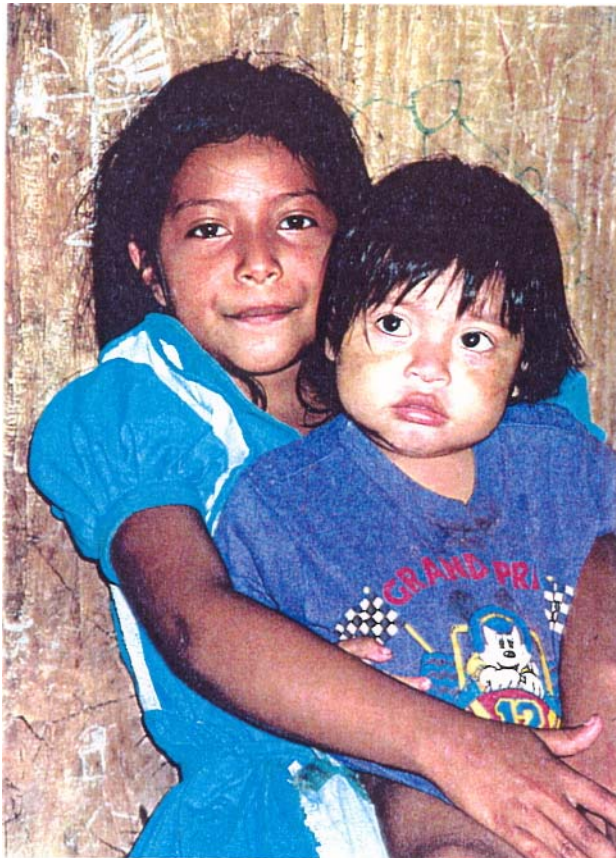


Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children & their Families in Ontario



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(OFIFC)

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TABLE OF CONTENTS

PROLOGUE	4
EXECUTIVE SUMMARY	6
INTRODUCTION.....	6
METHODOLOGY	6
RESEARCH FINDINGS.....	6
PLANNING AND PROGRAM NEEDS	8
INTRODUCTION	12
METHODOLOGY	14
INTERVIEWEE PROFILES	16
RESEARCH QUESTIONS.....	18
QUALITATIVE DATA ANALYSIS.....	18
SECTION I: BACKGROUND	19
SECTION II: THE SITUATION	26
LACK OF FOOD	27
CLOTHING	33
HOUSING.....	35
TRANSPORTATION	37
HEALTH CARE.....	40
PSYCHOLOGICAL EFFECTS	42
PSYCHOLOGICAL EFFECTS ON CHILDREN.....	46
SECTION III CURRENT PROGAMS AND SERVICES	48
GENERAL “EMERGENCY” SERVICES: FOOD, CLOTHING, SHELTER	48
CHILDREN’S PROGRAMS	53
YOUTH	57
PARENT PROGRAMS AND SUPPORTS	58
SECTION IV: PLANNING AND PROGRAM NEEDS	62
LONG TERM AND STRATEGIC PROGRAMS	62
SHORT-TERM INTERVENTIONS.....	66
CONCLUSION AND RECOMMENDATIONS	69
FEDERAL AND PROVINCIAL GOVERNMENT	69
FIRST NATIONS AND OTHER ABORIGINAL ORGANIZATIONS	73
CO-OPERATIVE POLICY RESPONSES	75
APPENDIX A: DEMOGRAPHIC DATA	79
APPENDIX B: INTERVIEW DATA ANALYSIS	82
APPENDIX C: BUDGET SHORTFALL CHART	84

PROLOGUE

When the European settlers first arrived in Canada, they were shocked at the way in which Aboriginal people treated their children. The Jesuits wrote “the savages love their children extraordinarily.” They remarked on the way Aboriginal people indulged their children and loved them “excessively”. Aboriginal practices regarding children were in sharp contrast to European child policies and practices of the day, where children were considered “chattels of the patriarch”, child labour was widespread, and parents and educators believed that what children needed was strict discipline, underscored by punishment.

Aboriginal children were traditionally accorded great autonomy and freedom to develop. As perplexing as it was to the Europeans, they clearly occupied a significant place in their family and community structures. They were at the heart of the community, and everyone knew they had a responsibility for their well-being.

Traditional Aboriginal thinkers today still talk about children as sacred gifts at the heart of Aboriginal communities. Yet, sadly, the interference in Aboriginal social, economic, political and spiritual structures has disrupted Aboriginal communities to the point where Aboriginal children no longer occupy their traditional position of privilege. Residential schools ripped the heart out of Aboriginal communities by removing generations of Aboriginal children from their homes, and depriving them of the nurturing that was their right. Countless other children were removed from their families and placed in abusive foster homes where they received nothing but negative messages about their existence. The loss of parenting skills through such state-sanctioned policies has had multi-generational impacts on Native peoples. Aboriginal children living in the year 2000 feel the impacts of these policies every day.

Hunger and crisis are not new to Native people. Hard times have always been part of an existence for peoples who live on the land. Yet, prior to the interference in Aboriginal economic and social structures, Aboriginal peoples had ways of

dealing with their times of need. They survived through the sharing of resources (like food), and through the resilience that came from strong family and community networks. There was no such thing as a single mom or a hungry child sitting next to one that was well fed, as children were cared for through the collective responsibility of extended family networks. Fathers were able to provide for their families by fulfilling roles and responsibilities they had learned as youth. Mothers, aunties and grannies had roles that were respected, and they were given corresponding authority.

The loss of traditional Aboriginal economic and social structures is evident today by the predominance of hungry Aboriginal children, by the youth without support or direction, the single mothers with no economic or social support, the fathers with no sense of responsibility or purpose, and the communities with no sense of hope. This is the poverty of many urban Aboriginal people. It is a poverty linked to centuries of colonization.

In the absence of biological family and community supports, “families of the heart” have emerged, and Aboriginal organizations have become those communities for many urban people. Support groups can become a community for sharing and family workers often play the role of “aunties” who pass on the parenting skills. Parent relief programs offer child care in the absence of extended family members, employment and training programs take the place of skill and work-related mentoring, and the Aboriginal organizations themselves have taken on the “sharing” role of distributing goods in these times of need.

The ingenuity and care of these “families of the heart” are proof that Aboriginal peoples are working hard to regain their balance and to place children back into the centre of their communities. In light of the distressing findings of this report, it is important to acknowledge these pockets of hope.

EXECUTIVE SUMMARY

Introduction

Child poverty has been the subject of public attention in recent years, particularly as Canada fails to meet its 1989 House of Commons resolution, “to seek to achieve the goal of eliminating poverty among children by the year 2000. “ Although there are several reports about the impact of child poverty in general, there is no one piece that focuses directly on the situation of poverty among Aboriginal children.

Aboriginal front-line workers have been calling attention to the increasing amount of crisis work they are doing as a result of poverty among their clients. The Ontario Federation of Indian Friendship Centres (OFIFC) has commissioned this report in response to concerns voiced by urban front-line workers, and in recognition of the need for Aboriginal-specific research related to child poverty. This report will serve as a tool for discussion among Aboriginal service providers and for policy makers in Aboriginal organizations and government as they collectively work on eradicating Aboriginal child poverty.

Methodology

The Write Circle, an independent consulting firm, interviewed Aboriginal parents and front-line workers in seven cities across Ontario. In fifteen individual interviews and four focus groups, research participants were asked to describe some of the daily realities of Aboriginal child poverty, to identify services that are being used to offset the negative impacts of this poverty, and to identify service gaps. All of the interviews and focus groups were taped, transcribed and coded. This report draws on literature and statistical material to compliment the qualitative research findings.

Research Findings

When interview and focus group participants were asked to describe some of the day to day realities of Aboriginal child and family poverty, they talked about budget shortfalls that lead

to difficulties in having enough money for food, clothing, housing, transportation, basic health care and recreation. Both parents and workers confirmed that the level of poverty among many urban Aboriginal families has now reached the rock bottom level where even the most basic needs are not being met. Children and parents are missing meals, and/or not eating the kind of food that is required to maintain their health and development.

Food insecurity among urban Aboriginal people has resulted in overwhelming demands for “emergency” supplies from Friendship Centres. In some cases, the insecurity is such that parents are putting their children into the care of the Children’s Aid Society. The unmanageable cost of diapers is also apparent as babies are coming into the drop-off programs at Friendship Centres with diapers hanging to their knees as well as sores in their diaper area from infrequent changing. Parents who can not afford Enfalac have taken to measures such as feeding newborn babies powdered milk.

The psychological effects of poverty on Aboriginal children and parents were mentioned in 100% of the interviews. Words such as low-self esteem, depression, anger, self-doubt, intimidation, frustration, shame and hopelessness were used to describe some of the crushing feelings of Aboriginal children and parents living in poverty. Many parents talked about negative experiences and feelings related to being labeled or judged because of their poverty. Families are feeling despair as they can not see any way to “rise above” their situations.

Front-line staff who work with Aboriginal families are currently delivering a number of services that help to offset the negative impacts of child and family poverty. In spite of their limited budgets, many family support workers are distributing “emergency” supplies such as food and diapers. Parent supports and children’s programming enhance child development among this disadvantaged population. These programs offer the critical educational, social, cultural and recreational opportunities that are necessary for overall well-being in the family. Because of food insecurity, workers are increasingly building food into their programs (e.g. hot lunches). There is a need for transportation, as many families are unable to attend programs because they lack the means to get there (i.e. bus fare).

Planning and Program Needs

Existing urban Aboriginal parent and child programming is extremely helpful to families who are struggling with poverty. Workers and parents stressed the need for more staff and more consistency and frequency of these types of programs. For example, a parent-toddler interactive program that happens only once a week for twelve weeks is not enough to maintain or foster long-term planning around moving beyond poverty and its negative effects.

There is a serious gap in programming for school aged (6-12) year old children, which is causing undue behavioural and social problems. Youth issues must also be examined, and many youth are themselves parents raising children in poverty.

Collective and collaborative planning and action between Aboriginal organizations, First Nations and all levels of government will be necessary to eliminate Aboriginal child poverty. Further research and policy analysis/development is necessary.

Recommendations from this paper have been categorized under "Immediate Program Enhancements," "First Nations and Other Aboriginal Organizations," and "Co-operative Policy Responses".

RECOMMENDATIONS

Immediate Program Enhancements

1. Significantly increase social assistance rates to establish a new baseline which must have a cost of living allowance as a regularized component.
2. Determine options to ensure the existence of affordable housing for urban Aboriginal people and create a set aside of Aboriginal-specific funding for social housing.
3. Build time-limited "crisis management" food, diaper and medicine budgets into Friendship Centre funding.
4. Provide funding to purchase vehicles and establish ongoing transportation budgets to ensure program participation of Aboriginal children and families living in poverty.

5. Expand the existing Aboriginal Community Action Program for Children (CAP-C), Aboriginal Canada Prenatal Nutrition Program (CPNP), Aboriginal Headstart, Aboriginal Healthy Babies Healthy Children (HBHC) and the Aboriginal Healing and Wellness Strategy, in order to address waiting lists for services to disadvantaged children, and to offset the demands placed on one-worker programs.
6. Provide immediate resources to address the crisis in Aboriginal teen pregnancy.
7. Establish programming for 6 to 12-year-old children (social, educational, recreational, cultural) in Friendship Centres across Ontario.
8. Direct resources toward the establishment of an Aboriginal mental health strategy in Ontario.

First Nations and Other Aboriginal Organizations

9. Begin immediate, collaborative work between First Nations, Friendship Centres and other urban Aboriginal service providers on the design, development and delivery of services to address poverty. This must occur from a service perspective, rather than a representative perspective.
10. Undertake more child and family poverty research and policy co-ordination between First Nations, Friendship Centres and other urban Aboriginal groups. All groups must work together in order to further define the issue and refocus responses.
11. Focus strategies towards the elimination of child poverty on service, and not on disagreements about population statistics, resource levels, residency or status.
12. Support services must be designed and organized such that they focus resources on those in the greatest need and ensure that there is accountability to Aboriginal people for services and programs provided.
13. Aboriginal organizations must take collective responsibility to address the education and training needs of Aboriginal women and ensure that Aboriginal

women access education and training programs. This responsibility must not be left solely to Aboriginal women's groups.

14. Recognize and include urban Aboriginal child welfare authorities in the response to child poverty.

Co-operative Policy Responses

15. Ensure that existing initiatives consider the role of all levels of government, First Nations and Aboriginal organizations in terms of addressing Aboriginal child poverty.
16. Federal and provincial governments must each accept that they have continuing responsibility for Aboriginal people.
17. That existing legislation and policy ensure that Aboriginal people are responsible for the care and protection of Aboriginal children regardless of residency and status.
18. Recognize that Aboriginal children, youth and families need specific culturally appropriate resources that must be central when new initiatives are being designed or when existing services are being evaluated.
19. Develop inter-agency co-operation through protocols and government policy directives. This will ensure that a supportive environment is created when addressing Aboriginal child poverty.
20. Work collaboratively between government and Aboriginal organizations to create resources for food, diapers, and medicine that is not covered by the drug benefit coverage (e.g., cough syrup, children's tylenol, vitamins).
21. Direct foundations funded by the federal and provincial governments to ensure that Aboriginal children are considered significantly in their work.
22. Design a social action plan involving government, First Nations and Aboriginal organizations. These parties would establish specific performance measures and time frames assigned to eradicate child poverty in the Aboriginal community within ten years.

23. It is a responsibility for all of us to immediately address child poverty.

INTRODUCTION

I have been through a really hard time... trying to make ends meet on my own, not being able to get assistance, living on a small income. Trying to pay rent and hydro and buy groceries. There was no way I could do it...

I like it here now, [working at the Friendship Centre]. There is a lot of work, a lot of challenges. But that is what I want. To see above water, [beyond] treading water.

(parent and Friendship Centre Employee)

There is a lot of work, a lot of challenges. But that is what I want. To see above water, [beyond] treading water.

(parent)

We begin this study with the words of this interview participant because they offer some hope and vision for resolving the situation of Aboriginal child and family poverty as it reaches crisis proportions in urban Ontario. This interview participant was able to move beyond “treading water,” through employment and because of other supports she received from the urban Aboriginal community where she resides. Her situation stands as a reminder of the critical nature of these types of supports. Yet for every parent who is moving beyond “treading water” there are countless others who are being pulled into the undertow of poverty. These Aboriginal children and families are currently at great risk.

Child and family poverty in Ontario (and across Canada) is now well documented. The growing evidence of poor families has been researched and analysed through recent government, non-profit, and health and social service sector studies. Although there are several reports about the impact of poverty on children in general, there is no one piece that focuses directly on the situation of poverty among Aboriginal children in urban settings of Ontario today. Some studies mention the high percentage of child poverty among the Aboriginal population¹, and it is certain that the general depictions of child poverty and many of the recommendations towards alleviating it are relevant to the Aboriginal community. Necessities like food, housing and

clothing apply to any child, but the way in which poverty impacts on an Aboriginal child is also distinctly related to historical experiences of Aboriginal people, and approaches towards assisting Aboriginal families must be tailored with these needs in mind.

In recent years, Aboriginal front-line workers have called attention to the increasing amount of crisis work they are doing as a result of poverty among their clients. Their daily observations and reflections about the devastating effects of child poverty can no longer be ignored. The Ontario Federation of Indian Friendship Centres (OFIFC) has commissioned this report in response to the concerns voiced by front-line workers, and in recognition of the need for Aboriginal-specific research.

The goals of the OFIFC for this report have been:

- To examine the scope and effects of Aboriginal child and family poverty as it currently exists in urban centres in Ontario.
- To outline some of the current services that address poverty and the consequences of poverty among urban Aboriginal children and parents;
- To begin to identify gaps in this service area; and,
- To develop some preliminary recommendations related to social policy and expanded or improved service delivery for children and families struggling with poverty.

It is important to note that this report is not an evaluation of any of the aforementioned services.² Rather, it offers a snapshot of the situation that disadvantaged Aboriginal children and parents are faced with; a glimpse at the kinds of services they are using; and some preliminary recommendations regarding the kinds of services that would further assist urban Aboriginal families who are struggling with poverty. This report will hopefully serve as a tool for discussion among Aboriginal service providers about child poverty, and for policy makers in Aboriginal organizations and government as they collectively work on solutions to this problem. It could also act as a starting point for further in-depth research and analysis of the issue.

METHODOLOGY

The Write Circle, an independent consulting firm, was contracted by the OFIFC in October, 1999, to research and write a paper on Aboriginal child poverty in urban Ontario. The study was designed under the direction of the OFIFC Executive Director and key staff members of the OFIFC, who participated in an initial focus group with this purpose.

Data Collection

The Write Circle used primarily qualitative methods of gathering information on the subject. Four sources of data inform this work:

1. literature about child poverty as it relates to Aboriginal children
2. key informant interviews with front-line workers and with parents
3. staff and parent focus groups
4. focus groups with senior staff of the OFIFC.

The focus of this paper is to report on the findings from interviews with key informants and focus groups with front-line workers and parents across Ontario. The literature offers a background and support to what parents and front-line workers reported in their interviews.

Thirty people were selected as key informants. Fifteen of these were interviewed individually, and fifteen participants gave their feedback through focus groups. Although this sample size is relatively small, both the demographics of the sample population and the consistency of responses received suggest that additional interviews on the topic would yield similar results.

The research team decided to speak to key informants in seven cities across Ontario who represent the opinions and views of the Aboriginal population. Research sites were chosen to represent a cross section of city/town size and geographical location. Frontline workers were selected according to experience in working with families living in poverty, whereas, parents were selected according to their familiarity with the issues, their availability and willingness to participate in the

project. (NB: Some parents declined to be interviewed because of the sensitive nature of being interviewed about their poverty).

Interviews in Fort Erie, Parry Sound, Sudbury and Toronto were conducted in person, while interviews in Fort Frances, Moosonee and Red Lake took place over the phone. All interviews were done in November and December of 1999.

Fort Erie Under the Rainbow Child Care and Learning Centre	Staff focus group (1) Parent interviews (1)	2 1
Fort Frances United Native Friendship Centre	Staff interviews (1)	1
Moosonee Moosonee Native Friendship Centre	Staff interviews (1)	1
Parry Sound Parry Sound Friendship Centre	Parent focus group (1) Parent interviews (3)	2 + 1 staff 3
Red Lake Red Lake Friendship Centre	Staff interviews (1)	1
Sudbury <i>N'swakamok Native Friendship Centre</i>	<i>Staff interviews (2)</i> <i>Parents interviews (3)</i>	2 3
Toronto <i>Council Fire Native Cultural Centre</i>	<i>Staff focus group</i> <i>Parent interview</i>	6 1
<i>Native Child and Family Services Of Toronto</i>	<i>Parent focus group</i> <i>Parent interview</i>	<i>4 + 1 staff</i> <i>1</i>
Total interview participants	4 focus groups 15 individual interviews (15 parents 15 front-line workers)	30

Interviewee Profiles

Staff interviewees were mainly Aboriginal pre-natal nutrition workers, Family Support Workers, and Community Action Program for Children (CAPC) workers. Most staff were working out of Friendship Centres, although one child care and resource centre and one child welfare agency were consulted (see above).

You don't understand unless you are living that life. Nobody really knows except those people that are on [welfare].

(front-line worker)

The research team felt it was important to have an equal representation of parent voices in this study, to offer the perspectives and insights of those who are closest to the realities of child poverty. As one front line worker commented, "It has been a few years now since the welfare rates went down by 22%. That has had a major, major impact, and you don't understand [the impact] unless you are living that life. Nobody really knows except those people that are on it."

Researchers did not ask particulars about the parent interviewees personal profiles, but through the course of the interview, some information made itself known. All parent interviewees had between one and seven children, and (with the exception of one parent who had only teenagers,) all had pre-school or early school-aged children. Many of the parents were young: two were teenagers; and four were in their early twenties. The majority of the fifteen parent interviewees were single parents. With the exception of one single father, all of the parent interviewees were female. Fourteen of the interviewees were on social assistance, and one was on disability.

What follows is an aggregate picture, providing an example of the typical situation of many of the parent interviewees as well as other parents that are clients of the front-line workers we interviewed:

Barbara is a twenty-four year old single mother of three children under the age of five. She is on social assistance, which provides her with \$1234 per month. When the social assistance cheque comes in, she must pay almost two thirds of it to rent. This leaves her with just over \$400 a month to spend on food, hydro, telephone, toiletries, clothing, health care, transportation, recreation and child care.

Barbara gets by on a monthly basis by going to the food bank, borrowing, or seeking "emergency" supplies and assistance from one of the Aboriginal agencies in town. Occasionally, she will skip meals so her children can have enough to eat.

Although it is winter, things like vitamins, cough syrup, or a good snowsuit for each of her children are "luxuries" she can not afford. A few weeks ago, one of her children had an ear infection, which she was unable to treat right away. She had no Tempra (children's Tylenol) on hand, and was unable to get out to get the antibiotics. She does not have extended family in the city that she can rely on for help.

Barbara doesn't go out anywhere, except sometimes to the "moms and tots" program that is offered by the Friendship Centre. She doesn't always go there, however, because it is difficult for her to find transportation, especially in the winter. There are no buses, and she can not afford to take a taxi.

Most of Barbara's time is spent in the house alone with the children. Her older children have no avenue for recreational activity, (such as hockey or swimming) because of the costs, so their entertainment consists of watching tv or wandering outside with their friends.

There is little employment where Barbara lives. She is looking into returning to school, but is unable to get band funding, and is concerned with the cost and logistics of childcare.

Barbara is feeling discouraged that she can not see a way to "get ahead" or move herself and her children out of poverty. She wants nothing more than to provide for her children, to give them not only the proper food and other basic necessities, but to be able, (for example) to afford to send them to a friend's birthday party bearing a present.

Among other worries, Barbara finds it stressful sending her children to school because she does not always have a snack to send or something to put in their lunches. She spends many nights worrying about money, and finds she has less patience with her children because of this stress.

Research Questions

The interviews and focus groups were casual and conversational in tone, and were based on the following questions:

1. What does poverty mean to you?
2. Can you describe some of the realities of urban Aboriginal poverty today?
3. How does poverty affect children?
4. How does poverty affect the parent(s)?
5. How has the situation of child poverty changed over the last five years?
6. What do you think will happen in the future?
7. What types of programs and services are people using to help them with poverty and its effects?
8. How have these programs been beneficial?
9. How could they be improved?
10. What types of new programs or services do you think are needed to help families who are struggling with poverty?

Qualitative Data Analysis

All of the material from the interviews and the focus groups was taped, transcribed and coded according to qualitative research methodology.³ The interview team did not lead the interviews, as the intent was to let themes emerge on their own during the interview and coding process. Thus the themes around poverty that are discussed in this paper came out of the interview participants themselves.

Coding and data analysis were done using the qualitative research software, *QSR NUD•IST 4*. This allowed the researchers to consider what topics were discussed most frequently by the workers and parents. It also allowed for comparison of what parents were speaking about as opposed to workers. While coding, the researchers also divided the interview transcripts into “north”, “small urban” and “metro Toronto” in order to make comparisons between these three types of urban environments where Aboriginal families are living.

SECTION I: BACKGROUND

The sight of poverty is nothing new in Canada, but in recent years the extent and depth of the problem has become a national embarrassment. The country that prides itself on its social safety net now has the second highest rate of child poverty in the developed world – one in five, or roughly 1.5 million kids – outstripped only by the United States. (McCleans, Feb 24, 1997)⁴

Child poverty has been the subject of popular attention in recent years, with studies pointing to both the scope and severity of the problem in Canada. Anti-poverty and child advocacy groups have been calling attention to the 1989 House of Commons resolution “to seek to achieve the goal of eliminating poverty among children by the year 2000,” pointing out that it has been a dismal failure. Campaign 2000, a national coalition of national, provincial and community organizations reports that child poverty has *increased* by 49% since 1989; that nearly a half a million *more* children are in poverty now than in 1989.⁵ As we enter the year 2000, one in five children in Canada is poor, and the gap between poor families and well-off families is widening.⁶

In Ontario, the record is particularly bad: since 1995, the child poverty rates in Ontario have increased by 6.3%, while decreasing 11.1% in the rest of Canada. The number of poor children has more than doubled since 1989, to 538,000.⁷

Poverty is not a new phenomenon to Aboriginal families and children. The dispossession of Aboriginal land, traditional economic, social and political structures and cultures has meant that Aboriginal children today suffer a multi-generational type of poverty. While the rest of Canada has gone through unemployment highs and lows, depressions, recessions, and economic recovery periods, Aboriginal people have remained poor. How will the “embarrassment” that Canada is now suffering translate to eradicating poverty among Aboriginal families and children?

While Native leaders fight to empower their people to take control of their own lives and those of their children, the responsibility for eliminating poverty amongst Native peoples is not theirs alone. High rates of poverty, unemployment, reliance on welfare assistance and drastically inadequate child care provisions for Native children must be addressed within the total Canadian context.

from Thursday's Child: Child Poverty in Canada (C. Ryerse, 1990)

Aboriginal children and families are undoubtedly among the hardest hit in the tide of poverty that has been swelling since 1989. Where anti-poverty organizations have compiled indicators or characteristics of families that are typically poor or at risk of poverty, Aboriginal people are inevitably on the lists. It is important to note that many Aboriginal people also fall into several of the groups that are at risk of poverty. Consider, for example this list provided by the National Anti-Poverty Organization (NAPO), entitled, "Who is at Risk of Poverty?"⁸

- **Young families** (where the head of the family is under 25 years).

With comparison to the mainstream population, Aboriginal people tend to have children young. Twelve percent of Aboriginal families are headed by a parent under twenty-five. This is four times the rate of parents who are under twenty-five among the non-Aboriginal population.⁹

- **Female single parent families**

NAPO reports that fifty-six percent of families that are headed by single mothers are poor.

There is a much higher proportion of single mothers in the Aboriginal population. Twenty-seven percent of families in the Aboriginal population are headed by a single mother, with comparison to twelve per cent in the non-Aboriginal population.¹⁰

- **Low income families**

Almost forty-percent of single Aboriginal mothers show earnings of less than \$12,000 a year. This is twice the rate found in non-Aboriginal families headed by single mothers.¹¹

(For a comparison of income distribution between Aboriginal and non-Aboriginal families headed by a single mother, please see Appendix A, Figure 1).

- **Children** – almost one in five children live in poverty

In a recent report entitled "The Progress of Canada's Children," the Canadian Council on Social Development reported, "More than half of all Aboriginal people in Canada are children and youth. Canada's 424,000 Aboriginal young people make up 5%

of all children under age 15 in the country and 4% of youth aged 15 to 24.”

➤ **Aboriginal people**

NAPO reports that “almost one-half of the Aboriginal population (47.2%) received less than \$10,000, compared to about one-quarter (27.7%) of all Canadians.¹²

➤ **People with disabilities**

Aboriginal people have a disability rate that is more than twice the national average.¹³

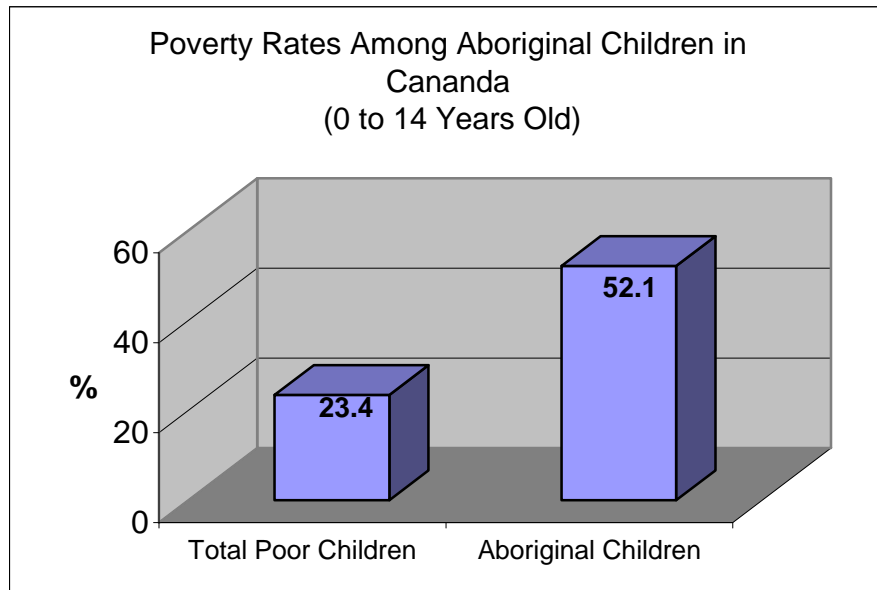
With the exception of two categories, “unattached individuals” and “seniors,” Aboriginal people figure prominently into every category of risk for poverty (as well as occupying a category of their own).

Aboriginal poverty is compounded by the multiple social and health risk factors that are the legacy of colonization. The distinct nature of Aboriginal child and family poverty in Canada is rooted in multi-generational experiences of residential schools, wardship through the child welfare system, and economic and social marginalization from mainstream Canadian society. For reasons none other than their nationality/race, Aboriginal people have, for generations, grown up poor. And as Aboriginal families now struggle to regain parenting and life skills that were displaced by the residential school system and other state interventions, many are doing so under the burden of poverty. These oppressions fuel the widespread addictions and family and community violence that Aboriginal communities must grapple with today. As fifty-three percent of the Aboriginal population is currently under twenty-four years of age, over half of the population faced with these struggles are children and youth. (NB: thirty-five percent of the Aboriginal population in Canada are under fourteen years of age).¹⁴

In their recent report card on child poverty in Canada, Campaign 2000 pointed out that 52.1% of all Aboriginal children are poor.¹⁵

Aboriginal people endure ill health, run-down and overcrowded housing, polluted water, inadequate schools, poverty and family breakdown at rates found more often in developing countries than in Canada. These conditions are inherently unjust. They also imperil the future of Aboriginal communities and nations.

Royal Commission on Aboriginal Peoples



Source: Statistics Canada Census, custom tabulation for Centre for International Statistics, 1996.

What is being done?

A number of programs have been implemented to assist families that are disadvantaged. They operate out of Friendship Centres and other Aboriginal organizations. Programs that are *directly* targeted at Aboriginal children include:

Aboriginal Head Start:

A federally funded early childhood education program that offers culturally appropriate, holistic day programming to Aboriginal pre-schoolers.

The Community Action Program for Children (CAPC):

A federal program that funds community based services to address the developmental needs of at risk children (0-6 years of age).

The Canada Pre-Natal Nutrition Program:

A federal program that funds community based supports for pregnant women who face conditions of risk.

Healthy Babies, Healthy Children:

A provincial program of screening and intervention services (pre-natal to age two) aimed at linking high risk families to the necessary services.

A number of these programs have been evaluated and proven effective in terms of offering parent support and improvements in the overall state of children's health and well-being.¹⁶ The *Aboriginal Prevention Practices Project*, sponsored by the Ontario Ministry of Community and Social Services concluded that supports to parents and children can help to offset costly and intrusive child welfare interventions.¹⁷ But these programs are too few and far between, and are not sufficient to meet the demands associated with the level of crisis among Aboriginal children and families.

In spite of this need, in 1995 the Ontario Government cut one of the most effective and longstanding programs for children in the 6-16 year old age group. The Little Beavers program offered social programming for children as well as educational support. It encouraged learning about culture, and imparted knowledge about prevention and self-protection from mistreatment, and provided recreational opportunities. The cancellation of this program has left a large gap in terms of programming for the 6-16 year-old age group among the urban Aboriginal population. Two recent reports have recommended the reinstatement of this program.¹⁸

The current provincial government has shown little commitment to enhancing the lives of poor children in Ontario. After cutting social assistance by 21.6%, eliminating 14,000 child care subsidies, allowing school boards to make junior kindergarten optional, reducing child welfare funding, reducing children's mental health services, reducing funding for children with disabilities, and reducing funding to children's hospitals in their first term (1995-1999), they have recently made some small overtures to children. In 1999, the province released a study entitled *Early Years Study -- Reversing the Brain Drain*, which called for change in how society supports children and their families from conception to entry into the school system at age six. Some of the key principles that emerge from the study are that all children must have access to early development programs, and that the development of these programs is dependent on building community capacity. To date, the Ministry of Community and Social Services has made little progress on these recommendations. There have been some funds allocated to the *Healthy Babies, Healthy Children* program, and some funding assigned to children's mental health and research. Yet Aboriginal children in Ontario will require more significant enhancements to services (as well as policy changes) in order to make inroads on the poverty they face.

Because 90 percent of poor single-parent families are headed by mothers rather than fathers, the Canada Child Tax Benefit winds up discriminating against women."

National Council on Welfare, "Child Benefits: Kids are Still Hungry."
www.ncwcnbes.net

For their part, the federal government has made little progress in terms of addressing child poverty since 1989. During the ten years that have passed since the 1989 House of Commons resolution, the federal government has contributed to the increase in child poverty through reductions in federal transfers for provincial social and health programs, and changes in employment insurance. Recent moves by the Canada Mortgage and Housing Corporation (CMHC) to turn authority for Aboriginal social housing over to the province of Ontario will exacerbate the poor living conditions of Aboriginal children.

The Child Tax Benefit, a supplement to the income of parents with children under 18, has been of little benefit to the poor, because the Ontario Government has "clawed-back" the money from those families who are on social assistance. The National Council on welfare estimates that "perhaps only 36 per cent of all poor families with children will get to keep the increase in federal benefits. The other 64 percent will have the increase clawed back."¹⁹ That 64% of the poor has the demoralizing experience of seeing the child tax benefit deducted off their meagre social assistance cheque each month.

In the spring of 1999, the Federal-Provincial-Territorial Council of Ministers on Social Policy Renewal released a publication entitled *A National Children's Agenda -- Developing a Shared Vision* as "an invitation to think about children." The Goals of the "vision" presented in the findings include:

- Good Health (includes physical, emotional and spiritual health, as well as self-esteem)
- Safety and Security (such as basic needs for food, shelter, clothing and transportation, as well as protection from abuse, neglect, and discrimination)
- Success at Learning (good physical and social development, as well as language skills, literacy and numeracy)
- Social Engagement and Responsibility (to have strong, supportive relationships within and outside their families)

This federal-provincial-territorial council acknowledges that parents must be supported if the aforementioned goals are to be achieved. They state that there is a need to enhance early childhood development, and to improve economic security. They further recognize the need to develop programs that are Aboriginal specific, stating:

We honour Canada's Aboriginal traditions: we recognize and respect the special importance of parents, elders and extended families in nurturing Aboriginal children.

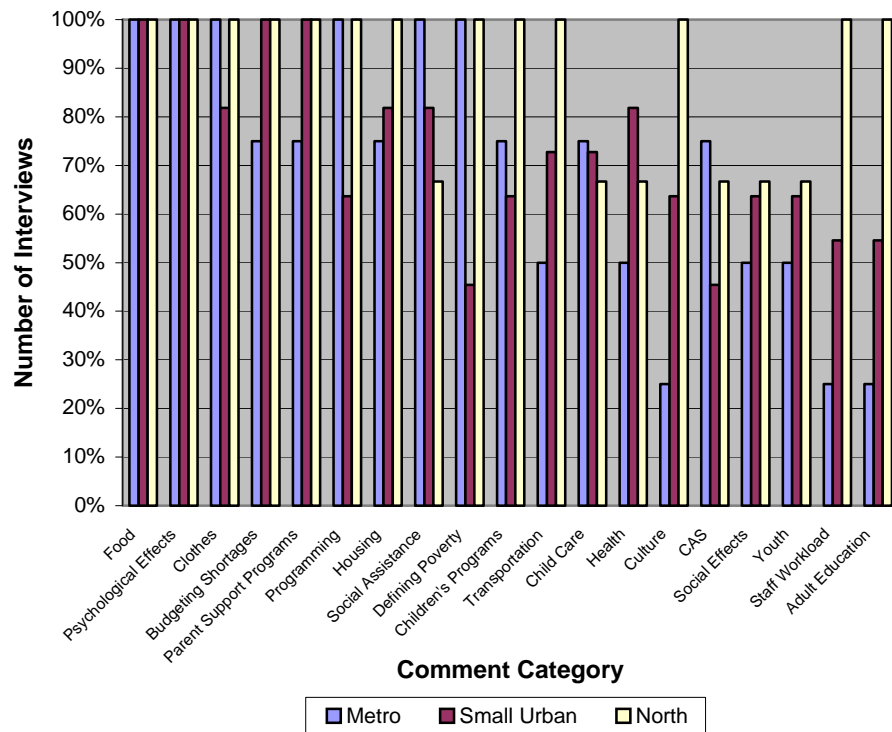
It remains to be seen how well Aboriginal children and families will be honoured through forthcoming social and economic policy.

SECTION II: THE SITUATION

When interview participants were asked to describe some of the day to day realities of poverty, they talked about budget shortfalls that lead to difficulties in having enough money for food, clothing, housing, transportation, basic health care and recreation. Both parents and workers confirmed that the level of poverty among many urban Aboriginal families has now reached the level where even the most basic needs are not being met.

The research team transcribed and coded all of the interview material in order to analyze which topics were the most pressing to interview participants when discussing Aboriginal child and family poverty. Figure one shows that food and the psychological effects of poverty were raised in every interview and focus group. These were the dominant concerns.

Figure One: Comment Categories by Location



The fact that food was the most pressing topic for both parents and workers is telling about the level of poverty currently being experienced by many Aboriginal children and families. People are either not eating properly, or simply not eating. This lack of food defines a rock bottom existence, even within the most conservative of estimates about poverty. Our interview findings show that it is a significant concern for both parents and workers alike. At the same time, (and in keeping with an Aboriginal understanding that health and well-being are defined by physical, mental, emotional and spiritual elements), the majority of interview participants spoke about the psychological impact of poverty on parents and children.

This section details the interview findings related to the day to day realities of Aboriginal child and family poverty. It begins by reporting on the material/physical needs, and follows with the equally devastating psychological and social impacts of poverty.

Lack of Food

The first Canadian food bank opened in Edmonton in 1981. By 1985 there were 94 in the country. Now there are more food banks than McDonald outlets in the big cities. It is estimated that almost half of those who rely on food banks are children.²⁰

Food banks, like welfare, were meant to be temporary measures. They have unfortunately become life lines for Aboriginal families.

Parents and workers talked a great deal about food in the interviews, spending the majority of time talking about the lack of food and how parents go about finding alternate sources of food. Twelve percent of total interview time was spent talking about food insecurity and strategies for addressing this.²¹

(OFIFC staff worker)

When asked about the effects of poverty, one parent simply answered, "*Poverty affects me because I am constantly struggling to make ends meet – to make sure I have enough food.*" Another interview participant, a pregnant mother who also has a toddler, finished her interview by stating, *I am out of food right now. I am out of food. I have no bread. I have no milk. I don't even have any cereal.* This mother, like many other parents on social assistance, was waiting for her social assistance cheque in order to go grocery shopping -- and the arrival of this particular cheque was still almost a week away.

Some parents and workers talked about the need to implement “budgeting classes” or classes about cooking on a low income. These classes were proposed as aids for parents who lack the life skills to spend their money in increments throughout the month, but as one worker pointed out, “budgeting classes” do not make up for the shortfalls that parents on social assistance are up against:

Try as you might, we have held budgeting programs, tried to find ways to cut costs, and there is just no way they can manage on what they receive from social assistance.²²

The high cost of food in the north, and in urban centres like Parry Sound which cater to summertime tourists was mentioned by a few parents and workers as an extra burden on the budgets of many urban Aboriginal people. Such centres also typically have chronic unemployment and short term and/or seasonal employment, leaving residents with few other options than to go on social assistance. On the whole, both parents and workers agreed that the money provided by social assistance is insufficient to feed their children.

Workers talked about the increasing demands for “emergency” food supplies through their various organizations. One worker commented on how the need for emergency food supplies has noticeably and steadily increased since the 21.6% cut to welfare rates in 1995:

The last week of the month is when they would usually come [to the Friendship Centre for food]. But with the less money [parents] are getting, I am finding that they are running out in the second week before the end of the month. They aren't running out at the end of the month, they are running out almost in the middle, because of the cutbacks. I have just seen a decline -- In some families they are giving up.

“Giving up,” according to this worker, has involved some parents “voluntarily”²³ putting their children into care with the Children's Aid Society: “I have had a few who have had to do that. They have said, ‘I can't provide for them with the money I'm getting.’” The stress of not being able to provide is bring families to the “breaking point”:

I always get a call every Monday morning. Every Monday when I come to work, one or two of my families has run into problems with the CAS where their children have been taken out.

I have a lot of really good families that are working hard to have a good life, but with the stress, they [have] started breaking. Families that I never thought would be voluntarily putting their children into the CAS. I am shocked by it.

Other parents may not so “voluntarily” give up their children to the CAS, but are led that route through the stress which brings on addictions or other destructive behaviour.

Although we did not directly ask about child welfare, almost one third of the workers expressed concerns about increases in child welfare apprehensions among the Aboriginal poor, stating that this trend is in part due to a lack food and housing. Aboriginal children have a history of over-representation in the child welfare system –some reserves lost nearly an entire generation of their children during the “sixties scoop.” Poverty breeds child welfare intervention, and for Aboriginal people, this is a particularly loaded experience. As one worker remarked “*Now they are taking our children away from us again. It is the same cycle, just a different approach*”

By the end of 1998, the number of children in [CAS] care had increased 20% over two years, while there was a 4.2% increase in the number of investigations and protection cases.

(Campaign 2000 1989-1999 report card)

Breastfeeding

Breastfeeding was mentioned in eight of the thirty interviews (including focus groups). Workers are encouraged that breastfeeding appears to be on the rise among the urban Aboriginal community, and they reported good results from the education and support provided by Aboriginal nutrition workers. These observations concur with the increase in breastfeeding among Canadian babies and infants in general.²⁴ However, there are still many mothers who are not breastfeeding their children, and it appears that poor mothers are less likely to breastfeed for a number of reasons. The National Council on Welfare reports that “overwhelming evidence shows that babies born to poor mothers are the most likely to be deprived of this important start in life, either because their mothers did not have her adequate information and personal supports, or because they had to wean their babies too early because they were forced to rush to work too soon.”²⁵ More significantly, perhaps,

is the fact that breastfeeding mothers need to be well-fed. Mothers who are living in poverty typically do not have enough appropriate food to be able to produce and maintain their milk supply. A hungry mother is not in a good position to nourish a baby.

If I were not to breastfeed, that whole \$300.00 [monthly income after rent] would go straight to infalac and diapers.

(parent)

Some workers mentioned that mothers are anxious about having to be away from their babies and infants too soon because of requirements for mandatory participation in LEAP and Workfare. They are worried about how new and evolving requirements for social assistance will impact on breastfeeding and mother-infant bonding.

Workers also mentioned that there is a need for more breastfeeding education and breastfeeding support for mothers. Breastfeeding is still inhibited because of lack of public acceptance, as is evident in the following worker's story

We went through this big breast feeding friendly campaign, and it went to local businesses downtown, to ask if a mother comes in here that she can use a spot set aside for her to nurse her baby. Well you wouldn't believe that over half of the businesses said "No. No way. We don't want that. They should go home or go in their car to nurse their baby." So we [the Friendship Centre] are breastfeeding friendly.

This story demonstrates how elements of race and economic class can impact on an urban Aboriginal woman's choice to breastfeed – for what woman in poverty has a car to retire to every time her baby is hungry? It is also likely that where there is overt racism and tension between Natives and whites, businesses will not want to accommodate Aboriginal mothers (especially poor ones) who may need to linger while they feed their baby.

Impact of food insecurity

The impact of inadequate or insufficient food for children has been well documented. In a study prepared for the Applied Research Branch of Human Resources Development Canada, Lynn McIntyre, Sarah Connor and James Warren write, "*Nutritionally deprived children experience more health problems than food-secure children, including anemia, weight loss, colds, and infections.*"²⁶

Some of the workers we interviewed have noted the physical implications of food deprivation, commenting that some children are being sent home sick from school simply because they have not eaten. Other workers commented on the difficulties that children had in school because they are unable to concentrate due to hunger. This leads to a whole cycle of problems, as described by this worker:

[The children] are not having proper nutrition for the development of their minds, so right away the teachers peg them as children with behavioural problems. I mean, we have parents calling, saying their children have been kicked out of school for three days, even in kindergarten. What the heck's going on? -- When you are sending a kindergarten child home for three days...

When parents are malnourished, it makes it difficult for them to do their job as parents, and this will have a direct effect on a child's development. One worker commented:

If you are not eating properly it is really hard to function and worry about the rest of the stuff. If you are worrying about what you are going to have for supper, you are not going to worry about whether [the children] have a program to go to or whether the homework is getting done.

Child poverty means poor health for parents, usually mothers who are also malnourished. Two parents talked about skipping meals in order to feed their children. One mother was no longer in a situation where she had to do this, and was able to reflect on how it had affected her at the time: *"[The children] didn't go hungry, but I did, to make sure that they didn't. But that left me short on patience, distracted and not as attentive as I normally would be, through worry."* In their study of child hunger in Canada, McIntyre and fellow researchers have found that the primary caregivers of hungry families report significantly poorer health than other primary care givers.²⁷ Thus, the health of both mothers and children in hungry families is at a definite disadvantage.

Some parents are in the position of having to keep their children out of school because they have no lunch to send with them. One worker told us, *"I have had moms call me up and say, "Can you get us some lunch food for my kids so I can send*

Starting from conception, much of what a child will become depends on nutrition. A body that is not fed does not grow. More than that, a body that is not fed becomes susceptible to disease. Hungry children are inattentive, they don't take in their lessons, they tire easily, and they become quarrelsome.

(Children and Youth Action Committee of Toronto, "Children and Poverty," <http://www.torontochildren.com/>)

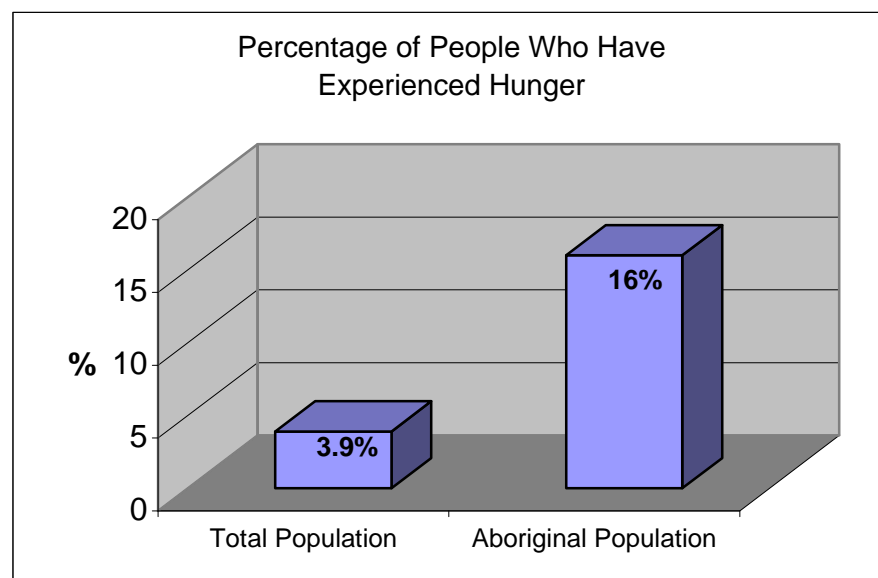
them to school? I have absolutely nothing for them.” One parent talked frankly about the problem:

It is only November and [my daughter] has missed quite a bit of school --- there have been times that I have kept her home because I didn't have a lunch to send her to school with.

This mother related the embarrassment she had felt when her daughter told schoolmates that she had missed school because she didn't have a lunch. Thus, poor parents and children not only suffer the physical damage of not having enough food, but also the social stigma of not being able to live according to even the most basic norms and needs of Canadian children.

The McIntyre/HRDC study confirms what is easy to presume: that hunger is more common among Aboriginal children. Through their analysis of data from the HRDC/Statistics Canada *National Longitudinal Study of Children and Youth (NLSCY)*, McIntyre et. al. found that:

The only ethnic group that was significantly associated with hunger were persons of aboriginal descent (North American Indian, Inuit, Metis). Compared with the prevalence of 3.9% in the total survey population, Aboriginal people were four times (16.0%) more likely to report ever experiencing hunger than did households representing other ethnic groups.²⁸



The researchers of this study point out that “The glaring exception in the demographics of hungry families is the overrepresentation of the aboriginal population who suffer *from extremes of poverty in Canada*,” adding that the data was taken from a study that did not even include on-reserve populations. They caution, “Supports in urban centres for First Nations people may not be reaching the most needy.”²⁹

Programs and suggestions for dealing with urban Aboriginal food insecurity will be discussed in Sections II and III.

Clothing

The majority of interviewees talked about the expense of clothing, and about the need to go to clothing banks or shop at second hand stores. Clothing shortages were not widely discussed, although one parent talked about the difficulties associated with a child only having one pair of shoes, for example. One worker commented “*We have seen an increase in moms doing shop-lifting to have clothes for their kids.*” This observation indicates that some mothers are having difficulty clothing their children.

As one parent put it, “nothing is for free.” Free clothing banks are not as common or accessible as second-hand clothing shops. Many parents talked about the stigma associated with the second-hand (and often unfashionable) clothing that the children must wear; stating that it signals to other children that their children are from poor families. For the most part, however, parents were able to find clothing through second hand clothing shops and clothing banks, and had accepted this as part of their existence.

Some families mentioned the high costs of doing laundry, and the costs and difficulties of getting to the laundromat while looking after small children.

Overall, there were three main areas where clothing expenses created stress for poor families: diapers; high costs of clothing in remote communities; and winter clothing.

Both workers and parents mentioned the high costs of diapers. Family support workers reported a high demand for

diapers among their “emergency” supplies. The impact on babies and toddlers for this unmanageable expense is clear:

People can't afford diapers for their children and it just makes me sick. We have drop-off and stuff for children, and when you are changing a baby's diaper, and the baby is just rashed and red and has sores on it because you know this baby hasn't been changed...

Just the smell of urine... You know when babies don't get their diapers changed – the diapers hang to their knees.

(front-line worker)

At ten to fifteen dollars for forty diapers, parents may be trying to extend the time a diaper is worn, or wait until the child visits a program such as the above-mentioned “drop-off” for the baby to have a change. Babies pay the price in terms of their health and comfort.

Costs in the north and in more remote communities make it difficult for parents to afford clothing and related expenses. One worker commented:

Everything is priced 100 percent up here. Like say you can buy a jacket down south for fifteen dollars, well it's about forty or fifty bucks up here. Even plain rubber boots up here, that's about thirty bucks.

This worker stated that there was only one retail store in her town. Options such as second-hand clothing stores and clothing banks are therefore limited in many of the urban centres where Aboriginal families are living.

A number of interview participants pointed out that the winter clothing allowance provided by social assistance is not sufficient:

With the clothing allowance, you have to make a choice, because you can't afford a whole snowsuit and a pair of boots together. Do you get them the coat, the pants, the pair of boots, it is a tough choice to make. (worker)

You could get them a snowsuit and boots, but then you are going to get something that is not going to last all winter. It is going to fall apart. (parent)

The impact of this, one worker remarked, is “You can just see the kids – they are not dressed warm and it is now below zero. They are running around with no hats or mitts.”

One way that parents deal with shortages in winter clothing allowances is to deny themselves the necessities. As one Friendship Centre worker has observed:

The parents go without, so they can get their kids clothing. So the parents are wearing runners outside in the winter, they are wearing small jackets, even though they are shopping at second hand stores and everything. There is just not enough for them and their kids.

It is important to note that the worker who made this comment lives in a remote northern town where temperatures can reach forty degrees below zero in the winter.

Housing

Housing problems were mentioned in 100% of the interviews in Metro Toronto and in the north, and in 65% of the interviews in the small urban centres.

Although evictions are on the rise in Ontario, there was little discussion about evictions or homelessness in the interviews. This may be due to the fact that most of the families we interviewed were living in subsidized housing. The parents we interviewed were more concerned about rental prices and other costs associated with housing. People mentioned that they were paying a high percentage of their income to rent, often more than 50% of their income, and in some cases, 75%.

Some parents said that the shelter allowance provided by social assistance is low: for instance, a single mother of two children in Toronto said she was expected to pay a maximum of \$553 per month on rent. She pointed out that it is difficult to find anything in Toronto for that price:

Apparently they are not allowed to rent a one bedroom to more than two people. I know some landlords that do it, but it is really hard to find a place. Any two bedroom, which you really need, is more like \$750 or \$800, plus the hydro. And that is just out of the question. So you are spending all your money on rent.

This woman's experience is supported by the Toronto Mayor's Task Force on Homelessness Report, which found that the

I just moved and for rent it's \$600. It's too much for me – I only get \$300 to spend [on everything else].

(parent)

shelter component of social assistance for a parent in this woman's situation only covers about 74% of the average rent. This leaves parents like her with no other option than to cut (in this scenario) \$200 out of other living costs (usually food) in order to have housing. She concluded what the Task Force has also reported:

[The government] needs to raise the maximum rent [allowance] and put rent control back into effect.

Some interview participants spoke about the quality of housing available to families in poverty. One worker remarked:

We have one family right now, they moved into the apartment and the landlord said he was going to do all this work, but there are bare wires hanging out of the wall. The living conditions are horrendous. But it was the only apartment that they could find. I had to all but threaten the landlord because he wasn't going to do anything.

A worker in the north talked about the overcrowded conditions in their town, due to a lack of housing, inadequate water supply and a lack of funds to pay for rent. She mentioned cases where there are ten people living in a three bedroom house, and cases of people living with their parents in an old age home.

Costs associated with housing were mentioned by several of the parents. For families living in poverty, it is extremely difficult to come up with first and last month's rent. Moving expenses must be taken out of other living expenses, such as food:

I'm a single mom. I have one child and right now he is staying with his dad because I just moved. It really broke me – I had no money for food because I had to pay movers, pay first and last [month's rent] and I had nothing for this month.

This parent also spoke of the difficulty of coming up with deposits for things like hydro, gas and phone. Furnishing was also mentioned as a problem. Some parents had received furnishing supplements from social assistance, but found them to be inadequate: *The only thing you will get is beds for the kids, but they only pay so much and you have to afford the rest. It's hard. They don't supply beds for adults, but what are we*

supposed to sleep on? We have got to have something to sleep on too.

Access to housing was mentioned as a problem, in particular by one Toronto parent who had been living in various shelters with her toddler for a year. She ran into problems not only because of lack of space, but because, in a competitive housing market, a poor, single mother is unlikely to be a landlord's first choice as a tenant:

I was looking for apartments, and [found out] nobody wants you. Nobody wants you if you are on assistance. Nobody wants you if you have kids. Nobody wants you if you are young.

- The number of children in unaffordable rental housing has increased by 91%.
- The fastest growing groups of hostel users are youth under 19 and families with children.
- Families now represent 46 % of hostel users.
- There are now 5,300 homeless children in Toronto.
- The waiting list for social housing in Toronto is now 17 years long, and includes 16,000 families and 31,000 children.

(Children and Youth Action Committee of Toronto, <http://www.torontochildren.com/>)

One worker mentioned that racism is a factor in accessing housing for Aboriginal people:

I know from having to rent myself that one of the questions that was often asked was "Are you Indian?" And fortunately for me, I am not intimidated by that. I say "Who do you think you are?" But for a lot of our people, they are intimidated by that.

Upon hearing this statement, a co-worker added, "*Yeah, there is a lot of racism in this town.*"

Transportation

The lack of transportation is problematic for poor families and children, as it makes day to day activities such as grocery shopping and laundry more difficult, and impedes access to numerous opportunities, including employment, education and recreation. The lack of transportation for many poor families means that they are trapped into a limited spectrum of activity.

Low income families are dependent on the public transit system, as cars and taxis are not generally within their means. Toronto has an extensive transit system, which is helpful to parents, but they still have difficulty paying for the fare. One parent talked about how it is helpful that some programs pay for the transit, but pointed out that parents may not even have the money to get to these programs in the first place:

You can see how it is easier to stay home and turn the tv on. It is a lot easier than going out.

[What] if you don't have the money to leave your house in the first place to get to these meetings? Sure, TTC [bus fare] is provided, but you have to get there first to get the TTC.

(parent)

One worker commented on how money spent on transit can eat into the family budget:

It is a buck seventy-five to take the bus. Multiply that by two, three times a week – that will provide milk and cereal, so she's not going to spend her money on that.

There are no public transit systems in many of the smaller urban centres where we conducted interviews. Cities with no transit, or extremely limited transit included Parry Sound, Fort Erie (limited transit), Red Lake, Fort Frances, and Moosonee. Many of the parents we interviewed have small children, and they talked about the difficulties in getting around:

You can take a cab anywhere here for five bucks. But that is ten bucks to go there and back. It is winter now. You can walk one way and take a cab back, but then you have strollers and irritable children with runny noses...you have to dress them all up and bring your bedding in the stroller just to keep them warm.

One mother talked about feelings of insecurity due to inadequate access and funds to have transportation in case of medical emergency for her child:

It is hard, trying to find somebody in the middle of the night. Last week I was pretty lucky to get ahold of somebody who was able to drive me, but if the car wasn't working or if they weren't home, then I would have been in big trouble with trying to get [my son] to the hospital.

A cab ride is simply out of the question for many parents, and so mothers like this one may incur stress and insecurity, not knowing that they are able to get their children to the hospital when they have to.

Transportation problems were seen to be especially difficult when trying to do things like grocery shop or do laundry while caring for small children. Two workers commented on how the winter weather is a particular challenge for parents with small children:

None of my clients have transportation ... So they are walking everywhere they go. And that is not a bad thing in the summertime, but at 35 below, that is cold.

In order to come to the program, they have to take a cab or walk. And bringing a little baby out isn't a very good idea when it's forty below.

The difficulties associated with moving around make it hard for parents to become involved in activities that would be beneficial for themselves or their children. Head Start programs were reported to have good parent participation because the transportation is provided. In the words of a Head Start parent *"That is [one] thing about Aboriginal Head Start. If they didn't have a van, those parents wouldn't come."* One worker stated *"If I don't go and get the kids, they will not come out, so they will not be getting the programming."* Another remarked:

A lot of these families have a mother at home who has three children: one is seven, maybe she's got a small baby, and then she has maybe one that fits into the [pre-school] program. Do you know how cold it is today? To get on a bus, bring her seven year-old and her baby to the Friendship Centre to sit around for two hours while we are working with the four year-old... So we have to provide that transportation – that is a service we have to provide. You can't expect her to pack up the whole family and come down here to sit around for two hours and then go home again – I mean, that's a big job, to pack up all your children...

After a discussion about the stress and time involved in having to dress children for winter in order to take them on lengthy public transit trips, one parent concluded, *"Well, you can see*

The provincial government actively discourages or rejects vans for programs because it negatively impacts on the "small entrepreneur." (e.g. taxis). However, Aboriginal families are the ones who suffer, not the small entrepreneur.

(OFIFC staff worker)

how it is easier to stay home and turn the tv on. It is a lot easier than going out.

Health Care

Health care professionals have long known that children living in poverty have poorer health status. In a 1987 study on "The Health of Children in Low-income Families", Dr. Chandrakant Shah and fellow researchers provided some comparisons between children living in poverty against national child health indicators. They reported:

- The infant mortality rate of poor children is twice as high as the national average
- Death from infectious diseases are 2.5 times more common among poor children
- Accidental deaths are twice as common among children in poverty

Dr. Shah notes "other problems associated with poverty are iron deficiency anemia, dental caries, chronic ear infections, learning disabilities, poor school performance and increased suicide rates."³⁰

When we asked workers about the kinds of changes they have seen in terms of the increase in poverty, a number of them answered that they are seeing more sick children. They postulated that the poor health of children was due to lack of proper food and increasing amounts of stress in their families. Several workers mentioned noticing an increase in asthma, which is reportedly on the rise among children.³¹

Both workers and parents pointed out that when poor children become sick, access to medication and medical care may be impeded due to lack of funds.

Many parents talked about the costs associated with prescriptions. Although some parents had access to Medical Service Branch benefits, others had no benefits at all. Costly medications or over the counter drugs are simply not within the budget of parents living in poverty. Some workers talked about the impact of this:

With the colder weather, I see children that aren't getting medication for colds or other medication that they require, so they are getting sicker.

*

We are seeing more children with ear infections – babies with ear infections. If the parent can not afford the prescription, then that infection stays and the child develops a loss of hearing.

I have seen babies who have been in the crib, after you pick them up out of the crib, they have leaked puss onto the crib sheet. I'll talk to the mom and she'll say, "yeah, they have had that now for 6 months, 8 months" – So the health of the children is being put in jeopardy, their development is being jeopardized because of poverty.

Some parents deny themselves medication in order to be able to buy it for their children: *"I always make sure he's got everything. I don't get myself stuff that I need for a cold. I always get it for [my son], you know, kids need it."*

Parents who have access to Medical Services Branch benefits talked about how the benefits are being cut back. In some cases, services are still funded, but the parent must pay the money up front. For parents living hand to mouth, this kind of money isn't available, and in many cases children are paying the price:

What does poverty mean to me? I didn't get sent a drug card with my last social assistance cheque, so I had to wait. My son was sick, but I had to wait to get another drug card before I could fill out his prescription.

One worker talked about the impact of a dispensing fee for medication that is given during visits to the emergency section of the hospital. Although she is employed, this fee was still difficult for her to pay:

I went [to the hospital] and they were going to charge me \$20.00 for dispensing pills for strep throat and cough syrup, just to get me over one day so I could go and get my prescription in the morning. But I told them

Children in households that report hunger suffer not only from their own ill-health, but from their mother's ill health, her food self-deprivation, and her activity limitations in the home. Children's educational and health outcomes will likely reflect these circumstances.

Lynn McIntyre, et. al., "A Glimpse of Child Hunger in Canada," (1998).

"If I pay you the \$20.00 now, I am not going to be able to afford the prescription tomorrow."

Parents who are trying to raise children on \$75.00 a week simply don't have a "buffer" of funds to be able to handle this type of access to basic medical care.

Dental costs are obviously an issue among the poor. Many of the parents we interviewed had young children, and had not begun to consider dental care. Those who had used dental services talked about the unmanageable costs. Although basic dental costs for children are covered by social assistance, the working poor and parents on social assistance are unable to access dental care. Where services are funded, they are often not sufficient:

My son's dad just got his wisdom teeth out. They cover no sedation and one tooth. It is eighty-nine dollars per tooth, and he had to get all four of them out. They can't do that without the sedation!

Some parents reported that they do not go to the dentist so they can afford to send their children there, stating, *"I can't tell you the last time I have been to a dentist"*; and *"I don't go to the dentist, but the kids do."* One parent talked about how debilitating this can be for a parent, on many fronts:

You wait so long and you go to the dentist and pay \$300.00 to have a stupid root canal or something. You can't afford to have a basic cleaning, and it is frustrating because that starts to dig into your self-esteem, about the way you look. You can be a person who takes care of yourself, but if you can't afford some of those things, you start to deteriorate, and you start feeling really self-conscious about it.

Psychological Effects

Although the interviewers did not ask directly about the psychological impacts of poverty on children and families, this subject was raised in 100% of the interviews. Workers spent 7% of their total interview time talking about psychological effects, while parents spent 8% of their time on this subject. The psychological impact of poverty on children and parents is clearly a major concern among urban Aboriginal people.

The following words were to describe some of the effects of poverty:

low self-esteem
depression
anger
self-doubt
intimidation
frustration
feelings of being overwhelmed
shame
hopelessness

It is degrading for them. I know a lot of clients that don't want to be on social assistance. They hate it, Totally hate it. They hate waiting month to month to get this cheque or that cheque.

Parents and workers talked about how difficult it is to rise above these feelings when there is no apparent way to get out of their situation. One worker summed up:

Living conditions are poor. Self-esteem is low for parents, which, in turn affects the children, so their self-esteem is low. There is that feeling of never ever being able to get out from under the system that they have been put into. Hopelessness.

Some workers talked about how self-esteem can be improved through work and education opportunities for parents. Yet one parent who is currently on social assistance pointed out that the working poor can be faced with the same types of feelings if the work is not adequately paid. Speaking from her personal experience, she said:

I worked in a place where there were no benefits... You can't afford medical prescriptions, you can't afford to go to the dentist, you can't afford to look after yourself. And you are working. It is really hard to keep motivated, you think "I am still not getting ahead." It is frustrating because even when you do work, it is supposed to give you a feeling of pride and independence. But where is the pride when you are coming home and crying from frustration every day because you still can't afford anything. You are still struggling, budgeting, trying to provide yourself with the basic necessities, never mind luxuries.

Feelings of despair and frustration as a result of "not being able to get ahead" were expressed by many parents. They mentioned, in particular the tight restrictions on income generation from social assistance, which made them feel "you can never get anything, because they take it all back." As one worker expressed, "You get on the welfare system and you are stuck. Because they don't let you have anything. Nothing extra. You get a little something extra, then it is taken away from you." Several parents expressed frustration about the claw backs to the federal child tax benefit.

Workers talked about the cycle of poverty, and its prevalence in Aboriginal communities: "Poverty is just the norm around here. It is just passed on and on," said one worker, who lives in a community where 85% of the Aboriginal population is on social assistance. In such circumstances, where welfare existence is multi-generational and long-term, life on welfare is often the only experience known by the children of the community:

Some people look down at you because you don't have money. If they see you going somewhere for food, they just look at you. They want to stay away from you because you are poor

(parent)

[Many families] don't know anything else. They know they want to benefit their positions, but they don't even know where to begin. Again, within that [welfare] system, you try to do better, and they take something else away.

When long-term poverty becomes the norm, parents are less likely to fight for changes and rights on behalf of themselves and their children. With reference to how families often accept substandard conditions for housing, one worker commented:

Because of the way [disadvantaged parents] are treated, they don't feel they have the right to live well -- that they are deserving of only lesser. That is a mindset, and then you pass it on to your children. And so the cycle continues.

Many Aboriginal families live in urban centres where poverty is *not* the norm, and as such, are stigmatized for their poverty. One parent remarked "Some people look down at you because you don't have money. If they see you going somewhere for food, they just look at you. They want to stay away from you because you are poor." Another parent talked about how she felt "judged" for being on social assistance, or for being poor. She talked about the struggle to resist the stigma of poverty:

Who are they to judge me? I know where I am at. I know what I have to do. So I don't care what anybody says. This is where I am at and this is what I have to rely on. So be it. But I know that one day I am going to find that job, and I am going to be totally off social assistance, and I will be able to do and provide and do the things that I need to do for myself and for my kids.

Poor Aboriginal families are met with hostility in some of the communities they live in. They talked about being labelled and singled out because of their poverty. One worker talked about the disrespect that people on social assistance must endure from service industry workers such as bank tellers and store clerks. She stated, *"I have clients who go into a store and the owners follow them around thinking they're going to steal something."* The stigma of poverty is increased by racist assumptions about Aboriginal people. This parent talked about the difficulty in finding mainstream front-line workers who are respectful to Aboriginal people:

Some people think that all Native people do is drink. We have a lot of discrimination about that and that is too bad. Yeah, there is some of our people that do drink a lot, but they look at all of us like poor Natives. They don't get the message that there are actually people who do want to change.

When people have low-self esteem, or are feeling depressed, stressed or hopeless, it has an impact on their parenting.

Sometimes I see that my son gets scared. He knows when I'm going to yell at him... I don't mean to yell at him... He'll look at me and he'll look kind of scared or something, and that's when I start crying and saying "Oh my God, what am I doing? Why am I yelling?" But it's hard when you are so stressed out all of the time.

A great deal of stress and anger can arise from feelings of inadequacy, as pointed out by this worker:

There are a lot of anger issues that stem from poverty, and that affects the children. You have a hungry baby that is crying and crying and crying – how long can you take that? And what happens to the baby because of that? It gets put in a crib, shut in the room with the

I grew up in poverty, on the reserve. When people would look at us, [it] was negative. To me, that is poverty. Having nothing. Feeling ashamed, that I've been used, emotionally, physically, mentally.

(front-line worker)

parent saying "I can't take it anymore. I don't want to hear it any more..."

Many parents talked about wanting to provide for their children, and feeling frustrated because they could not offer the most basic material comforts to them. Some felt the stress of their children being stigmatized because of their poverty. One worker stated: "*I see some of the parents struggling with trying to get their kid to fit in.*" One parent gave the example of her daughter being invited to a birthday party, which caused her stress because she was unable to buy a present to send along. Parents thus experienced stress from their children not being able to participate in a society where the standards are made to suit those of a higher income.

Psychological effects on children

You see a lot of the children, it is just sad. They have built this wall around themselves, and they are not letting anybody in.

(front-line worker)

Like their parents, many urban Aboriginal children feel the stigma of poverty. A number of workers talked about how poor children are singled out or labelled at school. One worker stated, "*You can always tell the poor families because they are the ones that never get to eat at school...*"

Clothing was mentioned a number of times, as it is important for children in terms of peer acceptance, and also because it marks the children who are living in poverty:

They are always labelled. You can always tell the ones that are poor because of their clothes. That may not be a big thing to us, but to a kid at a certain age, that is really a big thing for them.

When my kids get older, it is going to be a big psychological downfall for them. I can imagine what they will go through. Because they can't have those clothes, the other kids might make fun of them.

(parent)

Workers commented on a range of behaviour that they saw from Aboriginal children who are living in poverty:

The kids are very outspoken -- you can just hear them, they're louder. . . they want the attention.

*

You see a lot of them, it is just sad. They have built this wall around themselves, and they are not letting anybody in.

*

They are rigid. Just rigid. So you know they are not being nurtured. One of our babies here has the saddest eyes I have ever seen. And that comes from being caught in the cycle of poverty. Mom couldn't afford birth control, she got pregnant and did not want that baby. And that is evident in that child's eyes, in that child's face. It's sad. When you pick up that baby to hug [her], she is already rigid.

This is not to suggest that all children living in poverty are improperly cared for, but, rather, that poor children are often at risk and can present difficult behaviour related to the dire financial circumstances of their parents.³²

One worker talked about how the low-income Aboriginal youth in her community got involved in gangs because of their need for a sense of belonging. The Aboriginal community got involved and brought an Elder into the school, because they saw that the youth needed role models, and a value system that was true to their culture and circumstances.

Many workers talked about how the aspirations of children living in poverty are limited by their situation and what they see around them:

We have street people with kids. The kids look at the parents and the parent's haven't got nothing, so they go about life having nothing. They won't have anything because of the parents.

Workers and parents talked about the need to break the cycle of poverty so that Aboriginal children would have something better to aspire to than a life of welfare. Their well-being was seen to be dependent on this:

Children need nourishment in all aspects: psychological, physical, emotional, spiritual. Many of their parents didn't get that.

(front-line worker)

SECTION III CURRENT PROGRAMS AND SERVICES

One of the objectives of this study was to examine some of the current services that children and families are using to offset the negative impacts of poverty. As the majority of the workers we interviewed were CAPC or pre-natal nutrition workers, our discussions about services centered around the types of services these workers are currently providing, namely:

- Prenatal nutrition and support
- Parenting programs
- Moms and tots activities
- Counselling
- Cultural workshops
- Home Visits
- Drop-in activities
- Material "emergency" supplies

Parent interviewees talked about their involvement with these services, but were also encouraged to discuss any other services that they were using and why.

Overall, the discussions about services were revealing as to the level of poverty among the urban Aboriginal population. Workers indicated that they are increasingly involved in "crisis" work related to the material needs for child and family survival.

General "Emergency" Services: Food, Clothing, Shelter

The services that my co-worker and I provide are emergency supplies, like diapers or clothing – there is a really high percentage of that being used.
(family support worker).

The main types of services that parents and workers talked about in terms of offsetting poverty had to do with basic material provisions. Many workers told us about the increasing demand for emergency supplies, usually food:

Over the past two years there has been a real increase [in food insecurity]. I have been [working] here for six years, and the last two years have been the worst. People are starting to come in asking for food.

*

I have been doing my job for two and a half years, and in the last year I have seen an increase in people coming in and looking for help. Last month alone, I saw in a week the numbers I used to get in a year. I had five people come in one day alone. They are looking for assistance with groceries or used clothing, especially now that the winter is coming.

Some workers and parents mentioned that milk supplements are provided to pregnant or nursing mothers, but added that older children in the same families are not being nourished.

Over half of the interview participants talked about food banks. They pointed out that going to a food bank is a "last resort" measure for many, and that parents can't always be guaranteed the assistance they need when they finally go there. One parent talked about the psychological barriers of going to a food bank:

I never used to think about the food bank. The only way I thought about it was, "Okay, if I don't do this, my kids will starve." And that is when you swallow your pride and you have to go to these people. And they are only going to turn you down, so you have got to turn the other way, and go back the other way.

A few workers commented on the difficulties associated with going to food banks:

Most of our people won't go to the food bank because they are treated so badly when they go. They are humiliated and intimidated. When they go, maybe they have seven children and they get just another few meals.

One parent described the "hassle" she experienced with all of the detailed questioning that was required to get served at the

People are not only coming to our Center, they are also coming to our homes. On Saturday I had one lady come in and said that she was out of milk. I had to come to work to get her a couple of cans so that she could be okay until [the next week when family allowances came in.] It's really affecting me, seeing that they need milk for their kids.

(front-line worker)

food bank. She said, "*They don't have to know when your kids were born, who the mother is, who the father is, are they Native, where do they live, what is their address, how much do they weigh... that is none of their business. Me, I just got up and walked out. I don't need that kind of hassle.*"

Parents pointed out that food banks could only be visited once or twice a month. They also worried about the quality of the food:

Some of the food that food banks give me, I wouldn't feed it to my kids because I'm scared of them getting sick.

*

When [my son] was still on formula, I used to have to go to the food bank all the time. But they don't always have formula that is not expired. They say, "It is still good for so long," but who can guarantee that? Who can guarantee that the nutritional value is the same? That it is not going to make the baby sick?

In spite of all these difficulties, it appears that urban Aboriginal people are reliant on food banks, and are using them where they are available.

Some parents and workers suggested that their local Friendship Centre should begin operating a food bank (as a few of them already do). Their reasons were primarily because the Friendship Centre staff were reportedly more respectful and more involved with the urban Aboriginal parents in the community. Cost, space issues, jurisdiction and dealing with health regulations were some of the factors that have prevented Friendship Centres from opening up food banks – not lack of demand.

Where Friendship Centres and other urban Aboriginal organizations may not be running food banks, child and family workers are trying to meet the need for food and nutrition shortages through other means. Most workers have tried to introduce food supplements into their programs where they can. Some offer food vouchers, or even go shopping and deliver food to families to ensure that community children are being properly nourished. Some workers have food on hand to distribute to parents, and in one case, the Friendship Centre was playing the

Poverty in Canada is not a matter of starving, but rather of begging for food at food banks and shelters. It is the result of an unequal distribution of riches rather than a lack of riches.

(Child and Family Canada, <http://www.cfc-efc.ca/>)

role of extended family, lending money to mothers so they could buy groceries when they ran out!

- The number of people assisted in hamper programs represents 2.4 percent of Canada's population
- Children account for 41.5 percent of all people assisted in emergency programs
- Approx. three quarters of household receive income from social assistance, while only 10 percent receive employment income.
- Since 1989 the number of food banks has tripled and the proportion of the population relying on them has doubled.

Source: Canadian Association of Food Banks (CAFB), 1998

Many programs combine social and educational activities with food. Workers described "community kitchens", where parents gather to cook and eat. Workers plan cooking courses where there are always leftovers to take home. Many Friendship Centres have socials where members can get a hot meal for free or at a minimal cost. In addition to offering food that families may not get otherwise, these programs provide opportunities for socialization:

The meal services are the only time people get to go out. They only have vegetables at the beginning of the month when they get the cheque. Meal services are often the only live food they have in the middle of the month. Food in the third week helps. It is a social thing, too, you feel like you went out somewhere and did something and got to see people.

Cooking classes also have the goal of helping parents learn to cook nutritious food within a limited budget.

Workers are finding an increasing need to build food into programs for parents and children. They talked about how food provision increases attendance and enhances communication among families and with workers:

[With] the circles that we run in the evening, we supply dinner. In the past we only had a snack, and the kids came really hungry, because of the time [dinner hour]. So for the last year, we have been offering huge meals every Wednesday night [our group nights]. And that makes a big difference.

We really struggle with the use of program dollars around food. Everyone acknowledges it is important, even necessary to supply food. But no one wants their program dollars to go to food.

(OFIFC staff worker)

Parent interviewees talked about how it is much easier to go to an evening program (i.e. a parenting class) when the dinner is provided. Where parents have to travel substantial distances on foot or public transit to get to these programs, they did not have to worry about their children going hungry, or having to rush to feed them and get them to the program on time.

Day programs, such as moms and tots programs are more effective when built around lunch, and drop-in programs often provide food. A few of the organizations we visited offer after-school programs, albeit on a very limited basis. They talked about the need to build food into their programs:

Our programs go until 5:30, and we give them a snack before they go home, so if they don't get as much at home, then at least they will be full... We give them fruit and cookies and stuff like that... That is one way of knowing that those kids are going to get fed that day.

One time, [I said to a child] "Oh, you must really like coming for crafts." [He said] "Oh yeah, I really come for the snack." They are so open, they'll just tell you the truth. There's quite a few of them that just come for the snack so they'll have something to eat.

(front-line worker)

There is obviously a need for more in programs like this, as children that are relying on fruit and cookies to fill themselves for dinner are not going to develop to their full potential.

Some children are getting food through school and community breakfast programs. The need is clear:

At our breakfast club, we usually have two kinds of fruit and a slice of bread with some cheese or peanut butter on it. You can see the ones that are living in poverty – they always come back for a second helping. So we know that we have hungry children in our community.

Workers mentioned that the breakfast clubs within their organizations are unable to reach the scope of children who are not eating, and that such programs need to happen in the schools. They talked about the positive effects on the children where breakfast clubs are operating in local schools.

Prenatal workers talked about the positive effects of breastfeeding promotion through their programs. Lack of education, substance abuse, and malnourishment on the part of the mother were cited as some reasons that breastfeeding is not as widespread as it could be among urban Aboriginal mothers. It is important to note that many mothers are simply not eating enough to breastfeed, and that most do not have the support they need to start and continue breastfeeding. Adequate support is not generally available in the hospitals or throughout

the health care system, so mothers become easily discouraged. One prenatal worker spoke about the success she has had in being able to provide the support that is needed:

I have moms who say, "I would never breastfeed, it is not for me," and as time goes by, by the time they deliver, they are ready to at least approach it. We have had a good success rate with that. The average length of breastfeeding is six months, and I am trying to prolong it to a year, because that is better for the baby.

This prenatal worker also attends about 50% of the births of mothers in her prenatal group, and so her support at the hospital is invaluable in terms of promoting the breastfeeding.

In terms of material supports other than food, urban Aboriginal organizations provide clothing and in some cases help with household furnishing.

Children's Programs

Interview participants identified a number of ways in which existing children's programs help to offset the negative impact of poverty. Recreational, social, educational and cultural programs assist disadvantaged Aboriginal children with their health and development.

Parents and workers talked about the benefits of Aboriginal Head Start, where it exists.³³ One worker who operates a parent program alongside Aboriginal Head Start commented:

I think that Aboriginal Head Start is the best thing that ever happened for our pre-schoolers. I have yet to see any child that has not benefited from it. The first week that they are in, they are a changed child. I am not kidding!

Staff that were working in cities that do not have Aboriginal Head Start commented that there was a need for it. Some had operated pilot or summer programs on the Head Start model that had been successful, but were unable to continue programming because of lack of funds. One worker commented that Head Start would provide the consistency that is needed in their children's programming:

For the cooking classes, you can send your kids over to the day care, so that gives you a little bit of a break, just to forget about everything, mingle with other people. It's kind of relaxing, you don't have to worry about anything.

(parent)

We try to provide [children's] programming but it is not consistent enough. It's not on a daily basis like Head Start. I think families would really benefit [from that]. I think Head Start would provide that school readiness for a lot of Native children by having that routine on a daily basis at a young age.

We've introduced an after-school program because teachers were noticing that the Native children aren't as prepared [for school], but we can't reach every child because our funding dollars aren't the best.

(front-line worker)

Several organizations offer interactive programs for mothers and their pre-schoolers. Most of these programs happen only once a week, but some are limited to monthly or bi-weekly schedules. Parents were positive about these programs, stating that the programs had helped their children to learn to mingle with peers and with school readiness. One centre started an after-school program for children in response to observations by local teachers that Aboriginal children are not as prepared for school in comparison with the average population.

Some centres offer weekly playgroups for junior and senior kindergarten children. A few workers told us that they started toy lending libraries because parents are unable to afford the fees associated with mainstream toy lending libraries.

The existing children's programs are seen to have a positive effect on the children, most of whom are living in stressful situations because of the poverty:

A lot of them when they first came to this program were really withdrawn. But now they are really talkative, and they run and hug us. They seem like they are developing into really strong little individuals.

*

They are confident when they go into the school system. That is what I have found is the big difference with the kids. They were confident, able to speak.

The integration of Aboriginal culture into children's programming was seen as an essential part of the children's development in terms of self-esteem and overall well-being. It is particularly helpful in allowing children develop a sense of pride in the wake of a history of shame and denial around Aboriginal heritage, racism, and cultural genocide that has impacted on all areas of Aboriginal well-being. For children that are marginalized because of their poverty as well as their race, it is critical.

When asked about the effect of culture-based early childhood education on the children, one worker responded "They know who they are. Their identities really come out in the program." Many of the programs offer Aboriginal language education to the children, to which children are responding well. Access to Aboriginal language through urban Aboriginal organizations is important, as the school system does not generally offer these languages as options. One worker talked about how important it is for Aboriginal children living in non-Aboriginal foster homes to attend children's programs through the Friendship Centre, so that they are able to maintain a sense of connection with their nations.

In over half of the interviews, parents and workers pointed out that there is little, if any, programming for children in the six to twelve year old age group. Some centres are able to offer minimal programming, such as (Native) dance class or drumming once a week, but those opportunities are few and far between. This is problematic especially for children living in poverty, as they do not have access to community sports and recreation programs which inevitably cost money. Things like hockey are absolutely out of the question, and even most community swimming pools have an entrance fee. Mainstream community children's programming, such as Brownies can have costs that are a third of the family's monthly food budget, and so are out of the question.

Programs to help children access sports or recreation are few and far between, and are not always accessible for Aboriginal children:

[Some clubs] have something set up [to help], but you have to apply, and you have to give them all this

I think it instills a sense of pride. I know the children love coming here. We have this one little guy, the very first week, when the class was over, he said, "I was afraid to come here. I didn't know if I really wanted to come. But since I've been here, I don't want to go home." He enjoyed the interaction with the other children, [learning] that it's okay to be Native

(front-line worker)

information. It is very intrusive, [and for the] chosen few. And there is a lot of racism in this town. Big time.

A number of workers and parents pointed out that the former Little Beavers program, which operated out of Friendship Centres, had offered necessary programming for children in this age group, and wondered why it had been cut.

The result of inadequate programs for children in the six to twelve year old age group, in the words of both workers and parents is that “*children are wandering the streets*”:

I see seven year olds out after dark, no parental supervision, on the street, on their own. Kids that age are smoking.

*

Around here you don't see people sleeping on the streets. [What] you do see are a lot of young kids on the streets. Lots of young kids, walking around, smoking.

The lack of guidance or activity is seen to be the cause of destructive behaviours among children.

Skating, swimming, stuff like that – they don't do that no more. It is [because] of the cutbacks. It is really sad for them, for the kids. They can't do anything.

(parent)

A lot of the children in our communities start drinking by, if not before, the age of ten. A lot of them are sexually active by the time they are twelve years old.

*

You see the ones that are running around uptown very late, like after twelve. They are breaking the law, or they just don't have a family to go to.

Interviewees suggested that some kind of social and recreational programming is needed to provide children in this age category with something to do:

With my kids – one is thirteen and the other one is ten. You just see these kids roaming the roads. Are they going to walk the roads all night? We have to get these kids off the roads.

One worker pointed out that children can get lost in this “programming gap”. She mentioned that if they are left too long,

it will be hard to get them back to participate in programs when they do become available.

Youth

As mentioned in Section I, the high rates of teen pregnancy in the urban Aboriginal community are a big factor in poverty among Aboriginal children. Family support and pre-natal staff are working with this population, as will be described in the following sub-section.

There is a need for more sex education at the community level. Workers mentioned that sex education is either not taking place, or is not reaching the youth. One prenatal worker talked about her program, in which most of the mothers are teenagers or youth:

I find the moms that come into the prenatal program do not even know their body systems or functions. Most of them know they got pregnant from having sex, but how does that happen – they don't know. So you know they are not being educated at home.

Another worker stated:

I've gone into the high school and I've worked in a group home and done some education on FAS and healthy sexuality and stuff like that. I went to one class and they didn't even know about FAS. They didn't know what it meant. No clue.

Workers commented that there is a need for community sex education programs, as the programs in the high schools are not in sync with the realities of Aboriginal youth:

The high school, the education system doesn't see teen pregnancy as a problem. I was on the highschool council at one time because it was a big deal to me because I had all these young girls coming in and they were quitting school because they can't afford day care or anything like that. But pregnancy is not a problem for them. They are more worried about sports and drama and things like that, where they need to take a good look at reality.

*

When they address it in school it is uncomfortable. And you have a tendency to tune out because of embarrassment. Whereas if you had a worker such as myself or [my co-worker], they can open up and say, "Well how does this work?"

Studies have shown that disadvantaged youth are more likely to become pregnant. Aboriginal teens are much more likely to become parents than mainstream teens. The 1996 census, reported 8% of aboriginal aged 15 to 19 are parents.

Parent Programs And Supports

[There are] different parenting classes and activities that go on in the community. I try to go to those so that I learn new ways to deal with my stress so that it doesn't affect [the children] as much.

(parent)

Parenting can be stressful under the best of circumstances, but parenting in poverty involves innumerable challenges and struggles that must be met with adequate support.

As the health of children is directly related to the well-being of the parent, workers offer parent supports wherever possible. The types of programs that are serving urban Aboriginal parents include:

- Parenting circles and classes
- Parent support groups
- Counselling and home visits
- Prenatal nutrition programs
- Pre and post natal education and support groups
- Respite care
- Interactive child/parent playgroups
- Social and recreational gatherings
- Material aid

Urban Aboriginal organizations play the role of family and community for Aboriginal parents who may not have other supports. All of the above-mentioned services would have been built into a traditional society's extended family structure –

mentoring and teaching through older extended family members, assistance with childcare and childrearing, social and recreational gatherings, and the sharing of material provisions. Yet most Aboriginal parents in urban environments do not have this built-in network of support that was once the bedrock of Aboriginal childrearing. Most Aboriginal people are living in poverty because their families and communities were stripped of these structures through the colonization process. Many urban Aboriginal poor have left their home territories because of poverty and unemployment, family dysfunction and violence. The systems that were once in place to ensure healthy Aboriginal children are no longer there.

Urban Aboriginal workers build programs for Aboriginal families that reflect this need. Through counselling, home visits, and as group facilitators, they often become the family for parents who are struggling:

You especially get to know the [pregnant] girls that don't have any other family. You get to be a part of their family, you're the only person that they have.

Workers talked about trying to build extended family supports through their programs, so that their clients would have a network of people they could turn to. They recognize that workers and organizations are limited, and play a role in helping families rebuild their own support systems:

We do twelve weeks of pre-natal classes followed by eight weeks of baby care classes to ensure bonding. We encourage participation from extended family members, partners and support people in their lives. We work on the spider web theory where you are the center and then you see who is closest to you, in that first web, and in that second web, and so on. And through that you can identify who to draw in to help them, because you can't. There is only myself and [my co-worker]. You can't be a thousand places at one time. So you help them to learn what the resources are and how to maximize those.

One worker talked about how post-natal care and classes operate in the manner of traditional extended family supports. The program fulfils a need that would have been the responsibility of extended family:

I always stress extended family is so important. You know, like your grandma teaches you and your mother teaches you and your aunts and cousins. Sometimes these girls just don't have anyone. [Some] have never even held a baby...

This worker pointed out that, in addition to having no support through biological families, most young mothers do not learn much from the medical system about baby care, and so there is a need for this type of community education.

Parent support groups are also helpful in terms of creating networks among Aboriginal parents who are struggling. They offer opportunities for socialization, as well as peer support:

My main focus of the program is to learn to be like a big family. [The parents] come here and can exchange phone numbers, and anytime they want to call me they can....

Workers try to encourage parents to help one another, and to foster community relationships and support by bringing families together through gatherings:

We are really promoting community, family and extended family. Trying to create better support systems within the community. That is how we battle the poverty. Knowing that you are not alone. One of our rules on family social night is that you can't sit with one of your group. You have to go and sit with somebody you don't know.

Gatherings also provide parents with relief from the daily stresses, with social outings, or with the opportunity to have a break from their children:

[The parents] have no social life, unless we provide something. Even to go out for a coffee, that is a cost that is just not there. They like to do social things, like come down, have a tea, or anything like that. With our crafts and that, we try to come in and have a little talk, just one on one.

(front-line worker)

*

For the cooking classes, you can send your kids over to the day care so that gives you a little bit of a break, just to forget about everything [and] mingle with other people. It's kind of relaxing, you don't have to worry about anything.

(parent)

In the interviews, it was evident that the family workers were appreciated for the role that they play, and were trusted. Parents and workers spoke of a need to have more supports of this kind. Raising children in poverty is extremely stressful, and parents' needs must be addressed:

Fortunately, there are mothers who will call and say, "I can't take this any more," and we can help them to establish a support system or give them some parental relief, take care of the baby for awhile. But we can't do that all the time.

(front-line worker)

SECTION IV: PLANNING AND PROGRAM NEEDS

The interview material and the literature used in this study offer ample evidence that poverty is a grim reality for many urban Aboriginal children and families in Ontario. The health, development and well-being of almost half of the Aboriginal child population are in jeopardy because of a variety of factors, from inadequate nutrition, to a lack of recreational, social and educational opportunities, to daily struggles with survival that are increasingly stressful and demoralizing.

This study largely focused on types of efforts that can be supported through Friendship Centres and, in particular, their staff who are working with children and families, as these are the people we interviewed. Obviously, such efforts must be carried out within a holistic approach to eliminating child and family poverty, which would include economic development and access to employment and training, adequate, appropriate and affordable child care, and affordable housing. It is also abundantly clear that families can not afford to live on the current social assistance rates, and that Friendship Centres, although not involved in this service delivery, must support and advocate for any efforts being made to improve the dismal conditions imposed by the current social assistance system.

Friendship Centres, other urban aboriginal organizations, first nations and government must work collectively on this problem. Friendship Centres can approach child and family poverty with both short-term interventions and long-term strategic programs that will build the capacity of disadvantaged children, youth and families. These efforts are, by and large, taking place, but programs are generally under resourced, and there are gaps in the continuum of services for children and families.

Long Term and Strategic Programs

Most of the staff we interviewed deliver programs that are aimed at enhancing the capacity of parents and children who

are disadvantaged. The parenting education and support that is currently offered helps parents to better care for their children under stressful and restrictive living conditions. Child development programs such as playgroups, pre-school programs, or children's drop-ins are helping children who may not have the social or educational advantages of the more privileged. All of these programs are an important part of the continuum of services and policies that will be required to break the cycle of poverty among Aboriginal people.

When we asked parents and staff interview participants how they thought current programs could be improved, the majority simply told us that they would like to see more of the type of programs that are already in place. One family support worker told us "*We always have a waiting list for just about any program we offer.*" The frequency of programs was mentioned as well. When asked what would be helpful to her, one parent responded, "*More programs that could benefit your children or yourself,*" adding:

Today we have a crafts class, with a moms and tots program, but [I would like] more services like that, where we could provide something every day instead of once a month, or once every two weeks. Something a little bit more steady so the children develop that routine.

One worker talked about the improvements that she had witnessed among children attending their school readiness program, stating that she would like to see more of this type of programming happening, and starting from a younger age:

Our after school program is once a week, and we have had really positive comments that the children are improving. So if they are improving with one day, what could we have if they were getting this from two years old, this type of instruction?

Many staff talked about how they are unable to meet the demands on their time:

We need more funding. And we need more workers. There are only two of us [a community nutrition worker and family support worker] to service this entire community. So there are communities out there we

The relationship between support services and long-term positive outcomes is well documented in research studies. The value of prevention has been generally accepted. After examining the availability of service the question we are left with is: How much difference can preventive and support services make when they are accessible to only a small proportion of potential clients?

(Metro Toronto Report Card on Children, <http://children.metrotoronto.ca/>)

haven't even scratched the surface on. We don't even know what else is out there.

Parents and workers mentioned that consistency in the programming is necessary. They talked about how it is problematic that programs are often short term, or are cut or changed as soon as they build up a following:

The disruption wreaks havoc. Somebody could be coming along, doing really well, and then the program is cut. But they still need that little bit more to get their self-esteem – and then they are back to square one.

*

You have got some programs to a certain point and now you are going to pull them. What is going to happen to these kids? You have got them to rely on these programs and then you are going to take it away from them.

You go to a program for 12 weeks, and they say, "Well it is over. Sorry, we are not having it again." Just when you start to feel like there is hope. Maybe I can finally get ahead. I finally found something that can help me, and it is not there anymore.

(parent)

As Friendship Centres play the role of extended family for a lot of the urban Aboriginal population, it is important that programs be stable and long term. Child and family programs need more staff and resources so they can be more frequent, more consistent and delivered over long-term periods.

Continuity is important in terms of serving the life cycle continuum. Within the services that are currently available, some family members are being assisted, while others are not. For example, some programs offer nursing mothers and infants nutritional supplements, while other members of the family go hungry. Family workers talked about struggling with their mandate to specifically serve children in the 0-6 age group. They try to work in a more holistic fashion so that the health and well being of the whole family is enhanced, but they are under resourced to do so.

Programs must be developed for the whole life cycle continuum of Aboriginal children and families, and there are some noticeable gaps. The most significant gap is in the 6-12 year old age group. Since the cancellation of the Little Beavers program, there are few, if any programs and services for Aboriginal school-aged children in urban centres. Recreational, social and cultural programming for school-aged children is particularly lacking among the poor, who do not have the

resources to pay for these activities. Parents and workers talked about how this type of programming is necessary to “keep the children off the streets.”

Programs for school aged children would allow them to enhance their development and would undoubtedly offset the difficulties they may face in their oncoming adolescence:

The kids from 6-12 are at an age where I find a lot of them are really impressionable. The lessons they learn are going to stay with them for awhile. I would like to see a program where we instill self-esteem. Even teaching them some basic life skills. A lot of them don't get that at home. Give them a little preparation for when they are teenagers. A lot of those kids, if you work with them for awhile, you find they have lots of hidden little talents. But they are either not comfortable enough letting people know that they have them, or they don't know they have them.

In a family of four living with less than \$30,000, it was found that three quarters of the children rarely participate in sports, as opposed to one quarter of the richer children who don't play.

Canadian Council on Social Development, "Income and Child Well-Being: A New Perspective on the Poverty Debate." www.ccsd.ca

Aboriginal organizations need to reinstate ongoing, regular programming for 6-12 year old children. Such programming would ideally serve the social, educational, cultural and recreational needs of Aboriginal school aged children living in poverty.

Further along the continuum, urban Aboriginal youth are also underserved. Some workers talked about the proposed urban Aboriginal multi-purpose centres, and look forward to the types of services that they may offer. But not all urban centres can expect to see these services for youth, and there is a need to look at what types of services would be beneficial for this age group. Urban Aboriginal organizations need to assess and address the need for social and recreational opportunities among Aboriginal youth.

With relation to child poverty, the question of Aboriginal teen pregnancy must be addressed. Teen pregnancy and parenthood almost certainly result in both child and youth poverty. Aboriginal specific curriculum on healthy sexuality and planned parenthood must be developed and implemented immediately.

Although few interview participants mentioned this need, parent programs for teens would logically be part of the

continuum of services needed to address the prevalence of teen pregnancy and parenthood among the Aboriginal population.

All of these services must be designed with adequate supports so that they are accessible to the poor. Transportation, child care, and in many cases, food, are pre-requisites for disadvantaged families who wish to participate in community programs.

Short-term Interventions

As much of the time in the interviews was spent talking about the “emergency” or crisis-based services that Aboriginal families are seeking, Friendship Centres and other urban Aboriginal organizations need to think about their role in fulfilling this need. Many Aboriginal parents come to Friendship Centres for food and other basic needs because they are not comfortable going to mainstream services like food banks. To what extent (and how) should Friendship Centres fulfill this increasing need for “emergency” supplies?

Some parents and workers proposed setting up food banks in the Centres, while others had tried and said it was not possible. Decisions around the role and extent of delivering emergency services need to be made on a case by case basis. In all cases, however, some type of support must be provided, as Friendship Centres and workers are struggling with the need to meet increasing demands for basic material needs of families (e.g. food and diapers).

Many Friendship Centres and other urban Aboriginal organizations are addressing emergency needs by building them into their programs for parents and children. This seems to be effective as it enhances program participation while offering some assistance to families who are having trouble feeding their children. In order to meet fulfill some of the emergency needs of children and families, programs should be resourced to provide food as a compliment to their social, educational, or recreational activities.

At the same time, efforts to meet the crisis and survival needs of urban Aboriginal families must be crafted within larger strategies to move beyond the crisis stage that Aboriginal families are now experiencing.

Studies related to poverty remind us that crisis-oriented measures such as food banks and shelters, while necessary, run the risk of deflecting attention and even displacing larger social mechanisms that should be in place to address these problems. The 1999 Toronto *Mayor's Homelessness Action Task Force* identifies the "emergency bias" of the service sector as a barrier to implementing more preventative measures, stating "managers and service providers are forced to spend their time creating stop-gap solutions to immediate crises."³⁴ Food banks have been noted to "depoliticize the issue of hunger in Canada by undermining government's legislated obligations to guarantee adequate welfare benefits and by obviating the need for responsible public action."³⁵ As Lynn McIntyre and others who have studied child hunger in Canada note:

Critics have suggested that Ontario has institutionalized food banks as a normative strategy for food procurement among the poor (Tarasuk and MacClean, 1990a). The problem with the institutionalization of charitable food services (i.e. food banks, food bags, soup kitchens) is that they are a poor solution to the hunger crisis. Food supplies are often limited, and inconsistent as they rely on donations from community members and local businesses. Food quality may be low (Emmon, 1987; Starkey, 1994). When resources are low, food banks often have to limit the amount of food distributed and may even have to turn away people who are dependent on their services (Riches, 1989). It is often difficult to obtain the required numbers of personnel to run these agencies (Lipsky & thibodeau, 1988). In addition, the process can be degrading and disempowering as it removes the individual's choice regarding when and what they eat (Lynn McIntyre, "A Glimpse of Child Hunger in Canada," (1998).

Children's feeding programs are a band-aid measure to support the nutritional health of poor children. Neither providers nor recipients seem to ask why a significant number of members of society cannot adequately feed or clothe themselves or their children, or why their full participation in society is denied. Feeding programs, intended to provide food for hungry children, hide the roots of child poverty and give those who have the power to change it reasons for doing nothing.³⁶

Service providers need to avoid playing into the system where government and public responsibility for the welfare of children is reverting to “charity” activity, and the sole purview of community organizations, such as Friendship Centres. Strategic planning around poverty reduction, and the role of Friendship Centres therein is in order.

CONCLUSION AND RECOMMENDATIONS

This paper will hopefully initiate further discussion about the nature of urban Aboriginal child poverty in Ontario, and what can be done about it.

Collective and collaborative action between Aboriginal organizations, First Nations, and all levels of government will be necessary to eliminate Aboriginal child poverty. Both short term interventions and long term strategies are required to break the cycle of poverty.

Friendship Centres have the capacity to deliver educational, cultural, social and recreational programs for children, youth and parents. The OFIFC can offer training and policy analysis/development.

Overall **recommendations** out of this study have been divided into the areas of “Federal and Provincial Government: Immediate Program Enhancements,” “First Nations and Other Aboriginal Organizations” and “Co-operative Policy Responses”:

FEDERAL AND PROVINCIAL GOVERNMENT: IMMEDIATE PROGRAM ENHANCEMENTS

1. **Significantly increase social assistance rates to establish a new baseline which must have a cost of living allowance as a regularized component.**

As a minimum offer of support, social assistance should be increased to the levels that existed prior to the 1995 21.6% cut. The effect of the increasingly stringent conditions for receiving social assistance (i.e. LEAP and workfare) on Aboriginal families also needs to be examined.

2. **Determine options to ensure the existence of affordable housing for urban Aboriginal people and create a set aside of Aboriginal-specific funding for social housing.**

It is critical that government policy makers consider the impact of policy decisions around eliminating rent controls, as well as, limiting housing subsidies and low income housing. As the federal government downloads their responsibility for Aboriginal social housing, Ontario must recognize the need for Aboriginal-specific social housing funds.

3. **Build time-limited “crisis management” food, diaper and medicine budgets into Friendship Centre funding.**

While Friendship Centres do not necessarily have the mandate to operate as food banks, the reality is that they are met with increasing demands to play this role. Many are providing this service without the human or material resources that are required. Friendship Centres should be adequately funded to provide food, diapers and basic (over-the-counter) medicines to those families who are unable to pay for these necessities. This funding should be time-limited and linked to a larger strategy aimed at reducing child poverty through financial and social empowerment of Aboriginal parents.

4. **Provide funding to purchase vehicles and establish ongoing transportation budgets to ensure program participation of Aboriginal children and families living in poverty.**

Transportation is a must for the many families who have no funds for bus fare, cabs, or their own vehicles. Friendship Centres need transportation programs to enable disadvantaged families to attend programs that are critical to their health and development.

- 5. Expand the existing Aboriginal Community Action Program for Children (CAP-C), Aboriginal Canada Prenatal Nutrition Program (CPNP), Aboriginal Headstart, Aboriginal Healthy Babies Healthy Children (HBHC) and the Aboriginal Healing and Wellness Strategy, in order to address waiting lists for services to disadvantaged children, and to offset the demands placed on one-worker programs.**

Aboriginal family support workers in Ontario are currently overwhelmed with responsibilities to do crisis management and intervention. This is interfering with their capacity to develop and run long term programs for parents and children. Family support programs need at least two full time workers so they can meet the crisis demands related to poverty, while at the same time deliver consistent and ongoing programs. Enhanced program funds and staffing would allow the support workers to do some much-needed long term and strategic planning around poverty reduction, and to deliver interactive programs more frequently.

- 6. Provide immediate resources to address the crisis in Aboriginal teen pregnancy.**

Young parents and their children are particularly at risk of living in poverty. This issue is critical within the Aboriginal community given the high percentage of youth in the overall population. Communities must be given the resources to build capacity through the development of culturally-appropriate family planning programs and support services to young parents.

- 7. Establish programming for 6 to 12-year-old children (social, educational, recreational, cultural) in Friendship Centres across Ontario.**

The gap in service for school-aged children must be addressed immediately. Disadvantaged Aboriginal children in this age group have no access to social, recreational and cultural activities. Moreover, they are not eating properly. This is affecting their physical, mental, emotional and spiritual development, and is causing undue behavioural and social problems. New programming must, therefore build in ways to serve the short term, crisis needs of children in the 6 to 12-year-old age category (e.g. lack of food and transportation).

8. Direct resources toward the establishment of an Aboriginal mental health strategy in Ontario.

Over the years, Aboriginal front-line workers have identified the need to address mental health needs of their clients, and have noted the direct correlation between mental health problems and suicide, poverty and homelessness. In a 1996 province-wide consultation, urban Aboriginal community members further attested to the connection between the mental health of the individual and the use/abuse of alcohol and substances, validating the necessity for a multifaceted strategy to deal with mental health and addictions. No one is addressing the mental health needs of the urban Aboriginal people in Ontario, and disadvantaged children are suffering from this lack of attention to a pressing service need.

FIRST NATIONS AND OTHER ABORIGINAL ORGANIZATIONS

- 9. Begin immediate, collaborative work between First Nations, Friendship Centres and other urban Aboriginal service providers on the design, development and delivery of services to address poverty. This must occur from a service perspective, rather than a representative perspective.**

Any work towards the elimination of Aboriginal child poverty will need to be grounded in cooperative work between all Aboriginal service providers, regardless of location or affiliation.

- 10. Undertake more child and family poverty research and policy co-ordination between First Nations, Friendship Centres and other urban Aboriginal groups. All groups must work together in order to further define the issues and refocus responses.**

There is a need to further examine how policies are affecting Aboriginal children, to look at trends in Aboriginal children's issues, and to strategize around collective action that can take place at the local and provincial levels.

- 11. Focus strategies towards the elimination of child poverty on service and not on disagreements about population statistics, resource levels, residency or status.**

Service to the Aboriginal poor must be first and foremost in the development of any strategy towards the elimination of Aboriginal child poverty.

- 12. Support services must be designed and organized such that they focus resources on those in the greatest need and ensure that there is accountability to Aboriginal people for services and programs provided.**

First Nations and Aboriginal organizations need to examine the social and economic situation of Aboriginal children and families, and direct their resources to those people in greatest

need. This will prevent any wrongful allocation of resources, such as through political patronage processes. It is important that resources allocated toward services and accountability take priority, and not the creation of infrastructure.

13. **Aboriginal organizations must take collective responsibility to address the education and training needs of Aboriginal women and ensure that Aboriginal women access education and training programs. This responsibility must not be left solely to Aboriginal women's groups.**

For too long, women have been marginalized, victimized and solely blamed for their children's poverty. Both the government and Aboriginal people need to recognize their collective responsibility for the children, and to acknowledge the related need for well-being among the women. First Nations and Aboriginal organizations need to make a commitment to the economic and social recovery of these mothers and caregivers. This requires supportive programs such as childcare and transportation to be in place.

14. **Recognize and include urban Aboriginal child welfare authorities in the response to child poverty.**

Those who work in Aboriginal child welfare are involved in dealing with child poverty and its negative outcomes on a daily basis. These service providers must, therefore, be included in strategies for change.

CO-OPERATIVE POLICY RESPONSES

- 15. Ensure that existing initiatives consider the role of all levels of government, First Nations and Aboriginal organizations in terms of addressing Aboriginal child poverty.**

Cooperative and collaborative responsibility for the situation must be recognized in any initiative to address the situation of child poverty.

- 16. Federal and provincial governments must each accept that they have continuing responsibility for Aboriginal people.**

Section 91(24) of the Canadian constitution identifies "Indians and lands reserved for Indians" as a matter of federal responsibility. Federal policy currently interprets their responsibility as applying primarily to Indians on reserves and unilaterally designates the off-reserve population as primarily a matter of provincial responsibility, though Ontario has never officially concurred. As a consequence, Aboriginal initiatives off-reserve are often rejected by both federal and provincial governments with the rationale that the other government bears primary responsibility.

- 17. That existing legislation and policy ensure that Aboriginal people are responsible for the care and protection of Aboriginal children regardless of residency and status.**

As an example, Section 10 of the Child and Family Services Act established Indian and Native services as applying to on- and off-reserve. However, the Ministry of Community and Social Services has established policy to interpret this legislation to apply solely to on-reserve.

- 18. Recognize that Aboriginal children, youth and families need specific culturally-appropriate resources that must be central when new initiatives are being designed or when existing services are being evaluated.**

Aboriginal child poverty cannot be addressed by generic or mainstream services. As with any service for Aboriginal people, such services will only be effective if Aboriginal-specific needs are accounted for.

19. **Develop inter-agency co-operation through protocols and government policy directives. This will ensure that a supportive environment is created when addressing Aboriginal child poverty.**

Protocols and policy directives will establish the terms for the effective working relationships required to collectively address Aboriginal child poverty.

20. **Work collaboratively between government and Aboriginal organizations to create resources for food, diapers, and medicine that is not covered by the drug benefit coverage (e.g., cough syrup, children's tylenol, vitamins).**

Resources for these necessities must be located and allocated to those most in need.

21. **Direct foundations funded by the federal and provincial governments to ensure that Aboriginal children are considered significantly in their work.**

Aboriginal children living in poverty must no longer be invisible in the work of federal and provincial foundations that are otherwise addressing poverty.

22. **Design a social action plan involving government, First Nations and Aboriginal organizations. These parties would establish specific performance measures and time frames assigned to eradicate child poverty in the Aboriginal community within ten years.**

Those who are responsible for the eradication of Aboriginal child poverty need the opportunity to strategize on how they can establish goals and a workplan to this end.

23. It is a responsibility for all of us to immediately address child poverty.

It is important that we not demean poverty nor deny its impact or conditions. We cannot just use rhetoric and historical blame but have to use our physical, mental, emotional and spiritual abilities to see that we create a healthy, hopeful future for our children.

¹ For example, Canada 2000, *Report Card on Child Poverty in Canada (Ontario), 1989-1999, Thursday's Child: Child Poverty in Canada: A Review of the Effects of Poverty on Children*, Catherine Ryerse and Carleen Joseph, National youth in Care Network, Ottawa, ON, 1990.

² see Obonsawin-Irwin Consulting, *Findings Report for an Evaluation of Ontario's Off-Reserve Community Action Program for Children, and the Canadian Pre-Natal Nutrition Program* (unpublished, 1997); Frank Maidman, *The Aboriginal Pre-natal Nutrition Program: An Evaluation* (Frank Maidman Associates, unpublished paper, 1998); and J. Becker and V. J. Galley, *Aboriginal Head Start Summer Pilot Program: Evaluation and Final Report* (unpublished, 1996). At the time of writing this paper, the National Aboriginal Head Start Evaluation was expected to be released.

³ Methods were consistent with those described in M. Miles and a. Huberman, *Qualitative Data Analysis* (Berkley Hills, CA: Sage Press, 1984).

⁴ Patricia Chisholm, "Growing up Poor: Canada Has an Embarrassingly High Rate of Child Poverty," *McCleans*, February 24, 1997.

⁵ Campaign 2000 and other anti-poverty organizations use the low income cut offs as defined by statistics Canada to measure poverty. It should be noted, however, that most Native families in poverty are living far below these rates.

⁶ Campaign 2000, *Report Card on Child Poverty in Canada, 1989-1999*.

⁷ Campaign 2000, *Report Card on Child Poverty in Ontario, 1989-1999*.

⁸ National Anti-Poverty Organization, "Poverty in Canada: Some Facts and Figures," April, 1999. (www.napo-onap.ca)

⁹ Statistics Canada, 1996 Census Data, Dimension Series

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Canadian Coalition for the Rights of Children, *The UN Convention on the Rights of the Child: How Does Canada Measure Up?*, <http://www.cfc-efc.ca/ccrc/report/index.htm>

¹⁴ Statistics Canada, 1996 Census Data.

¹⁵ Campaign 2000, *Report Card on Child Poverty in Canada, 1989-1999*

¹⁶ see footnote #3.

¹⁷ Frank Maidman Associates, *Aboriginal Child, Family and Community Wellness: Child Welfare Prevention Practices* (unpublished, November, 1998).

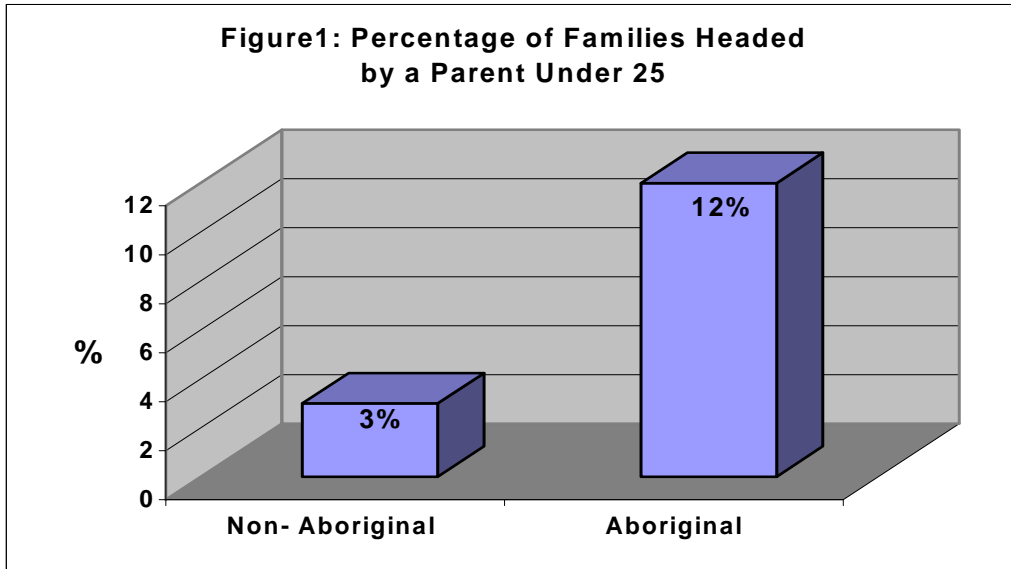
¹⁸ See the (Toronto) Mayor's Homelessness Action Task Force Report, *Taking Responsibility for Homelessness: An Action Plan for Toronto* (Toronto City Hall, 1999), and Frank Maidman and Associates, *Aboriginal Child, Family and Community Wellness*.

¹⁹ Canadian Council on Social Development, *Child Benefits: Kids Are Still Hungry*. (www.ccsd.ca)

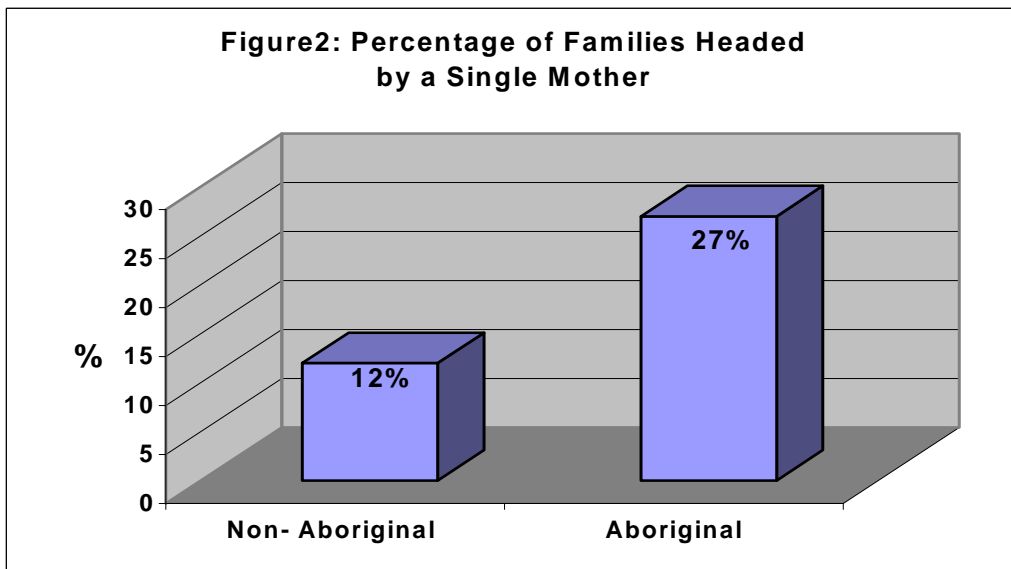
²⁰ Marge Reitsma-Street et. al., "Three Perspectives on Child Poverty," *The Social Worker/Travailleur Social* 61 (1), Spring 1993.

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- ²¹ For details about the percent of interview time spent talking about the different topics, see Appendix B, Figure 4.
- ²² For a sample budget of a single mother of two, living on social assistance, please see Appendix C.
- ²³ We have inserted “voluntary” in quotations marks, because no parent would truly “volunteer” to hand over their child to the state. The decision to put one’s child in care is a forced decision, fuelled by the multiple oppressions of poverty.
- ²⁴ The Canadian Council on Social Development reports that “In 1996, more than 75% of children under age 2 had been breastfed, up from 69% in 1994.” (from *The Progress of Canada’s Children in the Millenium*,” (2000).
- ²⁵ National Council on Welfare, “Children First: A Pre-Budget Report by the National Council on Welfare,” (1999).
- ²⁶ Lynn McIntyre, Sarah Connor, and James Warren, “*A Glimpse of Child Hunger in Canada*,” Applied Research Branch, Strategic Policy, HRDC (1998).
- ²⁷ Ibid.
- ²⁸ Ibid.
- ²⁹ Ibid.
- ³⁰ Chandrakant P. Shah, Meldon Kahan and John Krauser, "The Health of Children of Low-Income Families," *Canadian Medical Association Journal* Vol. 137, September 15, 1987.
- ³¹ Canadian Council on Social Development, *The Progress of Canada’s Children*
- ³² Reference the discussion about child welfare prevention.
- ³³ At the time of writing this paper, a national evaluation of Aboriginal Head Start was due.
- ³⁴
- ³⁵ Graham Riches, “Hunger in Canada,” in *First World Hunger* (St. Martin’s Press, 1997.)
- ³⁶ L McIntyre, K. Travers and J. Dayle. Final Report to Health Canada, NHRDP NO. 6603-1461-201, 1997. Note: This reference and the one preceding it were taken out of Mel Hurtig, *Pay the Rent or Feed the Kids: The Tragedy and Disgrace of Poverty in Canada* (Toronto: McClelland and Stewart, 1999)

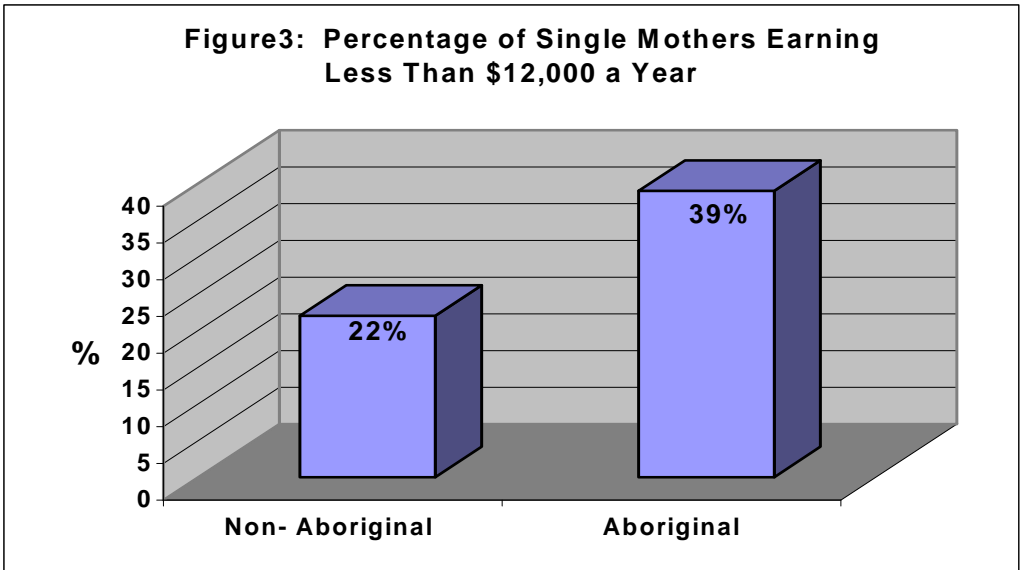
APPENDIX A: DEMOGRAPHIC DATA



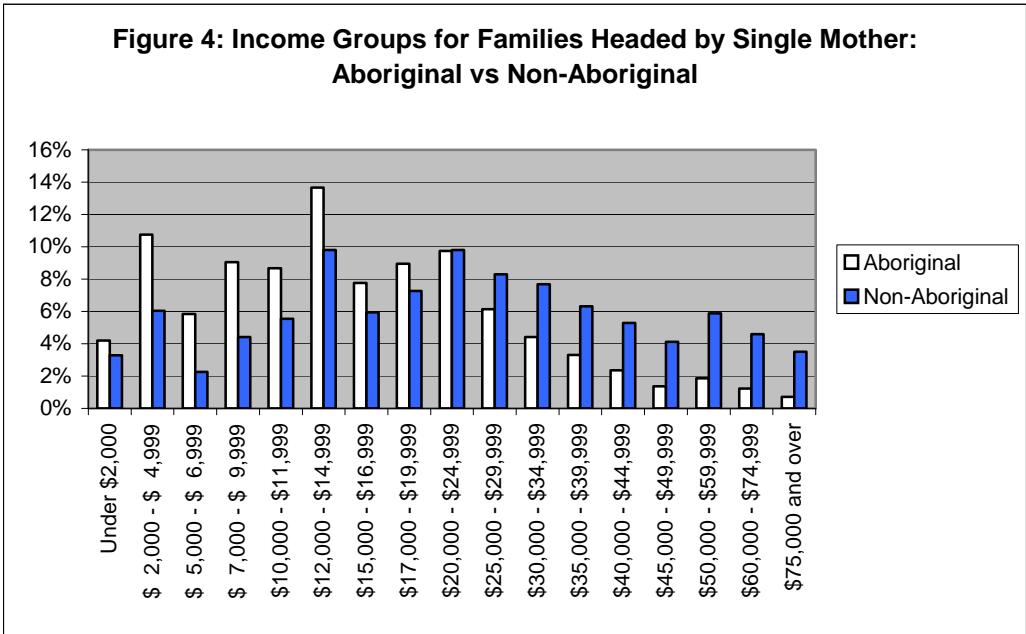
Source: Statistic Canada, 1996 Census



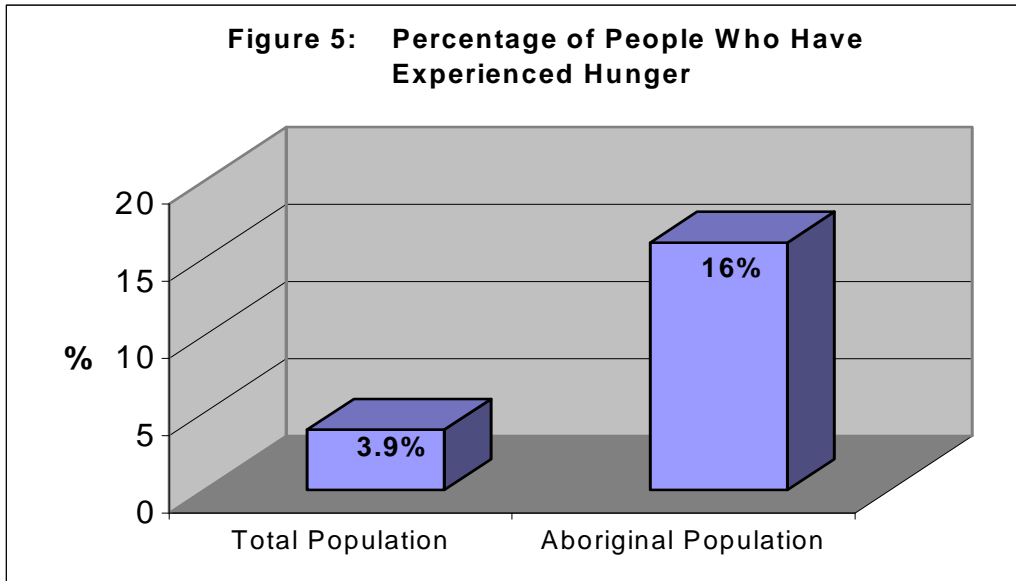
Source: Statistic Canada, 1996 Census



Source: Statistic Canada, 1996 Census



Source: Statistics Canada, 1996 Census



Source: "A Glimpse of Child Hunger in Canada," by Lynn McIntyre, Sarah Connor and James Warren, (Applied Research Branch, Strategic Policy, Human Resources Development Canada).

APPENDIX B: INTERVIEW DATA ANALYSIS

Figure 6: Interview Comment Categories by Location

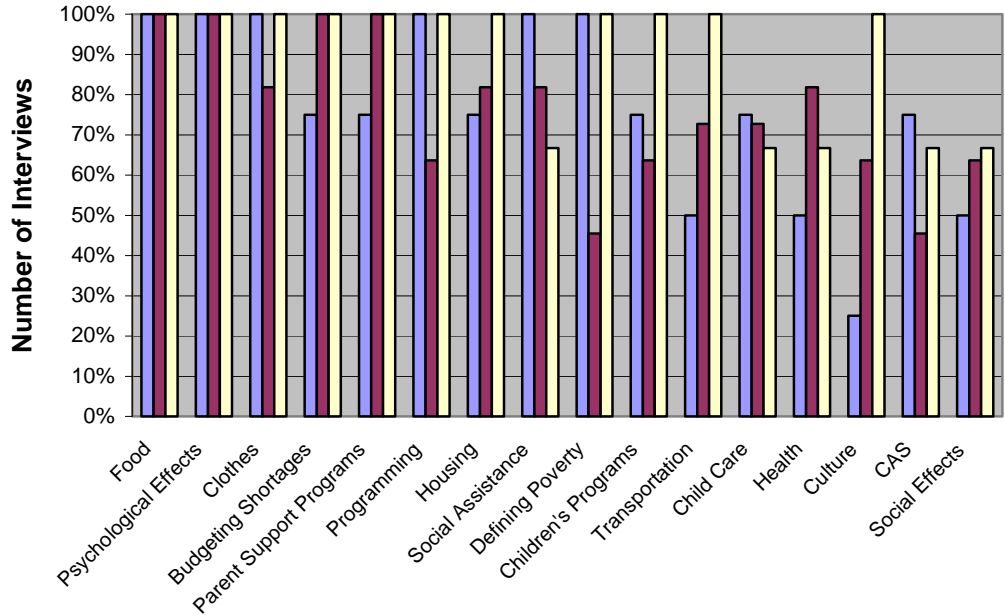


Figure 7: Interview Comment Categories by Location

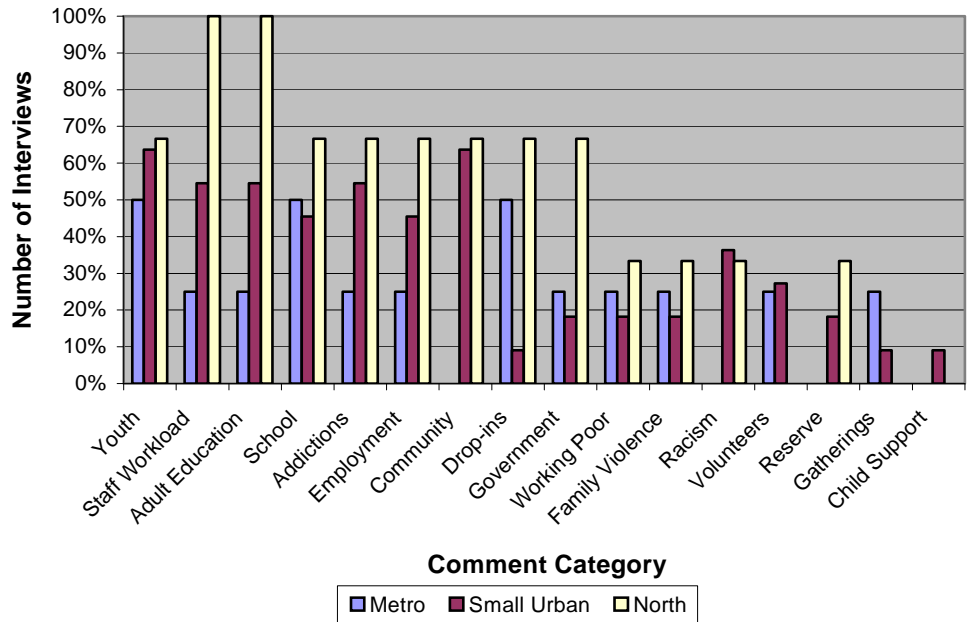


Figure 8: Comment Category by Interviewee Type

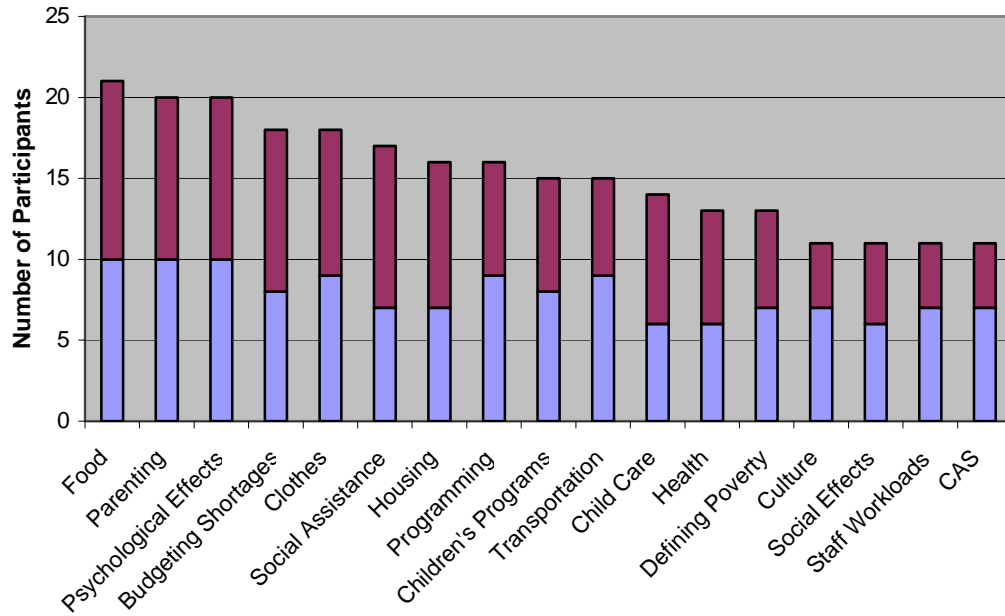
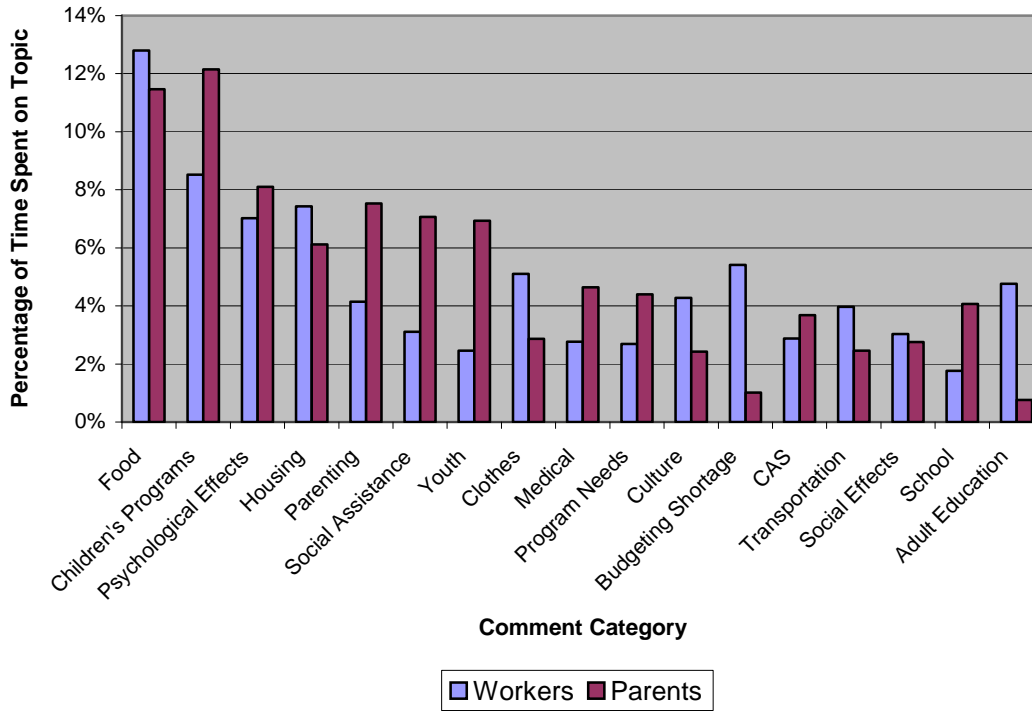


Figure 9: Top 80% of Time Spent on a Topic by Interviewee Type



APPENDIX C: BUDGET SHORTFALL CHART

This table represents the budget of a single parent with a school-aged child, based on figures taken from the Toronto Social Planning Council, 1995. It demonstrates the impact of the (1995) 21.6% budget cuts to social assistance. The limitations of a social assistance budget are clear.

Expenditure Category	Monthly Needs (1)	Old Welfare Rates	Current Welfare
Food	\$280	\$280	\$280
Housing (2)	\$652	\$652	\$652
Home Furnishings and Equipment	\$65	\$65	\$0
Household Operation	\$19	\$19	\$10
Clothing	\$88	\$88	\$44
Health Care	\$8	\$8	\$8
Personal Care	\$41	\$41	\$41
Recreation, Reading, Gifts, Contributions, Communications	\$215	\$15	\$15
Transportation	\$90	\$90	\$0
Special School Needs	\$10	\$10	\$10
Child Care	\$151	\$55	\$0
Life Insurance	\$30	\$0	\$0
Contingency Fund	\$0	\$0	\$0
Maximum Monthly Benefits + Child Benefit		\$1,324	\$1,060
Tax credits and other welfare income (3)		\$89	\$89
Total Income	\$1,651	\$1,413	\$1,149
as % of total needs		80%	64%

Notes:

(1) Source: Social Planning Council of Toronto, updated sample family budgets 1994. These figures are used to represent the income necessary for a modest standard of living in Toronto.

(2) Housing costs are assumed to equal the current maximum payable under social assistance. Many people are forced to pay rents above the maximum. The new maximum for this family will be \$511 monthly.

(3) Includes federal Child Tax Benefit (1995), back to school and winter clothing allowances, and federal and provincial tax credits. Many people do not receive all the benefits they are entitled to because they don't file tax returns. Often this is due to language and literacy difficulties.

Source: K-W Ontario Coalition Against Poverty website <http://www.web.net/~gccwat/ocap/stats.html>

