government of Canada Report, 2002*. Ottawa: Human Resources Development Canada and Health Canada. p.41.

Canada	Canada (CMA)	On Reserve	Off Reserve (CMA)
16.9	18.0	31.9	45.6

**Source: Census of Canada 2001**

A 2001 INAC statistical profile of Aboriginal single mothers based on 1996 data concludes: “It is clear that Aboriginal single mothers are a substantial segment of the Canadian population particularly in urban areas who have high levels of unemployment and transfer payment dependency and low family incomes. The success we as a society have in enabling Aboriginal single mothers to improve their circumstances will have a major impact on Aboriginal children and on the future of Canada.”<sup>21</sup>

Nationally, the depth of poverty has increased in recent years. In a 2002 report, the National Council of Welfare commented: “Most welfare incomes have failed to keep pace with inflation, leaving the welfare poor, poorer than ever.”<sup>22</sup> INAC income assistance (welfare) rates for on-reserve families and individuals are geared to provincial rates. In BC these rates have not increased since 1994.<sup>23</sup> ( The BC February Budget increased the shelter portion for people on income assistance by \$50).

Since 2002, reorganizations, policy changes and budget cutback of 30% in the key BC Ministry of Children and Families have included an increased emphasis on employment obligations, cuts in benefits, decreased back to work supports such as child care subsidies, and a two year time limit on the receipt of benefits. These measures have meant reductions in the numbers of those eligible for income assistance and had severe impacts on those in long-term poverty.<sup>24</sup> Another consequence of the deep spending cuts, as the Hon. Ted Hughes noted in his 2006 BC Children and Youth Review, was that “the impact of budget constraints reverberated throughout the child welfare system from 2002 until recently”.<sup>25</sup> The cutbacks occurred at the same time as Aboriginal ECEC programs with the expressed intent of closing “the gap in life chances” between Aboriginal and other children were being put into action though it would seem to be self

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<sup>21</sup> Hull, Jeremy. (2001) *Aboriginal Single Mothers in Canada, 1996: A Statistical Profile*. Ottawa: Indian and Northern Affairs Canada.

<sup>22</sup> [HTTP://www.ncwcnbes.net/htmldocument/reportwelfinc02/Welfare2002.htm](http://www.ncwcnbes.net/htmldocument/reportwelfinc02/Welfare2002.htm)

<sup>23</sup> Jon Kesselman, *A whole \$6 a day! Every day!* Vancouver Sun, October 27, 2006.

<sup>24</sup> See, for example the discussion in, *The BC Atlas of Child Development, Implications for Public Policy*. Vancouver: HELP, UBC, 2006

<sup>25</sup> Government of BC, *BC Children and Youth Review*. Hon. Ted Hughes, April 2006. p.128.

evident that policies that increase child poverty are inconsistent with the vision and goals of the federal/provincial territorial ECD/ELCC agreements.

A sign of the increasing stress that Aboriginal children and families in BC have come under in recent years is the disproportionate and increasing numbers of Aboriginal children deemed to be at risk and taken into government care in BC. Ministry of Children and Families data obtained for a 2006 joint report by the Medical Health Officer for BC and the Child and Youth Officer show that there were large increases in the number of Aboriginal children in care between 1997 and 2005 from an already very high 33 % of the children in care to 49%. At the same time there was a decrease in the number of non-Aboriginal children in care<sup>26</sup>. An earlier government report showed that there was a good deal of variation in these numbers across the province. Out of the 12 government health areas in 2002, three showed that 50% or more of all the children in care were Aboriginal even though Aboriginal children constitute only 7% of the general population of children in the province. Statistics for Vancouver/Richmond, Thomson/Caribou, and the North show that 70% of the children in care were Aboriginal.<sup>27</sup>

## **2.7. Research about Young Aboriginal Children**

As a 2003 federal government document notes, relatively little research has been conducted on the health and development of young Aboriginal children anywhere in Canada today.<sup>28</sup> One exception is the innovative early childhood development mapping project undertaken by the Human Early Learning Partnership (HELP) team based at the University of BC. This project includes research conducted in about ten First Nations communities in BC. (See also page 39 below).

What governments do know is that the majority of young Aboriginal children in Canada from birth to age five live in low-income families and experience high rates of mortality, injury and disability.<sup>29</sup> Many Aboriginal children grow into troubled youth. In BC, Aboriginal youth (15-24 years) have a suicide rate 4.5 times higher than that of other

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<sup>26</sup> Ministry of Health, Officer of the Provincial Health Officer and Child Youth Officer for British Columbia, *Joint Special Report. Health and Well-being of Children in Care in British Columbia*. Victoria: 2006.p.9.

<sup>27</sup> Ibid.

<sup>28</sup> Federal/Provincial/Territorial Early Childhood Development Agreement.(2003) *The Well-Being of Canada's Young Children: Government of Canada Report, 2002*. Ottawa: Human Resources Development Canada and Health Canada. P.39-43.

<sup>29</sup> Ibid.

youth<sup>30</sup>, are seven times more likely to be in government care and five times more likely to be in a youth institution than other children. As adults they are also almost nine times more likely to be incarcerated than non-Aboriginal people.<sup>31</sup>

The national chief of the Assembly of First Nations, Phil Fontaine responding to a recent federal ombudsman's report that found systemic discrimination against Aboriginal offenders in prisons, wrote that there is "a direct link ... between the number of First Nations youth (40%) who are incarcerated and those in the child welfare system". The root cause of this situation, Chief Fontaine said is "Canada's greatest social injustice: poverty among First Nations peoples."<sup>32</sup>

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<sup>30</sup> Michael Chandler and Christopher Lalonde, "Cultural Continuity as a Hedge against Suicide in Canada's First Nations", *Transcultural Psychiatry*, 1998. Vol. 35.p. 2

<sup>31</sup> British Columbia, Provincial Health Officer. (2002) *The Health and Well-being of Aboriginal People in British Columbia, Provincial Health Officer's Annual Report, 2001*. Victoria, BC: Ministry of Health Planning.

<sup>32</sup> Phil Fontaine, "The native fiscal imbalance". Article in *The Vancouver Sun*, October 30, 2006

## SECTION 3

### 3.0. The Federal and Provincial ECEC Policy Environment

#### 3.1. The First Ministers' Agreements on ECD: The Shared Vision

The shared vision for ECEC that provincial premiers articulated over the past eight or more years seems, in mid 2006, to have dimmed greatly as federal enthusiasm and financial incentives evaporate. The transfer of funding for the ECEC programs in BC that flowed from the various federal/ provincial agreements is scheduled to end March 31, 2007. Yet the evidence is that the need for these programs has not decreased and the rationales for these policies have not changed. It is enlightening, therefore, to review the guiding vision and the many promises that were made in this decade about closing the gap between Aboriginal and other children; to remember the UN human and children's rights protocols that Canada has signed and must honour; to be cognizant of the international criticism of Canada's treatment of Aboriginal children made as recently as 2004 by the Organization for Economic Cooperation and Development (OECD) and to reflect on the finding of the OECD that Canada had the lowest public expenditures on ECEC services for children 0-6 years in 2004 of 12 OECD countries.<sup>33</sup>

#### 3.2. The 2000 Early Childhood Development Agreement

In September 2000, the federal/provincial/territorial governments reached an historic agreement on Early Childhood Development".<sup>34</sup> The 2000 ECD agreement had been one of six policy areas identified by the First Ministers in the National Children's Agenda of 1999 which set out their shared vision for Canada's children.<sup>35</sup> In the 2000 ECD Agreement, the federal government committed \$2.2 billion over five years to be transferred to the provinces through the Canada Health and Social Transfer (CHST) starting in 2001-2002. The federal government commitment reached a total of \$500 million in the 2003 budget and overall federal contributions in support of the Agreement were scheduled to reach \$3.2 billion between 2001 and 2008. The share of the province of BC was to increase incrementally from \$39.5 million in 2001-2002 to \$67.4 million in 2005-2006. A framework to ensure regular public reports of child well-being was also a

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<sup>33</sup> OECD. (2006). *Starting Strong; Early Childhood Education and Care.*[Geneva]

<sup>34</sup> Government of Canada. (2002) *Early Childhood Development Activities and Expenditures: Government of Canada Report, 2001-2002.*Preface. Ottawa: HRDC and INAC 2002.

<sup>35</sup>Federal/Provincial/Territorial Early Childhood Development Agreement. (2002) *The Well-Being of Canada's Young Children: Government of Canada Report 2002.* Ottawa: Human Resources Development Canada and Health Canada.

key element of the Agreements. The First Ministers agreed that the new ECD funding would be used to enhance existing programs and services, and be incremental, predictable and sustainable over a five-year period. The Agreement had two main objectives:

- “To promote early childhood development so that, to their fullest potential, children will be physically and emotionally healthy, safe and secure, ready to learn, and socially engaged and responsible; and
- To help children reach their potential and to help support families within strong communities”.

The programs and services identified in the Agreement were those focusing on pregnancy, birth and infancy, parenting and family supports, early childhood development, learning and care, and community supports for children under 6 years of age and their families.<sup>36</sup>

### **3.3. The 2002 Aboriginal ECD Initiative and Strategy**

The goals of the 2002 Aboriginal ECD Initiative appear to be no less valid today, in mid 2006, than they were when first announced in late 2002. These goals are to:

- 1) “improve and expand existing ECD programs and services for Aboriginal children, with particular focus on programming for First Nations children on reserve;
- 2) work towards the development of a “single window” approach to ensure better integration and co-ordination: and to ,
- 3) introduce new research initiatives to improve understanding of how Aboriginal children are doing, and what can be done to ensure their healthy development”<sup>37</sup>

To launch the Aboriginal ECD strategy, the federal government announced in October 2002 that it was making a commitment of \$320 million over a five-year period for Aboriginal ECD. This funding is scheduled to end in 2007. The 2003 federal budget provided an additional \$35 million over 5 years, starting in 2004-2005, “to build on federal ECD programs for First Nations children primarily on reserve.”<sup>38</sup> This pocket of funding should continue until 2009-10.

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<sup>36</sup> Government of Canada, (2002) *Early Childhood Development Activities and Expenditures: Government of Canada Report, 2001-2002*. Ottawa: HRDC and INAC 2002.

<sup>38</sup> [http://www.ainc-inac.gc.ca/ig-gi/gs-cd/es-ae/bdg2k3hl\\_e.html](http://www.ainc-inac.gc.ca/ig-gi/gs-cd/es-ae/bdg2k3hl_e.html)

The Aboriginal ECD funding was directed to the enhancement of existing federal programs such as Health Canada's Aboriginal Head Start Programs and the Fetal Alcohol Syndrome/Fetal Alcohol Effects projects, the First Nations and Inuit Child Care Initiative of Human Resource Development Canada (HRDC) and to support new research on Aboriginal ECD.<sup>39</sup>

### **3.4. The Urban Aboriginal Strategy**

Social programs for urban Aboriginal people have long been considered to be a provincial not a federal responsibility. What appears to be a major change in the legal responsibilities of Indian and Northern Affairs Canada (INAC) from providing programs for Registered Indians and Inuit to also providing some programs for urban Aboriginal people occurred in 2004.

These changes include:

- The transfer of the responsibilities of the Federal Interlocutor for Métis and Non-Status Indians to the Minister of Indian and Northern Affairs in July 2004, a move that was described as the “first time both of these responsibilities are dedicated to the same Minister.”
- A subsequent INAC-sponsored Roundtable of First Nations, Inuit and Métis that was described by INAC as signalling a “new way of doing business.”<sup>40</sup>
- The Urban Aboriginal Strategy, first launched in 1998 “to help respond to the needs of Aboriginal people living in key urban centres,” which is now sponsored by INAC. The federal budget of 2004 committed \$50 million for four years to fund additional projects. Between 2003 and 2005 these projects included stay-in-school, life-long learning, housing, health and outreach services.<sup>41</sup>

### **3.5. The Multilateral Framework on Early Learning and Child Care**

In March 2003, the Multilateral Framework on Early Learning and Child Care (ELCC) was signed by federal, provincial and territorial ministers responsible for social services. This agreement was scheduled to last for five years. The purpose of the Agreement was to “improve access to affordable, quality, provincially and territorially regulated early learning and child care.”<sup>42</sup> Provinces then signed separately negotiated agreements with the federal government. BC signed an agreement-in-principle in late 2005. A provincial

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<sup>39</sup> [Http://www.ainc-inac.gc.ca/nr/wc/bdg2k3hl\\_e.html](http://www.ainc-inac.gc.ca/nr/wc/bdg2k3hl_e.html)

<sup>40</sup> [http://www.ainc-inac.gc.ca/interloc/uas\\_e.html](http://www.ainc-inac.gc.ca/interloc/uas_e.html)

<sup>41</sup> [http://www.ainc-inac.gc.ca/interloc/uas\\_e.html](http://www.ainc-inac.gc.ca/interloc/uas_e.html)

<sup>42</sup> <http://www.socialunion.ca/ecd/2004/English/page02.htmlsocial>

action plan was required to complete a final 5-year funding agreement. BC does not have a five year funding agreement but in any case all ELCC funding is now scheduled to end in 2007.

### **3.6. The Provincial Policy Environment**

#### ***3.6.1. The New Relationship***

The current environment for implementing BC government policies for First Nation and Aboriginal people is one in which the relationship between First Nations and governments constantly appears to be on the verge of radical change sometimes for better and sometimes not. It is an environment that is shaped by the destructive experience of colonialism and discrimination, the expropriation of First Nations' land and resources and the profound and long-lasting harm to Aboriginal families caused by residential schools.

The struggle over BC First Nations title to lands that were never ceded in treaties, the treaty negotiation process, the demands of First Nations for self government and the government's need to resolve the uncertainty over Aboriginal land seem to overshadow all other Aboriginal issues. Since 1993, tri-partite treaty negotiations to resolve land claims have dominated the agendas of First Nations and provincial and federal government leaders alike. A provincial referendum on First Nations Treaty Negotiations in 2002 initiated by a new Liberal government seemed to set the stage for more acrimony. However, to the surprise of many observers, there has been a shift to more harmonious relations between First Nations leaders and the province than anyone could have predicted at that time.

The BC Treaty Commission, which oversees treaty negotiation process, noted in its 2001 annual review that in entering negotiations, the three parties made a commitment to a new relationship in which they "recognize one another as legitimate governments representing the interests of their constituents".<sup>43</sup>

The "new relationship" between the BC government and Aboriginal people became a key theme in provincial government/ aboriginal relations from 2004 onwards. One important product of this new approach was the Kelowna Accord in which the premier of BC took a lead role; another is the First Nations Education Agreement. However, the first public inkling that a change in the relationship was occurring was the Memorandum

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<sup>43</sup> BC Treaty Commission, Annual Report, 2001. (2002) *Looking Back Looking Forward, A Review of the BC Treaty Process*. [Vancouver, BC] p.9

of Understanding signed in September 2002 between the province and Aboriginal leaders in BC.

### **3.6.2. The Tsawwassen Accord – The Provincial Memorandum of Understanding with First Nations and Aboriginal Groups**

In September 2002, to many people's surprise given the very recent acrimony generated by the provincial referendum on treaty negotiations, a Memorandum of Understanding (MOU) was signed between 13 leaders of First Nations and Aboriginal organizations and the provincial government. The stated purpose of the MOU is:

“to establish a joint dialogue and decision making process regarding general and systemic issues relating to the safety and well-being of Aboriginal children and families: that

- a) is on a government-to-government basis;
- b) recognizes that First Nations, the Métis Nation, Inuit and other Aboriginal Peoples assert jurisdiction over their children and families, regardless of residency;
- c) recognizes the importance of transferring the delivery of services to Aboriginal communities;
- d) draws on the expertise of Aboriginal service delivery agencies and research institutions;
- e) reflects the historic and new relationship established at Tsawwassen on June 11, 2002.”

The focus is on:

- “a) reducing the number of Aboriginal children in care and returning them to their communities where it is appropriate to do so; and,
- b) other topics or issues agreed to by the Parties.”<sup>44</sup>

Five separate Aboriginal authorities were to be created to administer the program across the province. Signatories of the MOU were two provincial Ministers and the leaders of the four main First Nations, the Métis and Aboriginal organizations in the province. These organizations included: The Union of British Columbia Indian Chiefs; The First Nations Summit; The Métis Provincial Council of British Columbia; United Native Nations. Nine other Aboriginal associations participated in the process and supported the MOU. The agreement was for a four-year period.

The Aboriginal Authorities were to get their mandate from *The Community Services Authorities Act*. An MCFD summary of the Bill that was then expected to be passed in

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<sup>44</sup> [Http://www.mcf.gov.bc.ca/change/](http://www.mcf.gov.bc.ca/change/)

2003 that states that “the move to community governance” [by the Aboriginal population] reflects a strategic shift “to building capacity within Aboriginal communities to deliver a range of services with emphasis on early childhood and family development.”<sup>45</sup> In 2006, progress has been slower than expected toward establishing these Aboriginal authorities which are now called “planning committees’.

### ***3.6.3. The Kelowna Accord***

The Kelowna Accord is an agreement negotiated over a period of two years that was signed to much acclaim in November 2005 by the then Liberal Prime Minister, the First Ministers and leaders of all major Aboriginal groups. The Accord committed an impressive \$5 billion dollars over ten years to “close the gap in the quality of life between aboriginal people and other Canadians.” Since federal election in 2006, the new Conservative government has been very vague about the intention to honour the Kelowna Accord and the future of the Accord seems, like the ECEC programs, decidedly uncertain.

### ***3.6.4. The First Nations Education Agreement***

This Agreement signed in July 2006 by the federal government, the BC provincial government and the BC First Nations Education Steering Committee (FNESC) commits the three parties to work toward a framework for First Nations to have jurisdiction over the education of First Nations who attend band schools. The Agreement requires that twelve bands submit Band Council Resolutions indicating their interest to the federal government before it can proceed to implement enabling legislation.

## **3.7. The Role of the Province of BC in Aboriginal ECEC**

Under the Canadian Constitution, different levels of government have different responsibilities for Aboriginal people in Canada. Historically, the role of the BC government in formulating policy or delivering programs for First Nations and other Aboriginal people was quite limited. On reserves, until 2003, the province’s role had largely been to administer and operate child protection services with costs reimbursed by INAC for children who were registered Indians. Apart from child protection services, long a source of conflict between First Nations and provincial governments, provincial ECEC programs specifically designed for Aboriginal people in BC were rare. However, the 2003 ECD funding changed this dynamic and provided some of the impetus for a

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<sup>45</sup> [http://www.mcf.gov.bc.ca/change/CSAA\\_consultation\\_doc\\_final.htm](http://www.mcf.gov.bc.ca/change/CSAA_consultation_doc_final.htm)

provincial initiative to integrate all Aboriginal ECD programs.<sup>46</sup> A plan to devolve the administration of these programs to five Aboriginal regional authorities was established. According to a recommendation of the 2006 *BC Child and Youth Review* report of the Honourable Ted Hughes, the progress of devolving responsibilities to these authorities is very slow and needs to be expedited.<sup>47</sup>

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<sup>46</sup> [Http://www.bcliberals.com/En/309/8023?PHPSESSID=7bd4e9dda74cba7dcc43bf127b6f...](http://www.bcliberals.com/En/309/8023?PHPSESSID=7bd4e9dda74cba7dcc43bf127b6f...)

<sup>47</sup> Government of BC, *BC Children and Youth Review*, Hon. Ted Hughes, April 2006

## SECTION 4

### 4.0. BC Federal and Provincial Aboriginal ECD/ ELCC Program Descriptions

#### 4.1. Federal Aboriginal ECD/ ELCC Programs

In BC, the federal government's ECD/ ELCC and child care programs for First Nations and Aboriginal children and families are administered by three Departments and one (new in 2004) federal Agency:

- 1) Health Canada - First Nations and Inuit Health Branch
- 2) The Public Health Agency of Canada (PHAC) which took over programs from the Population and Public Health Branch of Health Canada (new in 2004),
- 3) Human Resources and Social Development Canada (HRSD), and
- 4) Indian and Northern Affairs Canada (INAC).

Since September 24, 2004, the Public Health Agency of Canada has assumed responsibility for health promotion programs that were formerly under the aegis of Health Canada.

All of these federal departments have different mandates, goals, histories, and operating and reporting procedures. However, as the 2002 Aboriginal ECD Strategy required, they began after 2002 to seek ways to move toward integration of Aboriginal ECD programs. Interviews conducted in 2006 for this Scan indicate that efforts to promote integration of First Nations ECEC programs have largely come to a standstill within the federal government. The First Nations Assembly made renewed efforts to resuscitate the idea in mid 2006. Consultations were initiated with First Nations on a new approach and possibly a new Aboriginal ECEC framework that accords with the political philosophy of the federal Conservative government. In the meantime INAC has allocated funding nationally for First Nations to implement 25 small scale pilot projects .

With the exception of the Aboriginal Head Start in Urban and Northern Communities operated by the Public Health Agency and the Urban Strategy of INAC, the current federal Aboriginal ECD programs are directed mainly to First Nations children living on reserve.

The ECD/ELCC programs provided between 2003 and 2006 for First Nations communities in BC by the federal and BC government with funding that is specifically targeted to young Aboriginal children and their families are summarized (with current funding levels where the information is available) in Table 6 below.

**Table 6**

**Programs Implementing Aboriginal ECD Strategy in BC, 2002-06**

<b>Program</b>	<b>Goal</b>	<b>Agency Responsible</b>	<b>Budget 2002-03 2004-05 2006-07</b>	<b>Sites (#)</b>
<b>Federal Programs</b>				
<b><u>Off Reserve</u></b> Aboriginal Head Start in Urban and Northern Communities	Culturally appropriate pre-school wt parent involvement	PHAC	\$4.1 million (2002-2003) \$4.8 million (2006-07)	8 (2002-03) 11 (2006 -07)
<b><u>On Reserve</u></b> Aboriginal Head Start On Reserve	Same but more flexible	FNIHB	\$7.2million \$9.5 million 2006-07	84(2006-07)
Canadian Prenatal Nutrition program on reserve	Healthier babies and mothers	FNIHB/ First Nations	\$1.7 million (2002-03)	---
FASD Program	Prevention, ed., awareness, training	FNIHB,	\$1.7 million (2006-07)	---
Maternal Child Health Program (new in 2006-07)	Healthiest possible infants and mothers	FNIHB	\$1.8. million	---
Brighter Futures	Well-being of FN children, families and communities	FNIHB		
First Nations & Inuit Child Care Initiative	Childcare linked to employment or training	HRSD/ First Nations	\$4.885million (2002-03) \$6.742million (2006-07)	58 (2002-03)
Child Benefit Re Investment Program	Flexible child and youth programs	INAC/ FN	\$6.9 mil (2004--05)	
Kindergarten K4 and K5 and Special Education	Preschool programs	INAC/ First Nations		

<b><u>BC Government</u></b>				
Aboriginal ECD/ ELCC ms	Building capacity and FASD	MCFD	\$246.7million by 2006-07 With a total of \$841.1 million promised by 2009-2010	
Aboriginal Supported Child Development	Extra support for special needs children to access inclusive child care .	MCFD	\$35.0 million 2005-06	

Sources: British Columbia Annual Report on Early Childhood Development Activities - 2001/2002; Health Canada, British Columbia, Population Health Branch British Columbia, Highlights of our work, April 1, 2002-March 31-2003; and *Moving Forward on Early Learning and Child Care Agreement –in- Principle between the Government of Canada and the Government of British Columbia, September 29, 2005*; personal communications with employees of PHAC, Health Canada and HRDC; *ECD in BC: Current Funding Context ... June 28 2006*, \*HELP, Early Learning and Child Care Research Unit; [http://www.mcf.gov.bc.ca/about\\_us/budget.htm](http://www.mcf.gov.bc.ca/about_us/budget.htm)\*\*

More detailed descriptions of these federal ECE programs are provided below under the federal departments responsible for the programs and as well as those under BC Government

#### **4.2. Health Canada and the Public Health Agency of Canada**

The structure of Health Canada’s programs for Aboriginal children has tended to mirror the historical on-reserve/ off-reserve division of federal responsibilities with two separate branches of Health Canada involved in the Aboriginal ECD Strategy: 1) The First Nations and Inuit Health Branch (FNIHB) of Health Canada provides several health-related programs and services for First Nations children on reserve. Included in these is a Head Start program that currently operates in 84 communities in BC. 2) A similar program, the Aboriginal Headstart for Northern and Urban Communities program for off-reserve Aboriginal children was the responsibility of the Health Promotion branch of Health Canada from its inception in 1996 until 2004. However, in 2004 the new Public Health Agency of Canada took over the off reserve Head Start program. Enhanced funding for the off reserve Aboriginal Head Start program in 2002-3 was the only additional or new federal funding budgeted for ECD for Aboriginal people living off

reserve. Current information indicates that no new funding is available for either of the two Head Start programs for the foreseeable future<sup>48</sup>.

Health Canada's First Nations and Inuit Health Branch is responsible for registered Indians living off-reserve who retain eligibility for some non-insured health benefits whether they live on-reserve or not. FNIHB is also responsible for the well-being of a proportion of the population living on reserve, estimated by FNIHB to be around 20% - 25%, that is "invisible" and not included in INAC counts.<sup>49</sup> These individuals may include children who are non-registered First Nations, Aboriginal or non-Aboriginal. Since the federal government has an ongoing responsibility to provide for the health needs of all Canadians, it does so through Health Canada's First Nations and Inuit Health Branch (FNIHB) for these other children and families living on reserve.

#### ***4.2.1. On Reserve Health Canada ECD Programs: First Nations and Inuit Health Branch (FNIHB)***

FNIHB of Health Canada is specifically mandated to improve the health of First Nations and Inuit in their communities. Its mission is to devolve autonomy and control of its health programs to First Nations on reserve and to transfer the provision of direct services to First Nations on reserve. FNIHB programs in BC now (in 2007) include:

- 1) BC First Nations Head Start On-Reserve (BCFNHS)
- 2) Fetal Alcohol Spectrum Disorder Program formerly the Fetal Alcohol Syndrome/ Fetal Alcohol Effects (FAS/E) Program
- 3) Maternal Child Health Program (new)
- 4) The Canada Prenatal Nutrition Program (CPNP)
- 5) Brighter Futures

In BC, about half of the Canada Prenatal Nutrition funding and all of the Brighter Futures funding is transferred directly to First Nations and they have flexibility in how the funding is allocated. Only very general information on these programs can be provided here since it would be beyond the scope of this Scan to attempt to collect information from individual First Nations' administrations.

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<sup>48</sup> Personal communications with PHAC and HC government officials in BC, 2006

<sup>49</sup> Interviews with Health Canada officials. March and April 2003

#### **4.2.2. Aboriginal Head Start On Reserve Program**

The national Aboriginal Head Start (AHS) program is described by Health Canada as an early intervention program for Aboriginal preschool children and their families and as a foundational program to which other programs involving Aboriginal pre-school children and their families may be linked. These other programs include: the National Native Drug and Alcohol Abuse Program; Building Healthy Communities - mental health and substance abuse components; Brighter Futures, Community Health Nursing; Home and Community Care (chronically ill children); Non-insured health benefits.

There are two national versions of the Aboriginal head Start program based on the same model: the Aboriginal Head Start in Urban and Northern Communities developed in 1995 and the Aboriginal Head Start On Reserve program developed in 1998 for preschool children living on reserve. These programs have similar goals and program components and are aimed at children 0-6 years old.<sup>50</sup> In 2003 there were 56 On Reserve Head Starts in BC and a further 12 were planned. Currently, there are 59 Head Starts On Reserve that have had their funding renewed for 2006-07. There is no new funding in the foreseeable future available for new Head Start sites on reserve or for capital enhancements, according to BC government officials.

The goal of the two Aboriginal Head Start programs is to provide Aboriginal children ages 3-6 years with comprehensive, culturally appropriate, school readiness programs that are locally controlled. The programs are provided in a structured pre-school setting which are designed to enhance their spiritual, intellectual, physical and emotional well-being and support parents' and community involvement.

There are six key program components: Aboriginal Culture and Language, Education and School Readiness, Parental Involvement, Health Promotion, Nutrition, and Social Support.<sup>51</sup> Programs operate separate morning and afternoon classes from September to June four days a week for children 3-5 years old. The program is provided free of charge.

With enhanced ECD Strategy funding, the total funding for the Aboriginal Head Start On Reserve program in BC increased from \$5,692,177 to \$7.6 million in 2003-2004. The

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<sup>50</sup> Health Canada First Nations and Inuit Health Branch, BC First Nations Head Start On-Reserve Program, [Brochure]. [Vancouver, BC, ND]

<sup>51</sup> Government of Canada, Aboriginal Head Start in Urban and Northern Communities: Program and Participants 2000. Government of Canada, *Aboriginal Head Start: Children Making a Community Whole: A Review of Aboriginal Head Start in Urban and Northern Communities*. 2000.

funding level for a Head Start On Reserve is calculated based on 60 per cent of the total number of children in a community age 0-6 living on reserve. The number of children in a community is calculated by the bands through an arrangement with Health Canada called the Community Workload Increased System (CWIS). The level of funding per child ranges from \$3,300 to \$4,784 depending on the degree of isolation. The degree of isolation is determined by INAC. A maximum of 30 spaces is funded. There are supplements for smaller sites. Some allowance is made for fluctuations that may occur in the population of children from year to year. Communities are required to make linkages with other programs and/ or other funding agencies and are supported in principle for three years.

The On Reserve Aboriginal Head Start program is currently proposal-driven. The program has been revised in consultation with communities and changes were ratified in January 2002. Calls for proposals then began to target gaps in services. Assistance and training in proposal preparation is provided where that capacity is lacking. Training sessions are provided for Head Start co-ordinators. An advisory committee of Head Start co-ordinators and Health Canada program staff communicate regularly.

Challenges mentioned by Health Canada officials in 2003 were that funding allocations for the BC On Reserve Head Start did not recognize that most of the 198 reserve communities in BC have very small fluctuating child populations and as a consequence more difficulty in qualifying for a Head Start program. In the many scattered remote and northern communities, finding and keeping qualified staff may also be a problem and local licensing requirements may be difficult to satisfy. Plans in 2003 were for Head Start to include activities that focus more on home visiting and to follow the HIPPY or the Hawaiian Healthy Start models which both emphasize home visits and are seen as being more appropriate for some communities. In 2006, home visiting is now part of the program.

The indication is that the Aboriginal Head Start program will continue to receive federal government support but there is general uncertainty about future funding levels.

#### ***4.2.3. Canada Prenatal Nutrition Program (CPNP) First Nations and Inuit Component***

This program provides prenatal nutrition and health information and counselling to “high risk” First Nations and Inuit, pregnant women, mother of infants, and infants of up to one year of age. The program is community-based and each community develops its own programs in one or more of four key areas: nutrition education, skill building (e.g. breast feeding, community kitchens), development of support linkages for pregnant women and

new mothers (women's support groups and smoking cessation projects) and provision of nutritious food where appropriate.

The three long-term goals of CPNP in BC are to:

- 1) Improve the nutritional status and access to nutritious food for participants and their families;
- 2) Improve the health status of participants using a population health approach; and
- 3) Promote the healthy growth and development of infants.

All communities are funded through a formula. Funding in BC for 2002-2003 was \$1.7 million. The formula is based on the INAC membership data but, as mentioned earlier, other non-registered Indians and other families and children living on a reserve are not refused access to FNIHB programs. In 2003, of the 46 CPNP projects in BC, 22 were also funded provincially through their local Health Authority.

Independent evaluations of how effectively these programs function in First Nations communities are not often in the public domain, but an extensive 2003 Evaluation of the CPNP in First Nations communities conducted for the Assembly of First Nations (AFN) raises some issues about access. The report found that only half of all pregnant women in First Nations' communities actually accessed any prenatal service and that those who did access the services were "neither the most vulnerable, nor those most in need of care". "Only one in five of the most vulnerable First Nations women actually received prenatal care classes or nutrition counselling. The same pattern was evident in relation to food coupons, community kitchens and cooking classes."<sup>52</sup> This finding raises questions about the extent to which other programs designed for the most vulnerable families and children in a First Nations community are indeed accessed by them, what prevents them from accessing these programs and what can be done to ensure that they receive better access.

#### **4.2.4. Fetal Alcohol Spectrum Disorder (FASD) Program formerly Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) Programs**

FASD refers to the continuum of effects that may appear in a child exposed to alcohol in the mother's womb. The condition is difficult to recognize and often undiagnosed. The impacts are life-long. Little research has been conducted on the incidence of FASD in the Aboriginal population and estimates vary widely. For the general population,

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<sup>52</sup> Andersson, Neil, et al. *Evaluation of the Canadian Prenatal Nutrition program in First Nations Communities*. Report to the Assembly of First Nations. Ottawa. August, 7, 2007.

however, it is currently estimated that one out of 1000 children have FASD. The prevalence of FASD in high-risk populations, including First Nations and Inuit communities may be as high as 1 in 5, or 200 affected births per 1000.<sup>53</sup>

Provincially, programs have addressed awareness and prevention. Health Canada's First Nations and Inuit Health Branch launched the first FAS/E Initiative in 1999. The overall goals were to build FAS knowledge and develop skills in First Nations and Inuit communities. Communities could decide which of four types of funded activities to use: Activities that help women who may be at risk of having a baby with FASD; Activities that will help support parents, families or caregivers of children with FASD; activities that will help identify, assess and diagnose children with FASD; Activities that will provide education and training about FASD<sup>54</sup>.

Currently a "refocused" program has two main goals. These are:

- "To reduce the number of babies born with FASD (prevention)
- "To help make life better for children who have FASD and their families (intervention)"

The program aims to be flexible and in 2006 was described as a modified version of a University of Washington Parent/Child Assets model, a mentoring component and best practices.

Two types of funding are available: capacity building funds and program funds.

For 2003-2004 initial funding of \$153,883 was received in BC. The program was expanded in 2005 to accord with the Aboriginal ECD strategy. Now called the Fetal Alcohol Spectrum Disorder (FASD) program, it has a substantially increased national annual budget of \$16.7 million and a BC budget of \$1.7 million for 2007-08.<sup>55</sup>

In 2006, six sites had been selected and contribution agreements signed. There is no evidence that this program will not continue to be funded as planned.

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<sup>53</sup> Government of (2001) *It Takes a Community: Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative*.

<sup>54</sup> Health Canada, *Fetal Alcohol Spectrum Disorder (FASD) Program Guidelines. Program Expansion for 2005-2006*. First Nations and Inuit Health Branch. 2005

<sup>55</sup> Health Canada, *Fetal Alcohol Spectrum Disorder (FASD) Program Guidelines. Program Expansion for 2005-2006*. First Nations and Inuit Health Branch. 2005

#### **4.2.5. Maternal Child Health Program**

The aim of this new (in 2006) program is to support First Nations women and families on reserve with infants and young children by providing a local, integrated and effective maternal child health system that responds to individual, family and community needs. The program support will include preconception, pregnancy, infancy and early childhood. The specific components will be decided in consultation with Aboriginal communities and other key stakeholders. A document titled "Planning and Implementation Guidelines" has been drafted that shows individual and system level components. The funding for BC for 2006-2007 is \$1.8 million.

#### **4.2.6. Brighter Futures**

Funding of the Brighter Futures Program is administered at the Nation/Band level. The program allows for flexible, community-based approaches to health programs that recognize that children's needs cannot be separated from family and community needs. The total funding for the whole of Canada was \$18.3 million in 2003.

The program aims to improve the wellbeing of First Nations' and Inuit children, their families and communities. There are five program categories into which projects or activities benefiting children must fit: community mental health, child development, parenting skills, healthy babies, and injury prevention.

### **4.3. Human Resources and Social Development Canada Programs (HRDC)**

#### **4.3.1. First Nations and Inuit Child Care Initiative: AHRDAs**

In BC, HRDC oversees one ECD program, the First Nations and Inuit Child Care Initiative (FNICCI). The goal of this initiative is to provide improved access to affordable, quality child care for First Nations children on reserve to enable parents to work, study or take job training. The program is meant to reflect the cultural values of a community and the diverse needs of children aged 0-12, including special needs children, and their families. There is a special focus on children aged 0-6.

The developmental phase of the program was initiated in 1995. The BC Aboriginal Childcare Society delivered the program in BC during a transitional phase. In 1999, the delivery of FNICCI was transferred under a new initiative, the Aboriginal Human Resources Development Strategy and administered to First Nations through Aboriginal Human Resources Development Agreements (AHRDAs). A five-year commitment of long term funding began in 1998-99 and funding has continued since then.

The program is delivered in BC through 10 First Nations' AHRDAs and 2 other Aboriginal Association offices located in urban centres across BC. They oversee the delivery of child care funding in individual communities. In 2003, there were FNICCI funded day-care centres in 58 of the 198 First Nations communities in BC. 780 children attend these centres. The annual budget for BC was \$4.885 million. Funding levels in 2001-2002 were based on a formula of \$6,000 per space. Administration fees vary.<sup>56</sup> Regional funding for AHRDAs ranged from \$119,157 to \$754,296.

In 2006, the funding maximum per space has increased slightly to \$6,500. Funding for 2006-07 has been set at \$6.742 million. That funding allowed for new seats to be created. Funding was also available for building infrastructure and the training of staff. However, changes are now occurring. Until now there has been a three-year funding time frame for AHRDAs, now agreements will not go beyond March 31, 2008. It seems possible that a "recasting" or restructuring of this program may occur, according to a senior official interviewed for this scan.

#### **4.4. Indian and Northern Affairs Canada (INAC) Programs**

INAC oversees two early childhood programs, Kindergarten 4 & 5 and the First Nations Child Benefit Reinvestment Fund. Responsibility for management of these programs has been largely devolved to First Nations.

##### **4.4.1. First Nations National Child Benefit (NCB) Reinvestment**

The National Child Benefit (NCB), implemented nationally in July 1998, is a joint federal/provincial initiative to address child poverty by providing income supplements to employed low-income families with children. The program supplements are based on a sliding scale relative to income earned and delivered through the National Child Benefit Supplement, a component of the Canada Child Tax Benefit (CCTB). The NCB is designed to facilitate the ability of parents to enter and remain in the paid labour force whether on a part-time basis or when earning a relatively low income.

Some provincial government, including BC, have elected to use the NCB funds to provide a range of ECD programs that are linked to the parents' preparation for employment and not to adjust social assistance benefits for families with children receiving social assistance. Levels of social assistance in First Nations communities are adjusted by INAC to reflect provincial practice and funds are reinvested in NCB programs with the following objectives:

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<sup>56</sup> Human Resources Development Canada, *ECD Interdepartmental List, May 2002*. [Vancouver, BC]

- “To help prevent and reduce the depth of poverty
- To promote attachment to the workforce, resulting in fewer families having to rely on social assistance, by ensuring families will be better off as a result of working; and
- To reduce program overlap and duplication through closer harmonisation of program objectives and benefits”.<sup>57</sup>

In BC, INAC and First Nations communities have agreed to a global allocation formula. This formula is described as responding “to the needs of communities with high numbers of children while ensuring that smaller communities receive a minimum level of NCB reinvestment funds”.<sup>58</sup>

First Nations have flexibility in the design and delivery of a program which addresses the overall objectives. In 2003-04, just under half of the funds went to ECEC (49.5%) and the remainder (50.5%) to employment and training, and community enrichment.

#### **4.4.2. Kindergarten K4- K5 and Special Education**

K4 programs are offered at band-operated and independent schools for children 4 years old by December 31 of the current year. They operate half day in private and band-run schools in 108 locations (usually on reserve).

K5 programs operate in 88 locations usually on reserve and may be half or full time.

The Special Education Program funding is administered by the First Nations Education Steering Committee and the First Nations School Association (FNESC/FNSA). They have organized provincially co-ordinated psycho-educational assessments and hired a Speech-Language Pathologist to conduct assessments and provide professional development.<sup>59</sup>

#### **4.5. Off Reserve ECEC Programs**

##### **4.5.1. The Public Health Agency of Canada, Division of Childhood and Adolescence (PHAC)**

This agency is currently responsible for one dedicated ECD program for Aboriginal children off reserve, the Aboriginal Headstart in Urban and Northern Communities.

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<sup>57</sup> e-mail Communication from INAC, 3/13, 03

<sup>58</sup> INAC, Interim Evaluation of the National Child Benefit for First Nations, [http://www.ainc-inac.gc.ca/pr/pub/ae/ev/00-05\\_3\\_e.html](http://www.ainc-inac.gc.ca/pr/pub/ae/ev/00-05_3_e.html)

<sup>59</sup> E-Mail, INAC, 4/24/03

#### **4.5.2. Aboriginal Head Start in Urban and Northern Communities**

Initiated in 1995 as a pilot program under the aegis of Health Canada and then expanded, this program is designed to serve Indian, Inuit and Métis children and their families living in urban and northern communities.

The goal is to provide Aboriginal children ages 3-6 with comprehensive, culturally appropriate school readiness programs that are locally controlled. The programs are provided in structured pre-school settings and are designed to enhance the spiritual, intellectual, physical and emotional well-being of the children and to support parents' and community involvement.

Similar to the on reserve Head Start, AHS has six key program components: Aboriginal Culture and Language, Education and School Readiness, Parental Involvement, Health Promotion, Nutrition, and Social Support.<sup>60</sup> Programs operate separate morning and afternoon classes of about 30-40 children each from September to June four days a week for children 3-5 years old. The program is provided free and transportation to and from the AHS program may also be provided.

Currently (in 2007), there are eleven (increased from eight in 2003) of these Head Start projects in BC. The projects are located in Vancouver (2), Surrey, Mission, Courtenay, Campbell River, Prince Rupert, Terrace, Prince George, Fort St. John and Williams Lake.

The budget for AHS in BC for the eight projects 2002-3 was \$4.08 million. For 2006-07 for eleven projects the budget is \$4.88 million. Funding agreements were previously for three years in principle (provided guidelines were adhered to) and administered through contribution agreements. Capital funding for the purchase or renovation of facilities or equipment was also available. Currently funding is assured only until March 31, 2008. No new monies have been allocated. Funding levels are based on a formula that pays per child and so a minimum number of children is usually required for a project to be financially viable. Program officials obtain advice on the implementation and development of the program from an advisory group of stakeholders including the Aboriginal Head Start Association of BC.

The role of the regional office in BC includes: administration of contribution agreements, project quality monitoring, financial administration and accountability, assisting projects

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<sup>60</sup> Government of Canada, *Aboriginal Head Start in Urban and Northern Communities: Program and Participants 2000*. Government of Canada, *Aboriginal Head Start: Children Making a Community Whole: A Review of Aboriginal Head Start in Urban and Northern Communities*. 2000.

in program development, coordinating training activities, responsibility for evaluations of projects, and work with Aboriginal groups and provincial government officials to promote the AHS program.

#### **4.6. BC Government Aboriginal ECD/ ELCC Programs**

##### ***4.6.1. The Provincial Aboriginal ECD Strategy***

The Ministry of Children and Family Development (MCFD) currently has responsibility for provincial Aboriginal ECD, early learning and child care programs.

Following on the First Ministers' ECD Agreement of September 11, 2001, the federal government committed \$291 million over 5 years to BC for ECD. Eight provincial cabinet ministers then developed a "vision that emphasizes a cross-government strategy for children from pre-conception to six years of age."<sup>61</sup>

Five major priorities for ECD were identified in the vision:

1. "making strategic investments in capacity and resiliency building and providing evidence-based funding such as Human Early Learning Partnership (HELP) and the Early Development Instrument to measure kindergarten children's readiness to learn
2. building capacity with Aboriginal communities to develop and implement early intervention strategies
3. quality child care programs and services to support a child's developmental health
4. parental education initiatives which help parents to make the most of their children's development, and
5. partnerships with the private sector to broaden community involvement and capacity for early childhood development initiatives."

Following up on the second priority, the provincial government's Ministry of Children and Families (MCFD) took the lead in developing a BC Aboriginal ECD strategy in 2002.

This provincial Aboriginal ECD strategy focuses on "developing innovative, culturally responsive community-based approaches to supporting the development of Aboriginal children prenatal to age 6 and their families". Fetal Alcohol Spectrum Disorder (FASD) prevention is a key component of the strategy.

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<sup>61</sup> British Columbia, *British Columbia's Annual Report on Early Childhood Development activities - 2001-2002*. [Victoria, BC. 2003]

In 2001/2002 the province started a process to select 25 Aboriginal communities across the province to deliver Aboriginal ECD services and committed \$8 million annually to establish a system of ECD services in Aboriginal communities. \$944,000 was committed in 2001/2003 primarily for a consultation process conducted by Aboriginal agencies with urban communities for proposal development. By February 2003, 37 initiatives had been funded.<sup>62</sup> By 2004-05, Aboriginal ECD programs or projects were being provided in 41 communities.<sup>63</sup>

The funding for the ELCC agreement (signed in late 2005) was expected to generate a total of \$841.1 million by 2010.<sup>64</sup> This funding began to flow in 2004 before the Agreement was signed.

Between 2004 and 2006, many more ECD and child care programs and service initiatives with an Aboriginal component were being delivered based mostly on the increased funding. These programs included:

- *Child care Capital Funding* – 6 Aboriginal organizations received funding to create 168 new child care spaces
- *Child Care Operating Funding program* - 83 First Nations organizations operating 104 licensed facilities received funding
- *Child Care in Aboriginal and Multicultural Communities Fund* – one time grants to promote child care awareness. 59% of the grants awarded focused on Aboriginal communities
- *Child Care Provider Professional Development and Training Fund* – 35 First Nations and Aboriginal organizations received grants in 2004-05
- *Early Childhood Education Bursary* - available only in 2004-05. 120 students received bursaries.
- *Safe Play Space Program* – 47 First Nations and Aboriginal organizations received funding to upgrade playgrounds
- *Child Care Resource and Referral Program* – BC Aboriginal Child Care Society (BC ACCS) - 37 contracted agencies and two contracted provincial agencies serve all areas of the province.
- *Success By Six* – A partnership with United Way and Credit Union Central of BC that focuses on developing “a comprehensive, integrated service delivery system

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<sup>62</sup> [http://www.mcf.gov.bc.ca/early\\_childhood\\_development/index.htm](http://www.mcf.gov.bc.ca/early_childhood_development/index.htm)

<sup>63</sup> Ministry of Children and Family Development, *Annual Service Plan Reports 2004/05*.

<sup>64</sup> *Early learning and Child Care Agreement a Landmark for BC*. Press release, September 29, 2005. <http://bcliberals.com/EN/1342/8023?PHPSESSID=31aebb4c2a0a1544>

that supports all children and families”. In partnership with BC ACCS in 2004-05, it established linkages with Aboriginal communities.

- *Children First* – An advocacy organization with some Aboriginal involvement. Input to a regional Aboriginal ECD network is provided from four regions.
- *Leading Edge Endowment Fund and Aboriginal ECD Research Innovation Chairs*. In 2006 MCFD committed to fund two Aboriginal ECD university/college Chairs in 2006.
- Grants to Enhance Capacity in Aboriginal communities and Initiatives – Aboriginal grants focused on FASD and training
- *Seeds of Empathy* – to promote empathy in preschoolers. Ten Aboriginal sites will receive pilot projects in 2005-6
- *Aboriginal Supported Child Development* - the focus is on inclusion in child care settings of special needs children. In 2005, conditional grants were awarded to 17 Aboriginal communities for Aboriginal Supported Child Development initiatives
- *Aboriginal Infant Development program*, - projects were developed or emerging in 30 Aboriginal communities in 2005
- *MCFD Community-based Aboriginal ECD Initiatives* – to support community based culturally appropriate prevention and intervention services. 41 Aboriginal ECD initiatives have been established.
- *Aboriginal Family Resource* - 11 Aboriginal organizations received grants to enhance family support programs
- *Building Blocks – Aboriginal Programs*. The emphasis is on building parental capacity. 5 sites focus on urban Aboriginal families.
- *Human Early Partnership (HELP)*

#### **4.6.2. The HELP Mapping Project**

The first priority of the BC government’s vision for ECD was the Human Early Learning (HELP) project, which was started at the University of British Columbia. HELP is now a network of researchers from BC universities whose mission is “To create, promote and apply new knowledge through interdisciplinary research to help children thrive. HELP partners with government and communities to apply this knowledge directly in the community.”<sup>65</sup> HELP is led by Dr Clyde Hertzman. Dr Hertzman and Dr Fraser Mustard of the Institute for Health Promotion in Toronto are the principal proponents in Canada of

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<sup>65</sup> Human Early Learning Partnership. (2003) *Helping Children Thrive* [pamphlet]. Vancouver: University of BC.

the “life course perspective” and the critical importance of a child’s environment in shaping brain development in the early years.

The HELP mapping project is designed to provide a better understanding of ECD in BC by mapping a) community assets, b) the socio-economic characteristics of communities and, c) five measures of child development at the kindergarten level (physical health, social competence emotional maturity, language and cognitive development, and communication skills and general knowledge). By 2006 HELP had carried out this research in some ten First Nations schools as well as in all non-Aboriginal school districts across BC and produced a detailed map and analysis of the findings.

Some concerns have been raised by First Nations that the measures of child development used in the mapping project are not sufficiently sensitive to First Nations cultures and that the small number of children in many communities makes findings based on the HELP measures unreliable.

With the repudiation by the federal government of the ELCC Agreement and the subsequent changes in federal funding levels, many of these program and projects will be discontinued. One that will continue to be funded, at least until March 2008, is the the Aboriginal Supported Child Development program.

#### ***4.6.3. The Aboriginal Supported Child Development Program***

The Aboriginal Supported Child Development (ASCD) program is designed to assist special needs children and their families by providing extra support for them to be included in a child care setting. “For the purpose of the ASCD program, “special needs” includes a broad range of health, learning and behavioural challenges including, for example, speech and language delays, attention deficit disorder and hyperactivity, autism, Fetal Alcohol Spectrum Disorder (FASD), Spina Bifida, giftedness among other possible barriers to inclusion. A formal diagnosis is not required for access to the program. The program is designed to serve children 0-12 years of age with the possibility of special support for ages 13-19 being provided in the community. The current emphasis of the program is on children 0-6 years

There are currently 12 ASCD programs across BC that contract with MCFD to provide service delivery. Five programs are delivered by First Nations agencies.<sup>66</sup>

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<sup>66</sup> [http://www.mcf.gov.bc.ca/early\\_childhood/ascd.htm](http://www.mcf.gov.bc.ca/early_childhood/ascd.htm) and <http://www.scdp.bc.ca>

#### **4.6.4 Impact on provincial programs of federal funding cutbacks.**

With the repudiation by the federal government of the ELCC Agreement and the subsequent changes in federal funding levels, many of these provincial ECEC programs and projects will have their funding severely reduced or be discontinued by April 1, 2007. What the effect will be on Aboriginal ECEC programs is currently unclear. The funding for the Supported Child Development program is however, according to Child Care Minister Linda Reid, guaranteed through 2007-2008 at current funding levels.<sup>67</sup>

According to a January 2007 analysis by HELP of the reductions in BC child care program funding, if the reductions are not restored, BC's child care program budget will be 21% less than it was in 2001/2002.

Operating grants for child care centres for children under 6 years will revert in July 2007 to what they were before the ELCC agreement. Capital grants will not be available. Operating funds for new licensed spaces will be subject to a "program intake cap". Funding for resource and referral program will be reduced significantly on April 1, 2007 and be further reduced later in October of 2007 - a total budget reduction of 77%..<sup>68</sup>

#### **4.6. 4.7. Integration of Federal Aboriginal ECD/ ELCC Programs**

##### **4.7.1. Overview**

The interviews conducted for the 2003 scan indicated that a high degree of support existed for increased co-operation and co-ordination of Aboriginal ECD programs within and between the three federal government departments. It was clear, however, that the terms "integration" and "one/ single window" resonated differently with different people in government and received mixed levels of support. Some program managers indicated that their goal was to come up with some common approaches to co-ordination or "streamlining" programs within departments by March 2004.

Initiatives by the three departments in BC to promote co-operation, co-ordination and integration of Aboriginal ECD programs in 2003 included the following:

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<sup>67</sup> [Http://www.mcf.gov.bc.ca/childcare/](http://www.mcf.gov.bc.ca/childcare/)

<sup>68</sup> Human Early Learning Partnership, (January, 2007) *Financial Fact Sheet, Summary of Child Care Program Reductions*. Early Learning and Child Care Unit.

- Creating or strengthening ongoing inter-departmental and intra-departmental committees at different levels of seniority to further the goals of the Aboriginal ECD Strategy;
- Designing and obtaining federal support for a pilot project to further the goals of Aboriginal ECD in BC;
- Involving the provincial government at different levels in co-operative ECD-related initiatives, and promoting ECD;
- Working closely with First Nations leaders who are interested in furthering the integration of ECD programs so as to speed up the devolution of authority for ECD programs to First Nations communities.

Senior federal officials appeared eager to promote integration but ECD program managers suggested in interviews that the different departmental mandates and structures were not ready for the major changes that a “single window” appeared to entail. Neither was it clear what the end point was for departments or whether these changes would necessarily mean that First Nations communities needs would be better served. A great deal of time and energy was invested in this work up to late 2005 when the whole process came to a standstill. Though the momentum has now been lost, First Nations have expressed their support for integration in the delivery of government services if only to reduce the reporting requirements from different government agencies. It is useful; therefore, to record briefly here some of what has been achieved so far.

#### ***4.7.2. Effective Integration Practices***

One of the first steps taken at the federal level in BC to implement the Aboriginal ECD Strategy was the establishment in 2001 of a First Nations Early Childhood Development Roundtable by a leader of a provincial First Nations organization and a senior FNIHB official. The Roundtable engaged a cross section of stakeholders from government and the community in implementing the ECD Strategy in a way that was intended to model good practice in democratic governance. However, the Roundtable has not met since 2005.

The draft terms of reference of the Roundtable state that its purpose is: “To provide a forum in which government departments, agencies and stakeholders can engage in a strategic approach to Early Childhood Development (ECD) for First Nations children in BC which is consistent, comprehensive and integrated.”

The draft objectives focus on fostering linkages and partnerships among ECD stakeholders, identifying and addressing gaps in services and duplication of funding,

improving communication and sharing information, and working “toward the implementation of common/similar program frameworks, indicators, monitoring procedures and funding mechanisms in order to facilitate co-ordinated program implementation and to reduce the administrative burden for communities”.<sup>69</sup> The Roundtable met quarterly and working groups were established as the need arose.

The membership consisted of representatives of HC, INAC, HRDC, MCFD, AHRDAs, the First Nations Education Society (FNESC), the First Nations Community Health Council (FNCHC), and ECD specialists, technicians and consultants. Others might from time to time be invited to attend the meetings. Senior and managerial level government officials attended the meetings regularly.

By 2003 the Roundtable appeared to be growing to include an ever broader range of stakeholders. This broad involvement required a delicate balancing of sometimes conflicting interests. Its success in getting participants to collaborate and in moving the ECD agenda forward seemed to be built on involving the participants at the table in working together on specific ECD initiatives. It is not unlikely that the Roundtable may be resurrected in due course as a useful vehicle for integrating ECD government programs for First Nations in the future. It is useful, therefore, to review the key initiatives it took.

#### **4.7.3. ECD Roundtable Initiatives**

Three of the initiatives that were believed to have been effective in advancing the objectives of the ECD Roundtable were:

##### ***1) The Aboriginal Leadership Forum on Early Childhood Development***

This two-day Forum, entitled “Putting Children First” and held March 10-11, 2003 in Vancouver, was designed to bring together leaders from all Aboriginal communities - First Nations, Aboriginal, and Métis - in BC with ECD service providers, government social development workers and ECD researchers. The forum thus had a broader focus and was more inclusive than the Roundtable. The Forum was sponsored by both the federal and provincial government participating in the Roundtable and was hosted by the BC Aboriginal Child Care Society and the First Nations Employment Society. It had two main goals: a) “to share ideas and discuss ECD strategies for nurturing and supporting

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<sup>69</sup> Health Canada, (2002) *Draft Terms of Reference, First Nations and Early Childhood Development Roundtable*.

young Aboriginal children to reach their full potential” and to shape a ‘made in BC’ Aboriginal early childhood development strategy and plan of action.”<sup>70</sup>

The forum brought together 200 participants from large and small communities from across BC as well as representatives of the federal and provincial governments and policy researchers. The vast majority of those who attended from both the community and from government were women, underlining the extent to which early child development is still considered everywhere to be women’s work.

## ***2) The Pilot Project***

The BC Roundtable also provided the foundation and impetus for a successful application to the federal government for a pilot project to implement integration of programs province-wide. The project was described by senior officials as piloting a “provincial single window approach” that they had advocated for in Ottawa when the Aboriginal ECD Strategy were being developed. Senior officials were enthusiastic about the potential of the project. One official described it as “ground-breaking”. Three projects were started in three on-reserve communities with the province collaborating. The pilot project funding was expected to fund a co-ordinator position but had rather limited funding compared to the funds that other provinces have received for pilot projects and it ended prematurely.

## ***3) An Inventory of federal ECD programs***

This 2002 initiative involved collaboration by the three federal departments (HC, INAC, HRDC) on an inventory or a mapping of the ECD programs in each on-reserve community. The inventory was prepared in May 2002 by an ongoing sub-committee of three managers from HC, HRDC and INAC. The managers said in interviews that they had already found the mapping to be a useful tool for identifying areas of the province where ECD services appear to be lacking. They met regularly to share information and carry out the work of the Roundtable. All three said that they had a cohesive group that was working toward closer co-operation on ECD. One manager commented that as a sub-committee of the Roundtable, they were more effective in achieving results because the political tensions that sometimes arose between government and community representatives at the Roundtable meetings were absent in their meetings. They all believed that the need for ECD in First Nations communities exceeded currently available resources. These meetings stopped in 2006.

### **4.7.4 Federal-Provincial Joint Management Committee for Children & Youth Community-based Programs in BC in 2003.**

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<sup>70</sup> [www.designingnations.com](http://www.designingnations.com) Putting Children First Forum, 2003.

An intergovernmental committee on children and youth that had been in existence for about five years was developed by the Population Health Branch of Health Canada that has now become the Public Health Agency of Canada. The purpose of the committee is to foster co-ordination and collaboration between governments on children and youth including the recognition of Aboriginal needs.

Joint tables with First Nations or the provincial government meeting from time to time that may deal with issues that touch on ECEC such as income assistance and job training.

At the First Nations on-reserve level, the devolution of service delivery through AHRDA agreements may have fostered moves to integration of social programs in a few communities. The view of many of those interviewed in 2003 was that it was easier to integrate programs at the community/ Nation level than at the government level. A documented example of a First Nation that has been successful in integrating programs is the Carrier Sekani First Nations.

The interviews and the documents reviewed for the 2003 Scan clearly indicate that a significant degree of responsibility for planning and delivery of ECEC programs on reserve had already been devolved to First Nations communities in BC by both INAC and HRDC. However, it is now, in 2007, very clear that the future funding and indeed the continued existence of these programs depends on the political will of the federal government.

## SECTION 5

### 5.0. Discussion: Closing the gap in life chances? Trends in the Research

*“Reducing inequality in child development will require us to bring about enduring social change ... it means that we need to provide universal access to environments that support healthy child development not just protection for those at risk”. Dr Clyde Hertzman (2003)<sup>71</sup>*

#### 5.1. Social and Economic Differences and Cultural Continuity among First Nations Communities

Some researchers proceeding from the same premise as Dr Clyde Hertzman, quoted above, argue that only comprehensive social change and universal access to supportive environments will reduce inequality in child development in the long term. The evidence for this approach to inequality is compelling and supported by international studies from a population health perspective.

Another approach, one that focuses on shorter term change and which tends to underlie some government programs, is based on the premise that inequalities in the life chances of vulnerable children will be reduced through identifying and targeting specific programs to vulnerable children, families and/ or communities. Research about First Nations based on this approach may focus on differences between communities and on measures for identifying more vulnerable communities.

The 2001 Annual Report of the Provincial Health Officer of BC, for example, notes that, based on traditional measures of health such as life expectancy, infant mortality and premature death, the health and well-being of Aboriginal people varies across BC. The Health Officer also observes that some positive health and well-being changes are evident for the registered Indian population although, he notes, registered Indians in BC have a life expectancy of 7.5 years less than the rest of the population and that in BC “many statistics about the Aboriginal population are grim”. He also notes that by traditional health measures, the north and the interior of BC have the best health status and Vancouver and the area immediately south-east of Vancouver, the worst.<sup>72</sup> The

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<sup>71</sup> Human Early Learning Partnership. (2003) *Helping Children Thrive* [pamphlet]. Vancouver: University of BC.

<sup>72</sup> British Columbia, Provincial Health Officer, (2002) *The Health and Well-Being of Aboriginal People in British Columbia, Annual report 2001*. Victoria, BC: Ministry of Health Planning.

report does not offer an explanation for these differences but comments that Aboriginal health status does not seem to be clearly linked to socio-economic conditions.

The Health Officer often uses the term “Aboriginal” though he bases most of his findings on the INAC registered Indian population data and makes inferences from these to the Aboriginal population as a whole since little reliable data are available on the health and well-being of the non-registered Indian or other Aboriginal people in BC.

Dr Hertzman, while mapping community resources and children’s preparedness for school across BC, also noted variations between Aboriginal communities in levels of child well-being and preparedness for school. He concluded that not all Aboriginal communities have an equal level of need and that some have better levels of well-being and school readiness than the BC average. Dr Hertzman tentatively attributed these variations to different levels of community cohesion.<sup>73</sup>

An influential study by Chandler and Lalonde of youth suicides in First Nations in BC presented a similar analysis in 1998. The study showed a strong relationship between youth suicide and what the authors describe as “cultural continuity factors” in communities. These factors are identified by the authors as including:

- work toward self government;
- land claims involvement;
- local control of education and health services;
- cultural facilities and,
- local police and fire services.

Communities with three or more of these factors present experienced substantially fewer suicides. Further research confirmed the findings and identified additional community-level factors influencing rates of suicides.<sup>74</sup>

A paper by two BC Aboriginal social workers commenting on the Chandler/ Lalonde study provide an Aboriginal view: “The significance for government officials of the Chandler and Lalonde research results is that the solution to the Aboriginal youth suicide dilemma appears to lie not in the creation of an ever-escalating number of prevention and intervention programs, but rather in the engagement of Aboriginal youth and their communities in efforts to recover from the effects of colonization and in the movement of

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<sup>73</sup> Clyde Hertzman, BC ACCS Conference Presentation on preliminary findings, Vancouver, March 2003.

<sup>74</sup> Assembly of First Nations and Health Canada Suicide Prevention Advisory Group. (2002) *Acting on What We Know: Preventing Youth Suicides in First Nations Youth*. Ottawa, Ont.

the Aboriginal community toward self-determination and culturally appropriate institutions of self-governance.”<sup>75</sup>

Another 2001 study uses Census statistics and INAC administrative data to examine both the socio-economic differences between 491 reserve communities and the changes in these differences between 1986 and 1996. Using four indicators of socio-economic well-being - education, employment, income, and housing - the study findings were that the communities could be classified into three socio-economic groups, “Above Average”, “Typical Disparity” and “High Disparity” representing better to worse on a scale of socio-economic well-being.<sup>76</sup> Geographically, “the greatest concentrations of Above Average First Nations were found in northern Quebec, mid and southern Ontario and in British Columbia, particularly the lower mainland and southern regions, as well as coastal regions.” Above Average First Nations represented about 32 % of the registered Indian population in the study. Most of the areas shown as “High Disparity” in BC are in the interior. Better-off First Nations in BC tend to be in the south, on Vancouver Island and along the coast.

A 2003 study by Paul Maxim et al. looks at intra Aboriginal income inequality and income inequality between Aboriginals and other Canadians. These authors conclude that: “Given the relationship between inequality, health, and well-being, inequality has social impacts that need to be addressed through research and policy initiatives. The differences we find suggest that there are many complexities to the issue and that there is a need to study the extent of inequality, particularly intra-Aboriginal inequality in depth.” They also point to the lack of change since 1986 in the size of the gap in wages between the general population and Aboriginal groups.<sup>77</sup>

The authors of a 2003 paper entitled “Toward an Index of Community Capacity: Predicting Community Potential for Successful Program Transfer” take a somewhat different approach. They regard their index of community capacity as a first step in their research since they base their index only on First Nations communities’ management of

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<sup>75</sup> Leslie, Bruce and Fred Story, (2003) *The Tragedy of Youth without a Future: Efforts to lower rate of Aboriginal youth suicides misguided*. Vancouver, BC. Canadian Centre for Policy Alternatives.

<sup>76</sup> Armstrong, Robin P. (2001) "The Geographical Patterns of Socio-Economic Well-Being of First Nations Communities in Canada". *Agricultural and Rural Working Paper Series. Working Paper No.46*. Ottawa: Statistics Canada.

<sup>77</sup> Maxim, Paul et al., *Dispersion and Polarization of Income among Aboriginal and Non-Aboriginal Canadians in Aboriginal Conditions: Research as a Foundation for Public Policy*. Vancouver: UBC Press.2003.

financial resources. Their map, based on their findings, shows that in BC, the Lower Mainland, southern BC communities and some North West Coast communities had the highest capacity; and that the communities in the Interior and North East tended to have the lowest capacity.<sup>78</sup>

INAC has now developed its own index and a map of First Nations' community well-being that shows different levels of well-being in different communities across the country. The INAC index, a modification of the United Nations' Human Development index, is based on various socio-economic indicators derived from the 2001 Census of Canada. INAC now uses this index together with its remoteness index to calculate community program transfers.

These approaches that focus on inequality and differences in levels of need can help to identify those First Nations in most need of government assistance and also help to identify progress in closing the "gap in life chances" in some communities. As such, these approaches to research serve a useful purpose. Where small isolated communities seeking government program funding are concerned, however, a dual focus by government on the capacity of a community to deliver a program as well as on need may not be helpful in accessing needed program funding.

What all the research shows, however, is that the majority of Aboriginal families continue to experience intractable poverty as a result of structural and historical discrimination. Focusing on differences in levels of poverty, as some of the recent research does, can serve to obscure those structural factors in Canadian society that need to be addressed to effect real change in the lives of the majority of Aboriginal children and families wherever they may live.

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<sup>78</sup> Maxim, Paul et al. *Toward an Index of Community Capacity: Predicting Community Potential or Successful Program Transfer* in Jerry .P. White et al. *Aboriginal Conditions: Research as a Foundation for Public Policy*. Vancouver: UBC Press.2003.

## SECTION 6

### 6.0. Conclusions

*“These results provide reason to examine the intersection of a set of ‘isms’ – racism, sexism, and classism – that may be hard to talk about in policy debates, but which may nevertheless be influencing child development in the province in subtle ways.”<sup>79</sup> Paul Kershaw, Lori Irwin, Kate Trafford, Clyde Hertzman. BC Atlas of Child Development, 2006*

*“Only through a comprehensive plan supported by real investments can First Nations finally and forever break free from the prison of poverty.” Phil Fontaine, national chief of the Assembly of First Nations” . October, 2006<sup>80</sup>*

The information gathered for this environmental scan indicates that the political vision and will that drove the various federal/ provincial political agreements on ECD and ELCC until 2005 has now evaporated. At the federal level, there appears to be a lack of political direction and a consequent policy vacuum. Announcements that the ELCC funding will be terminated prematurely and that the Kelowna Accord will not be implemented have created a cloud of uncertainty and mistrust that hangs over the future of early childhood development and child care programs in Aboriginal communities.

The negative impacts on Aboriginal children and families of pervasive poverty, and the “isms” of racism, sexism and classism are not really that subtle today. As all the research for this scan indicates, these are issues that need to be central to any policy debate on programs for young Aboriginal children and their families. But whatever direction the federal government now takes, by delaying, valuable ground is being lost. In the interim many young Aboriginal children may be deprived of the opportunity and hope that ECEC programs provide for a better start in life. Clearly, the gap in life chances between Aboriginal and non-Aboriginal children so often remarked on by politicians in the early years of this decade will not be reduced.

The requirement of the 2002 federal Aboriginal ECD Strategy for the three federal departments providing ECD programs, to cooperate, co-ordinate and integrate to better serve First Nations may have made some progress between 2003 and 2005. Since then

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<sup>79</sup> UBC, Human Early Learning Partnership, Paul Kershaw et al. *The British Columbia Atlas of Child Development. Executive Summary. (2006)* Vancouver, BC. p.4

<sup>80</sup> Phil Fontaine, “The native fiscal imbalance”. Article in *The Vancouver Sun*, October 30, 2006

however, no further official government meetings have occurred in BC around this strategy and, as the Auditor General of Canada has recently observed, the management and delivery of First Nations programs nationally has not measurably improved despite her recommendations over a number of years.

The federal Aboriginal ECD Initiative of 2002 was, despite the use of the term “Aboriginal”, designed primarily to address the ECD needs of half of the Registered Indian population that lives on reserve. Those First Nations, Métis and Inuit people who live off reserve or First Nations families who move to and from a reserve - at least two thirds of the Aboriginal population in BC - were deemed to be the responsibility of the provincial government and so did not stand to benefit much.

Through the various 2000-2005 federal and provincial agreements on ECD and ELCC, increasing responsibility for Aboriginal ECD/ELCC and child care programs on and off reserve was transferred to the provincial government. The BC government developed a large number of new ECD programs and projects, some specifically for Aboriginal children and families, and others with a strong Aboriginal component. The stated goal of the BC government was to transfer responsibility for the administration of such programs to five Regional Aboriginal Authorities. But, as the Honourable Ted Hughes noted in his 2006 report to the BC legislature, progress on the transfer of authority has been very slow and needs to be expedited.

Now that the federal Conservative government has rejected the ELCC Agreements with all the provinces, there will be many fewer ECEC provincial programs and little funding to hand over to the planned Aboriginal Authorities to administer. Federal First Nations ECD and child care programs that are not part of the BC government’s programs do not appear to be in the same immediate jeopardy. However, it is now clear that the new federal government has a quite different vision for early childhood development and child care and will put its own stamp on all its policies and programs. Further changes can be expected.

In BC, there has long been a contradiction between the aim of early childhood development programs, and the direction of provincial social policy. At the same time as the need to provide ECD programs for vulnerable children and families was being affirmed by the premiers and ECD programs were being developed in BC, the province initiated severe budget cutbacks in the budgets of the Ministry of Children and Family Development and other Ministries responsible for social programs. The research shows that cutbacks in social programs then added to the depth of poverty experienced by all poor families. Young First Nations families moving off reserve, as they are doing in

increasing numbers, join the many other struggling Aboriginal families in urban areas and all too often fall between the widening cracks in the system.

It is hard not to believe that the additional stress caused to Aboriginal families did not contribute to the startling increase in the numbers of Aboriginal children being taken into care in BC noted in the 2006 Hughes report and the 2006 Joint Report of the BC Officer for Health and the BC Child and Youth Officer.

Internationally ECEC programs are recognized as benefiting not only young children and their families but also as being in the public interest. In Canada, at present, the government approach seems to be to regard such programs as a private responsibility. Yet, even before the cuts to ELCC programs were announced, Canada was at the bottom of the list for expenditures on early learning and child care in OECD countries. It may now become the focus of even more scathing international critiques of federal policies for Aboriginal children than it already has.

In the final analysis, as all the research shows, the kind of social change that Chief Phil Fontaine pleads for and Clyde Hertzman advocates surely needs to be hastened by all means possible and not delayed so that the human right of every Aboriginal child to grow up in a healthy, secure and loving environment becomes a reality.

## Appendix 1

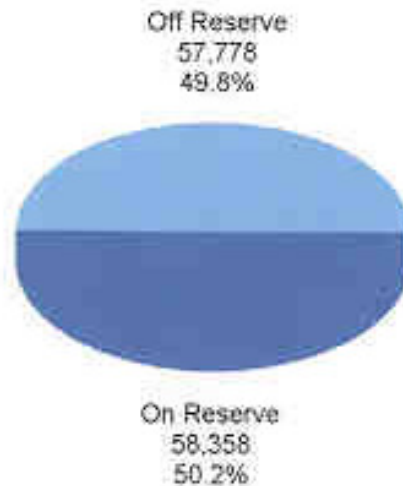
British Columbia Region

## Registered Indian Population, Total On and Off Reserve by Age and Sex, December 31, 2003

Age	On Reserve				Off Reserve				Total			
	Male		Female		Male		Female		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
0-4	2,119	3.6	2,076	3.6	1,827	3.2	1,763	3.1	3,946	3.4	3,839	3.3
5-9	2,781	4.8	2,590	4.4	2,558	4.4	2,435	4.2	5,339	4.6	5,025	4.3
10-14	3,195	5.5	2,981	5.1	2,847	4.9	2,529	4.4	6,042	5.2	5,510	4.7
15-19	3,074	5.3	2,850	4.9	2,521	4.4	2,453	4.2	5,595	4.8	5,303	4.6
20-24	2,695	4.6	2,352	4.0	2,344	4.1	2,398	4.2	5,039	4.3	4,750	4.1
25-29	2,246	3.8	2,011	3.4	2,336	4.0	2,567	4.4	4,582	3.9	4,578	3.9
30-34	2,161	3.7	1,944	3.3	2,600	4.5	2,793	4.8	4,761	4.1	4,737	4.1
35-39	2,280	3.9	2,164	3.7	2,452	4.2	2,828	4.9	4,732	4.1	4,992	4.3
40-44	2,364	4.1	2,281	3.9	2,324	4.0	3,003	5.2	4,688	4.0	5,284	4.5
45-49	1,939	3.3	1,867	3.2	1,677	2.9	2,344	4.1	3,616	3.1	4,211	3.6
50-54	1,610	2.8	1,402	2.4	1,108	1.9	1,744	3.0	2,718	2.3	3,146	2.7
55-59	1,169	2.0	1,043	1.8	791	1.4	1,336	2.3	1,960	1.7	2,379	2.0
60-64	866	1.5	836	1.4	557	1.0	920	1.6	1,423	1.2	1,756	1.5
65 +	1,589	2.7	1,873	3.2	1,010	1.7	1,713	3.0	2,599	2.2	3,586	3.1
Unstated												
<b>Total</b>	<b>30,088</b>	<b>51.6</b>	<b>28,270</b>	<b>48.4</b>	<b>26,952</b>	<b>46.6</b>	<b>30,826</b>	<b>53.4</b>	<b>57,040</b>	<b>49.1</b>	<b>59,096</b>	<b>50.9</b>
<b>Total - both sexes</b>	<b>58,358</b> 50%				<b>57,778</b> 50%				<b>116,136</b> 100%			

Note: On reserve includes on reserve and on Crown land.

## Total Registered Indian Population, On and Off Reserve, December 31, 2003



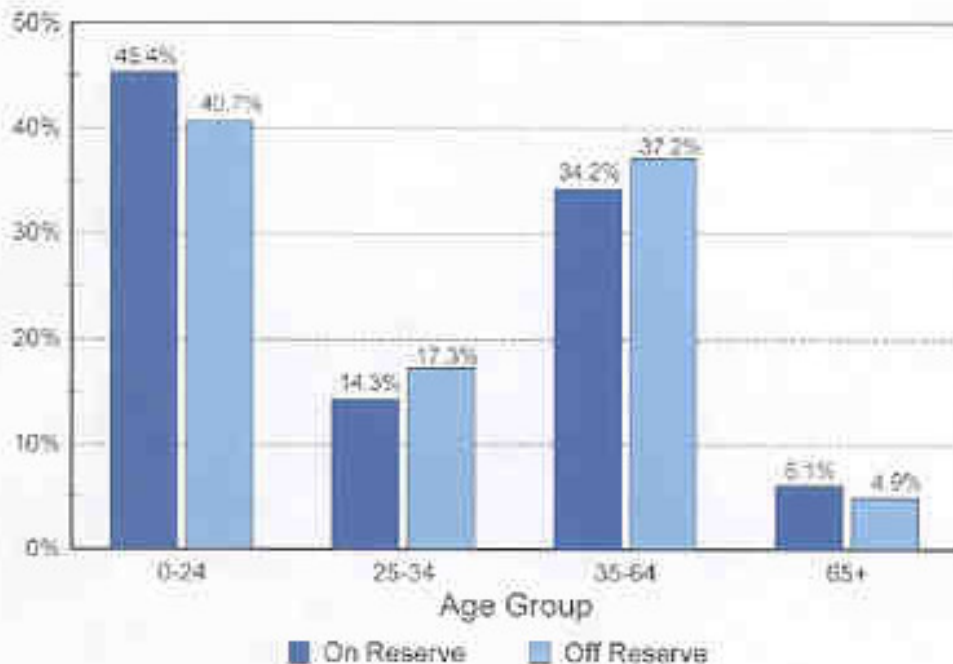
**British Columbia Region**

**Registered Indian Population, by Type of Residence, Age Groups and Sex, December 31, 2004**

Age	On Reserve				Off Reserve				Total			
	Male		Female		Male		Female		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
0-4	2,166	3.7	2,080	3.6	1,836	3.1	1,809	3.0	4,001	3.4	3,889	3.3
5-9	2,703	4.6	2,521	4.3	2,553	4.3	2,426	4.1	5,256	4.5	4,947	4.2
10-14	3,074	5.3	2,915	5.0	2,854	4.8	2,600	4.4	5,928	5.0	5,515	4.7
15-19	3,128	5.3	2,876	4.9	2,684	4.5	2,523	4.2	5,812	4.9	5,399	4.6
20-24	2,602	4.6	2,403	4.1	2,434	4.1	2,489	4.2	5,116	4.3	4,892	4.1
25-29	2,275	3.9	2,007	3.4	2,318	3.9	2,537	4.3	4,593	3.9	4,544	3.9
30-34	2,140	3.7	1,919	3.3	2,630	4.4	2,783	4.7	4,770	4.0	4,702	4.0
35-39	2,190	3.7	2,044	3.5	2,508	4.2	2,857	4.8	4,698	4.0	4,901	4.2
40-44	2,386	4.1	2,271	3.9	2,432	4.1	3,032	5.1	4,818	4.1	5,303	4.5
45-49	1,983	3.4	1,917	3.3	1,802	3.0	2,514	4.2	3,785	3.2	4,431	3.8
50-54	1,667	2.9	1,466	2.5	1,225	2.1	1,875	3.2	2,892	2.5	3,341	2.8
55-59	1,231	1.4	1,093	1.9	840	1.4	1,392	2.3	2,071	1.8	2,485	2.1
60-64	904	1.5	856	1.5	618	1.0	1,017	1.7	1,522	1.3	1,873	1.6
65 +	1,647	2.8	1,927	3.3	1,068	1.8	1,832	3.1	2,715	2.3	3,769	3.2
Unstated	0		0		0		0		0		0	
<b>Total</b>	<b>30,175</b>	<b>51.6</b>	<b>28,295</b>	<b>48.4</b>	<b>27,802</b>	<b>46.7</b>	<b>31,686</b>	<b>53.3</b>	<b>57,977</b>	<b>49.2</b>	<b>59,981</b>	<b>50.8</b>
<b>Total - both sexes</b>	<b>58,470</b>				<b>59,488</b>				<b>117,958</b>			
	<b>50%</b>				<b>50%</b>				<b>100%</b>			

Note: On reserve includes on Crown land.

**Registered Indian Population, by Type of Residence and Selected Age Groups, December 31, 2004**



## British Columbia Region

## Registered Indian Population, by Type of Residence, Age Groups and Sex, December 31, 2005

Age	On Reserve				Off Reserve				Total			
	Male		Female		Male		Female		Male		Female	
	#	%	#	%	#	%	#	%	#	%	#	%
0-4	2,166	3.7	2,090	3.6	1,903	3.1	1,848	3.0	4,069	3.4	3,938	3.3
5-9	2,673	4.5	2,452	4.2	2,495	4.1	2,467	4.0	5,168	4.3	4,919	4.1
10-14	2,984	5.1	2,808	4.8	2,891	4.7	2,607	4.3	5,875	4.9	5,415	4.5
15-19	3,156	5.4	2,904	4.9	2,736	4.5	2,628	4.3	5,892	4.9	5,532	4.6
20-24	2,711	4.6	2,451	4.2	2,581	4.2	2,584	4.2	5,292	4.4	5,035	4.2
25-29	2,294	3.9	2,024	3.4	2,341	3.8	2,557	4.2	4,635	3.9	4,581	3.8
30-34	2,098	3.6	1,882	3.2	2,606	4.3	2,751	4.5	4,704	3.9	4,633	3.9
35-39	2,128	3.6	1,946	3.3	2,641	4.3	2,878	4.7	4,769	4.0	4,824	4.0
40-44	2,387	4.1	2,284	3.9	2,454	4.0	3,073	5.0	4,841	4.0	5,357	4.5
45-49	2,083	3.5	1,996	3.4	1,951	3.2	2,678	4.4	4,034	3.4	4,674	3.9
50-54	1,745	3.0	1,564	2.7	1,330	2.2	2,023	3.3	3,075	2.6	3,587	3.0
55-59	1,288	2.2	1,150	2.0	919	1.5	1,429	2.3	2,207	1.8	2,579	2.1
60-64	956	1.6	883	1.5	642	1.0	1,117	1.8	1,598	1.3	2,000	1.7
65+	1,716	2.9	1,962	3.3	1,151	1.9	1,982	3.2	2,867	2.4	3,944	3.3
Unstated	0		0		0		0		0		0	
<b>Total</b>	<b>30,388</b>	<b>51.7</b>	<b>28,396</b>	<b>48.3</b>	<b>28,641</b>	<b>46.8</b>	<b>32,622</b>	<b>53.2</b>	<b>59,028</b>	<b>49.2</b>	<b>61,018</b>	<b>50.8</b>
<b>Total - both sexes</b>	<b>58,781</b>				<b>61,263</b>				<b>120,044</b>			
	<b>49%</b>				<b>51%</b>				<b>100%</b>			

Note: On reserve includes on Crown land.

## Registered Indian Population, by Type of Residence and Selected Age Groups, December 31, 2005

