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HOUSE OF COMMONS  
CANADA

## **BUILDING ON SUCCESS**

**Report of the Standing Committee on  
Human Resources Development and the Status  
of Persons with Disabilities**

**Judi Longfield, M.P.  
Chair**

**June 2002**

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## **BUILDING ON SUCCESS**

### **Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities**

**Judi Longfield, M.P.  
Chair**

**June 2002**

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# **THE STANDING COMMITTEE ON HUMAN RESOURCES DEVELOPMENT AND THE STATUS OF PERSONS WITH DISABILITIES**

has the honour to present its

## **EIGHTH REPORT**

In accordance with its mandate under Standing Order 108(3)(c), your committee established a sub-committee and assigned it the responsibility of examining the matters relating to children and youth at risk in Canada.

The Sub-Committee studied the status of Aboriginal children 0 to 6 years of age and submitted its report to the Committee.

Your committee adopted the following report which reads as follows:

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# FIRST NATIONS CHILDREN LIVING ON RESERVE FROM THE PRENATAL PERIOD TO AGE 6

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## BACKGROUND

In the Throne Speech inaugurating the First Session of the 37th Parliament, the Government of Canada made substantial commitments to Aboriginal people<sup>1</sup> generally and their children in particular. To promote the healthy development of Aboriginal children across the country, the government announced that it would work together with First Nations to:

- improve and expand the scope of the community programs and services relating to early childhood development; and,
- increase the resources provided under the Head Start Program for Aboriginal people to make it more widely available.

It also undertook to work in partnership with Aboriginal communities, provinces and territories to substantially reduce the incidence of fetal alcohol syndrome.

Following these commitments, the members of the Sub-committee on Children and Youth at Risk decided to conduct a study of Aboriginal children in Canada, paying particular attention to federal programs and services available to them. Studies have proven the decisive importance of their early childhood in the future development and well-being of individuals.<sup>2</sup> We are also aware of the separate areas of jurisdiction of the federal, provincial and territorial governments with respect to Aboriginal people living on reserve and those who live elsewhere.<sup>3</sup> Given the nature of these issues, we thought it appropriate to conduct this study in four phases, which will consider the prenatal period to age 12 for children living on and off reserve.

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<sup>1</sup> Throughout this report the term Aboriginal is used to denote First Nations, Métis and Inuit people collectively where appropriate and relevant. The term First Nations is used when specifically referring to the Registered (Status) Indians. That is to say those people who are registered or entitled to be registered as Indians in accordance with the provisions of the *Indian Act*.

<sup>2</sup> Research has shown that experiences during the period from conception to age 6 play a critical role in determining the future development and well-being of individuals and that early high-quality intervention is a sound economic investment for children and their families as well as for society. Readers may obtain further information from the testimony of Dr. Fraser Mustard and the earlier reports of this Sub-committee on our website at: [www.parl.gc.ca](http://www.parl.gc.ca)

<sup>3</sup> Under subsection 91(24) of the *Constitution Act, 1867*, the federal government has exclusive legislative jurisdiction over "Indians and lands reserved for the Indians."

Phase 1: The condition of First Nations children from the prenatal period to age 6 living on reserve.

Phase 2: The condition of young Aboriginal children living off reserve from the prenatal period to age 6.

Phase 3: The condition of First Nations children from age 6 to 12 living on reserve.

Phase 4: The condition of Aboriginal children from age 6 to 12 living off reserve.

The Sub-committee plans to complete the four phases by the end of 2003.

We began our examination of the condition of First Nations Children in November 2001 with information meetings where we heard from representatives of various federal government departments providing programs and services to Aboriginal families and children in Canada.<sup>4</sup> For the purpose of completing the first phase of the study, subsequent meetings were organized with experts in early childhood development, various stakeholders, teachers working in Aboriginal communities, community groups, native leaders, and representatives of various First Nations bands and communities.

This report marks the end of the first phase and deals with the condition of children living on reserve from the prenatal period to age 6. It summarizes our testimony and provides observations and recommendations that we hope will serve to bring about improvements in the lives of, and the opportunities available to, those young children living on reserve in Canada.

Having said this, the Sub-committee is aware of the limitations of this report. Since we have paid particular attention to the programs and services that focus on the development of young children, our recommendations are limited to this particular topic. They do not, therefore, take into consideration the full range of the issues facing members of the First Nations across the country. Though the Sub-committee understands that these issues cannot be separated from those specific to children, we nevertheless feel that ensuring that families and young children have access to a full range of opportunities for learning and development offers a good starting point in ensuring the sound development of the First Nations communities. This would be a first-rate investment in the future of our country.

As Dr. Rose-Alma McDonald, Consultant to the *Mohawk Council of Katenies* and to the Assembly of First Nations pointed out:

“Children are the most precious resource of our nations. They are the link to the past generations, they are the enjoyment of the present generations, and they are

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<sup>4</sup> See the list of witnesses in Appendix A.

our hope for the future [...] Yet without healthy, socially developed children and youth, we have no future. Without them, we have no guarantees for any of them beyond today.”<sup>5</sup>

## **ABORIGINAL CHILDREN IN CANADA: OVERVIEW**

In January 1993, six Innu children in Davis Inlet barricaded themselves in an unheated shack in minus forty temperatures and attempted to take their own lives. Seven years later, television cameras caught a group of children in the Innu community of Sheshatshiu unsupervised in the woods in sub-zero temperatures high on sniffing gasoline. These images gained national and international attention and imprinted themselves in our imaginations. Three years prior to the tragic events at Davis Inlet, on 28 May 1990, Canada undertook to ensure that “in all actions, the best interests of the child shall be of primary consideration” by signing the *United Nations Convention on the Rights of the Child*.<sup>6</sup> Despite its solemn commitment, statistics reveal that Aboriginal children in this country continue to sustain a disproportionate burden of illness and confront numerous social problems.

As a result of complex historical and contemporary dynamics, Aboriginal people in Canada face a number of disadvantages. Taken together, the adverse socio-economic conditions facing Aboriginal people have negative effects on the developmental outcomes of their children. Time and time again, members of the Sub-committee were reminded of the disparities in the health and well-being of First Nations children and their non-Aboriginal counterparts. “By every measure, the *BC Aboriginal Child Care Society* told the Sub-committee, Aboriginal children in Canada are doing poorly and their families face many different challenges, including poverty, welfare dependency, illiteracy, and family distress.”<sup>7</sup> Indeed, social and economic indicators reveal high rates of birth, unemployment, poor housing conditions, low education levels and other environmental factors that aggravate the health risks for children and youth.<sup>8</sup>

In 1996, an estimate placed almost 60 per cent of First Nations children under the age of six below Statistics Canada’s low-income cut-off rates. This exposure to poverty and its deleterious effects can be traumatic, especially among children who continually live with these powerful stresses. Poor housing and crowded living conditions on reserve

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<sup>5</sup> House of Commons Sub-committee on Children and Youth at Risk (hereafter referred to as SCYR), Testimony of Dr. Rose-Alma McDonald, Consultant to the *Mohawk Council of Katenies* and to the Assembly of First Nations, March 19, 2002, 16:10.

<sup>6</sup> Convention on the Rights of the Child. Ottawa: Human Rights Directorate, Department of Multiculturalism and Citizenship, 1991. This document can be consulted on-line at the following address <http://untreaty.un.org/ENGLISH/bible/englishinternetbible/partI/chapterIV/treaty15.asp>

<sup>7</sup> Brief submitted by the B.C. Aboriginal Care Society, 27 February 2002.

<sup>8</sup> Canadian Institute of Child Health, *The Health of Canada’s Children: A CIHC Profile*, 3<sup>rd</sup> Edition, Ottawa: Canadian Institute of Child Health, 2000.

are factors in the higher rates of respiratory problems and other infectious diseases among Aboriginal children. Additionally, compared with non-Aboriginal children, they suffer higher rates of unintentional injuries and early deaths and are more likely than other children to begin smoking, drinking and drug abuse at a younger age.<sup>9</sup>

Other social indicators for First Nations children found that:<sup>10</sup>

- Infant mortality rates are two to three times higher than the Canadian average.
- The rate of infant mortality due to injury is four times higher than the national average.
- The preschool death rate for First Nations children is five times greater than the Canadian norm.
- The rate of fetal alcohol syndrome and fetal alcohol effects may reach 20 per cent in Aboriginal communities.
- First Nations Children on-reserve are taken into care at four times the rate of other Canadian children.
- Nearly 30 per cent of all Aboriginal children live in lone-parent households and 15 per cent of First Nations children on reserve are living with neither parent.
- 23 per cent of First Nations children living on reserve have serious learning difficulties.

These social and economic challenges confronting many First Nations children become even more troubling when one considers the current and projected demographic trends. Fully one-third of the population is under 14 years of age. According to the Department of Indian Affairs and Northern Development's *Basic Departmental Data 2000*, approximately 50 per cent of the Registered Indian population is under the age of 25. Moreover, due to the number of young First Nations people in Canada and the current fertility rate, these figures are projected to increase. The Sub-committee heard that "children under the age of six represent 16 per cent of the [Aboriginal] population, whereas in the general Canadian population children represent approximately 8 per cent."<sup>11</sup> In other words, Aboriginal children are a demographically significant group. This reality presents serious policy implications for both federal and Aboriginal governments. The *BC Aboriginal Child Care Society* articulated this concern to the Sub-committee when they told us that:

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<sup>9</sup> Information cited from brief submitted by the Assembly of First Nations, 24 April 2002.

<sup>10</sup> The statistics cited in this section of the report are taken from a presentation given before the Sub-committee by Ms. Nicole Ladouceur, Director General, Program Policy, Transfer Secretariat and Planning, First Nations and Inuit Health Branch, Health Canada, 2 May 2001.

<sup>11</sup> *Ibid.*

[I]n future, while most of Canada will be preoccupied with providing services for its growing number of senior citizens, on-reserve communities will face the challenge of providing development, education and employment opportunities for its young people.<sup>12</sup>

Members of the Sub-committee recognize that a sustained, integrated and culturally-sensitive approach to addressing these inequities is urgently required if the lives of First Nations children are not to be characterized by a downward cycle of despair. As one witness cautioned the members of the Sub-committee:

Aboriginal participation will be critical for Canada's economic growth and social cohesion ... we estimate that Aboriginal people will make up 33% of the labour force in the province of Saskatchewan in 2025. Given these figures,... it is very important for the government to introduce new measures and to continue those which have already been undertaken.<sup>13</sup>

## **PROGRAMS AND SERVICES: WHAT WE HEARD**

Even though programs and services designed to promote the development of pre-school children do not alone provide a response to all the socio-economic problems facing First Nations communities across the country, our witnesses spoke about their importance for their children, families and communities.

On the subject of childcare and early childhood development programs, Robert Lagacé, Director of the *BC Aboriginal Child Care Society*, pointed out that:

[They] have become critically important for the children themselves, for their parents, and for the entire community. These programs give infants and children a safe, stimulating, and nurturing environment in which to develop physically, socially, mentally, and spiritually.... [They] give parents the opportunity to finish their schooling and to upgrade their skills so they can work and become self-sufficient, contribute to their community.... [They] can address many of the problems evident in our communities today.<sup>14</sup>

During the hearings of the Sub-committee, many witnesses also took great care to point out the positive impact made by some of the programs and services that focus on the development of young children in their community. Some of the comments we heard on this subject are:

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<sup>12</sup> SCYR, Testimony of Ms. Nicole Ladouceur, Director General, Program Policy, Transfer Secretariat and Planning, First Nations and Inuit Health Branch, Health Canada, 2 May 2001.

<sup>13</sup> SCYR, Testimony of Ms. Nicole Ladouceur, Director General, Program Policy, Transfer Secretariat and Planning, First Nations and Inuit Health Branch, Health Canada, 2 May 2001.

<sup>14</sup> SCYR, Testimony of Robert Lagacé, *Director of the BC Aboriginal Child Care Society*, February 27, 2002 (15:40).

- "... the teachers in the school are saying that there's quite a difference in those children [those who have benefited from childcare services] because they've already started to learn in daycare. They started socializing and they also started doing some preschool stuff. So there's a benefit to having that daycare."<sup>15</sup>
- "[The Head Start Program] was a big difference in the children that did attend. They modelled it to meet their needs, sure, because they taught their traditional values. They brought elders in. They gave them traditional meals. As well, they showed them how to print their name and everything. So Head Start would be beneficial to all of us"<sup>16</sup>
- "We have noticed an increase in children using some of the basic language and in turn, their parents are learning to speak. This is a strong, positive indicator that day care programming is positive for parents."<sup>17</sup>
- "[The programming intended for young First Nations children] has created a lot of employment. It has created a lot of people to want to go and move on. It has created more careers. It has created more opportunities. It's also made our children become more aware of where they belong and where they come from and what they're there for and what they're going to be."<sup>18</sup>

## MOVING FORWARD

Obviously, this testimony supports the Sub-committee's decision to evaluate the programs and services in order to promote early childhood development for young First Nations children. Having said this, the information we were given during our meetings also brought to light many shortcomings with respect to these programs and services for families and young children living on reserve.

We believe action can address a number of those shortcomings, and make it possible to accommodate more effectively the special needs of First Nations communities all over the country. The Sub-committee particularly believes that programs and services can be improved in order to give First Nations children a better future.

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<sup>15</sup> SCYR, Testimony of Carl Sidney, Deputy Chief of the *Teslin Tlingit Council*, May 8, 2002 (17:35).

<sup>16</sup> SCYR, Testimony of Brenda Sam, representative of the *Ta'an Kwach'an Council*, May 8, 2002 (17:45).

<sup>17</sup> SCYR, Testimony of Bonny Traverse, Childcare Co-ordinator for the *Assembly of Manitoba Chiefs*, May 8, 2002, (15:40).

<sup>18</sup> SCYR, Testimony of Sheila Kay-Machiskinic, representative of the *Federation of Saskatchewan Indian Nations*, May 8, 2002 (16:25).

## THE NEED FOR THE FEDERAL FAMILY TO WORK TOGETHER

Several federal departments share responsibility for providing support services and mechanisms to First Nations children and families living on reserve in Canada: Indian Affairs and Northern Development, Health Canada, Department of Human Resources Development, Justice, Solicitor General, Canadian Heritage, etc. Through these departments, the federal government makes available to First Nations children and families a spectrum of services and community action programs in a number of areas: for example, culture and language, education, nutrition, health promotion, prevention, parenting training, social support programs, etc.<sup>19</sup>

Given the multidimensional, all-encompassing nature of issues involving children and the family, the involvement of a number of departments is inevitable. This alone should not pose problems, but sharing these responsibilities demands close collaboration among the departments in order to ensure that their individual efforts are coordinated, and to produce the best results. As the Auditor General explained in his report on *Managing Departments for Results and Managing Horizontal Issues for Results*:

When a policy issue spans departmental mandates, no one department has all the levers, resources and expertise to manage it adequately. Departments must work together toward an overall objective and adopt a common vision for success. They must effectively manage the resources dedicated to the horizontal issue and consider collectively how to fill gaps in service and eliminate duplication. They must be able to demonstrate accomplishments and learn from their present performance in order to make progress toward the expected results.<sup>20</sup>

Ever since it's establishment, our Sub-committee has been working to make the government think more horizontally about issues that do not lend themselves to vertical analysis: children, families, persons with disabilities, family violence, etc. We wanted this study on the condition of Aboriginal children, to determine how existing programs and services, whatever their source, work together, both within the departments and within the communities where the children and their parents live.<sup>21</sup>

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<sup>19</sup> Appendix B contains a brief description of certain key programs offered by the federal government to on-reserve First Nations families and children.

<sup>20</sup> Report of the Auditor General of Canada, December 2000, Chapter 20, paragraph 20.107.

<sup>21</sup> In this first phase of our study, we decided to restrict ourselves to the lack of coordination among federal programs, given that the federal government has exclusive jurisdiction for First Nations people living on reserves. Naturally other problems of policy coordination among different levels of government emerged during our hearings. They are important, and will be the subject of an in-depth discussion in our second report, which will look at programs for families and children living off-reserve.

## **“WORKING TOGETHER TOWARD AN OVERALL OBJECTIVE AND ADOPTING A COMMON VISION FOR SUCCESS”<sup>22</sup>**

Despite many attempts by federal departments to increase their ability to intervene horizontally in order to improve the coordination — and thus the outcomes — of programs and services for First Nations families and children, we found in the course of our hearings that the support offered by the departments to the communities remains fragmented. In the opinion of a number of our witnesses from departments and First Nations, federal departments are far from functioning in unison. This is definitely causing problems for the communities in dealing with issues related to children.

Because of this lack of coordination, some communities are having trouble finding their way through the maze of available services and programs. As a result, they are deprived of support and services considered essential to the development of their children.<sup>23</sup> For other communities, which are confronted by a myriad of programs and services with overlapping mandates, this lack of coordination has undermined more effective service delivery. Funding for a series of fragmentary programs creates pointless divisions within the communities, and does not allow them to derive the maximum benefit from the various programs and services available.

Given the walls between departments, it was also impossible for us to get an overall view of what the government is doing to encourage healthy development of young First Nations children. The documents we analyzed throughout our study are based on departmental structures and perpetuate the existence of departmental divisions. We find this troubling because, in the case of First Nations children, no single department is responsible for the government’s actions as a whole. What is more, we found that the people responsible for programs and services are not accountable “for their failure to coordinate their activities to achieve cross-departmental outcomes”.<sup>24</sup>

In order to bring about real change in the lives of First Nations’ children, the departments must, in the opinion of the Sub-committee, minimize the divisions among them and work together to define a strategy to meet this vital objective. To this end, they will have to take stock of existing programs and services in order to fill the gaps and

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<sup>22</sup> *Ibid*, note 20.

<sup>23</sup> This is a partial explanation for the marked inequalities we observed among different First Nations communities with regard to the number of early childhood development programs and services available.

<sup>24</sup> *Reflecting Interdependence: Disability, Parliament, Government and the Community*, report by the Sub-committee on the Status of Persons with Disabilities of the Standing Committee on Human Resources Development, June 1999, p. 5.

eliminate redundancy and develop “a common vision of outcomes, objectives and lines of accountability.”<sup>25</sup>

That said, like a number of witnesses, we consider that improvement of programs and services within the community is contingent on the federal government’s adopting an integrated policy framework for early Aboriginal childhood development. In our view, this framework must be developed from a horizontal management model that will permit the achievement of the federal government’s objectives with respect to First Nations’ children. It must consequently include the set of elements the Auditor General considered essential for good co-ordination structures.<sup>26</sup> Moreover, the advice and experience of the First Nations must, in our view, be utilized in the creation of this plan.

## RECOMMENDATION ONE

**The Sub-committee recommends that all federal departments with programs for First Nations families and young children living on Canada's reserves join together to create an integrated policy framework for the development of young First Nations children from 0 to 6. This framework should include a common vision of the results desired, the objectives sought and the lines of accountability.**

## PROMOTING INTEGRATION OF PROGRAMS AND SERVICES

The Assembly of First Nations of Quebec and Labrador noted in its brief that “most of the work to avoid duplication, to increase cost-effectiveness and optimize results are achieved locally.”<sup>27</sup> The concept of integration is very attractive to many communities. Community-wide integration permits, among other things, the resolution of problems of redundancy, the saving of resources and the expansion of the scope of programs and services. Currently, however, communities wanting to integrate their programs and services are running into major administrative obstacles. We noted, during the course of our hearings, that some communities have succeeded in integrating programs and services within the community and thus have lowered administrative costs and improved the delivery of their services. These success stories are compromised, however, as the communities are finding themselves obliged to produce separate reports for each of the

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<sup>25</sup> *A Common Vision: Interim Report*, Joint report by the Sub-committee on Children and Youth at Risk and the Sub-committee on Human Resources Development and on the Status of Persons with Disabilities, June 2001, Chapter 1, p. 2.

<sup>26</sup> In his report, the Auditor General noted that an effective framework for managing horizontal issues included the following five elements: “identifying an effective co-ordination structure; agreeing on common objectives, results and strategies; measuring results to track performance; using information to improve performance; and effectively reporting performance.” For more information, consult the report of the Auditor General of Canada, *Managing Departments for Results and Managing Horizontal Issues for Results* December 2000, Chapter 20, paragraph 20.117.

<sup>27</sup> Brief from the Assembly of First Nations of Quebec and Labrador, May 22, 2002.

departments that provide funding. Obviously, this situation creates a significant administrative burden for the communities, which often have to assign a staff member to draft all these reports. In our opinion, this paper burden diverts resources from where they are needed most and constitutes an obstacle to improving services.

In addition, witnesses indicated that in many instances, existing funding arrangements do not allow communities to redirect resources. This restricts their ability to respond effectively to the needs and priorities of their members. In this regard, several witnesses emphasized that greater flexibility in funding arrangements, where available, has had a positive impact on the development of internal capacity of communities to manage their own affairs and to work more effectively with other governments and stakeholders. One such example is the Health Canada's Health Services Transfer Agreement which provides for greater authority and control over health resources by First Nations. These types of funding arrangements have the benefit of allowing First Nations to move resources between program areas in order to address community priorities.<sup>28</sup> These agreements also give First Nations more say over how programs are delivered. We have heard, however, that they do not sufficiently reduce the duplication of reporting requirements nor provide the desired flexibility to pool funding received from various departments and allocate those resources to local areas of priority. Indeed, under many funding arrangements, First Nations are constrained to respond to departmental priorities ahead of their own. In our opinion, this situation too is an obstacle to improved services: administrative requirements should never take precedence over child and family needs.

The Sub-committee does not wish to diminish the critical importance of funding issues surrounding programs and services in First Nations communities. In this first report on First Nations children, we have chosen, however, to emphasize the establishment of a model for the more efficient use of resources as a first step toward a solution.

For all these reasons, members of the Sub-committee feel that it is worthwhile to implement a series of pilot projects in selected demonstration communities across the country, which would, in a concrete and practical way, deal with several concerns articulated by witnesses. The pilot projects should address issues surrounding the shortfalls of the current service delivery model in First Nations communities, limited program coverage, the need for greater resources and more flexible transfer arrangements, the burdens of "program shopping" as well as onerous administrative and reporting requirements. Following this, an evaluation would determine the cost savings to First Nations communities by streamlining administrative reporting systems and harmonizing existing programs.

The implementation of culturally appropriate pilot projects at the community level will enable federal, territorial, provincial and Aboriginal governments to harmonize their

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<sup>28</sup> According to the First Nations and Inuit Health Branch, Introduction to Revised Standard Agreements, under these types of funding arrangements, First Nations communities may design new programs and redirect resources to areas of high priority, as long as mandatory programs are provided.

services by using early childhood development programs as a starting point. They will then be in a position to evaluate and monitor which mechanisms are needed to ensure that such integration functions effectively and meets the needs of the various stakeholders. Further, the implementation of this delivery model in the communities chosen as pilots should take into account the capacity of these communities to participate in this initiative as well as their willingness to do so. The selection of participating First Nations communities must occur in consultation with the First Nations themselves.

Furthermore, the Sub-committee firmly believes that in order for the pilot projects to be implemented successfully, they must be properly funded. This consolidated funding should not be diverted from programs directed toward the well being of children.

Moreover, witnesses have told the Sub-committee of their frustration with successful pilot projects being discontinued in the past. Members of the Sub-committee strongly encourage all participants to make a firm commitment to following through on the pilot projects. We can then properly evaluate what works best, and why. It is our hope that lessons learned and best practices issuing from the pilot projects would be applied to the delivery of services to all First Nations across the country.

## **RECOMMENDATION TWO**

**The Sub-committee recommends that the Government of Canada:**

- a) Implement culturally appropriate pilot projects in selected First Nations communities across the country. The pilot projects should integrate and harmonize, at the community level, various programs and services for children aged 0-6 living on reserve using a community-based multi-service delivery-model approach (similar to the province of Quebec's network of centres locaux de service communautaires). They should also address the needs of children with disabilities.**
- b) The Sub-committee further recommends that the principles underlying the pilot projects should include the following:**
  - (i) The selection of communities, planning and implementation of the pilot projects should take place in consultation with appropriate First Nations organizations.**
  - (ii) Adequate funding should be made available in order to implement successfully the pilot projects in First Nations communities and to ensure that the selected communities and departments have the budgetary capacity to participate effectively in this initiative.**

- (iii) Federal departments providing early childhood development programs and services to First Nations pilot projects should consolidate departmental program funding in one envelope. This consolidated funding framework should be multi-year and flexible.**
- (iv) The integrated framework should include mechanisms for the harmonization of programs and services provided by other governments and stakeholders. This harmonization should respect and support the work that has been done, and the services already provided, by the various provincial, municipal and Aboriginal authorities and should be jointly agreed upon by the above-mentioned authorities.**
- (v) Prior to the implementation of the pilot projects, common outcomes should be developed, in consultation with the appropriate First Nations organisations, and agreed to by all participating federal departments.**
- (vi) Meaningful performance and results indicators should be developed by all participating federal departments and the appropriate First Nations organisations in order to effectively evaluate the pilot projects and be able to make adjustments where appropriate.**
- (vii) Requirements for financial accountability and reporting to external agents like DIAND, Health Canada, HRDC, etc., should be harmonized and designed in such a way as to reduce duplication, considering the findings contained in the Report of the Auditor General of Canada, *Managing Departments for Results and Managing Horizontal Issues for Results*.**
- (viii) A commitment to sustainable funding should be made in order to ensure that pilot projects can be properly tested over a sufficient period of time.**

## **CONCLUSION**

Throughout its examination, the Sub-committee heard troubling testimony on the situation of young children living on reserve, across the country. We could not escape the conclusion that First Nations children and families face many challenges, which seem, at times, overpowering and insoluble. We hope the observations and recommendations in this report will contribute to some extent to the vital process of finding solutions. That said, we firmly believe that the First Nations communities are in the best position to define the need for intervention and the priorities for action. The complex needs and problems of the

children and families will be better handled through programs and services that focus on the specific needs of the individual communities. Our recommendations in this report are founded on this premise.

The Department of Health and Human Services will continue to lead the nation's health care system and will continue to be a major force in the development of health care policy. The Department will continue to be a major force in the development of health care policy. The Department will continue to be a major force in the development of health care policy.

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# LIST OF RECOMMENDATIONS

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## RECOMMENDATION ONE

The Sub-committee recommends that all federal departments with programs for First Nations families and young children living on Canada's reserves join together to create an integrated policy framework for the development of young First Nations children from 0 to 6. This framework should include a common vision of the results desired, the objectives sought and the lines of accountability.

## RECOMMENDATION TWO

The Sub-committee recommends that the Government of Canada:

- a) Implement culturally appropriate pilot projects in selected First Nations communities across the country. The pilot projects should integrate and harmonize, at the community level, various programs and services for children aged 0-6 living on reserve using a community-based multi-service delivery-model approach (similar to the province of Quebec's network of centres locaux de service communautaires). They should also address the needs of children with disabilities.
- b) The Sub-committee further recommends that the principles underlying the pilot projects should include the following:
  - (i) The selection of communities, planning and implementation of the pilot projects should take place in consultation with appropriate First Nations organizations.
  - (ii) Adequate funding should be made available in order to implement successfully the pilot projects in First Nations communities and to ensure that the selected communities and departments have the budgetary capacity to participate effectively in this initiative.
  - (iii) Federal departments providing early childhood development programs and services to First Nations pilot projects should consolidate departmental program funding in one envelope. This consolidated funding framework should be multi-year and flexible.
  - (iv) The integrated framework should include mechanisms for the harmonization of programs and services provided by

other governments and stakeholders. This harmonization should respect and support the work that has been done, and the services already provided, by the various provincial, municipal and Aboriginal authorities and should be jointly agreed upon by the above-mentioned authorities.

- (v) Prior to the implementation of the pilot projects, common outcomes should be developed, in consultation with the appropriate First Nations organisations, and agreed to by all participating federal departments.
- (vi) Meaningful performance and results indicators should be developed by all participating federal departments and the appropriate First Nations organisations in order to effectively evaluate the pilot projects and be able to make adjustments where appropriate.
- (vii) Requirements for financial accountability and reporting to external agents like DIAND, Health Canada, HRDC, etc., should be harmonized and designed in such a way as to reduce duplication, considering the findings contained in the Report of the Auditor General of Canada, *Managing Departments for Results and Managing Horizontal Issues for Results*.
- (viii) A commitment to sustainable funding should be made in order to ensure that pilot projects can be properly tested over a sufficient period of time.

## APPENDIX A LIST OF WITNESSES

Associations and Individuals	Date	Meeting
<p><b>Canadian Institute of Child Health</b></p> <p>Kelli Dilworth, Project and Research Officer</p>	07/11/2001	10
<p><b>Statistics Canada</b></p> <p>Doug Norris, Director General; Census and Demographic Statistics</p>		
<p><b>Indian Affairs and Northern Development</b></p> <p>Dan Beavon, A/Director, Research and Analysis Directorate</p> <p>Kathleen Campbell, Director General, Social Policy and Programs</p> <p>Art Dedam, Director, Social Programs Reform Directorate</p>	21/11/2001	11
<p><b>Department of Health</b></p> <p>Richard Budgell, Manager, Aboriginal Childhood and Youth, Population and Public Health Branch</p> <p>Debra Gillis, Director, Health Program Support Division, Community Health Programs Directorate, First Nations and Inuit Health Branch</p> <p>Nicole Lafrenière-Davies, Acting Director, Division of Childhood and Adolescence, Population and Public Health Branch</p> <p>Ian Potter, Assistant Deputy Minister, First Nations and Inuit Health Branch</p>	28/11/2001	12
<p><b>Department of Justice</b></p> <p>Patricia Begin, Director, Research &amp; Evaluation, National Crime Prevention Centre</p> <p>Bill Pentney, Deputy Head, Aboriginal Affairs Portfolio</p>	05/12/2001	13
<p><b>Statistics Canada</b></p> <p>Roy Jones, Director, Canadian Centre for Justice Statistics</p>		

<b>Associations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<p><b>Royal Bank of Canada</b></p> <p>Charles Coffey, Executive Vice-President, Government &amp; Community Affairs and Co-Chair, Commission on Early Learning and Care, City of Toronto</p>	12/12/2001	14
<p><b>Department of Canadian Heritage</b></p> <p>Norman Moyer, Assistant Deputy Minister, Canadian Identity</p>		
<p><b>Department of Human Resources Development</b></p> <p>Ashique Biswas, Senior Analyst, Aboriginal Relations Office, Employment Programs Branch</p> <p>Bayla Kolk, Director General, Aboriginal Relations Office</p> <p>Kathryn McDade, Director, Children's Policy Directorate, Social Policy</p> <p>Ron Paulhus, Policy Team Leader, Aboriginal Relations Office, Employment Programs Branch</p> <p>Mary Quinn, Director General, Social Policy Directorate, Strategic Policy</p>	30/01/2002	15
<p><b>Chippewas of Nawash Health Centre</b></p> <p>Kim Akiwenzie, Community Health Representative</p>	20/02/2002	17
<p><b>Nshimi Daycare</b></p> <p>Helena Joanne Keeshig, Native Language Resource Teacher</p>		
<p><b>B.C. Aboriginal Child Care Society</b></p> <p>Karen Isaac, Program Manager</p> <p>Robert Lagassé, Director</p>	27/02/2002	18
<p><b>Inter Tribal Health Authority</b></p> <p>Heather Payne, Community Health Consultant</p>		
<p><b>Tlazten Nation</b></p> <p>Ed John, Grand Chief</p>		
<p><b>C.D. Howe Institute</b></p> <p>John Richards, Adjunct Scholar, Faculty of Business Administration</p>	13/03/2002	19

<b>Associations and Individuals</b>	<b>Date</b>	<b>Meeting</b>
<b>The Founders' Network</b> Fraser Mustard, Founding President of The Canadian Institute for Advanced Research	13/03/2002	19
<b>The Winnipeg School Division No.1</b> Pauline Clarke, Superintendent of Schools, Inner City		
<b>Adoption Council of Canada</b> Elspeth Ross, Board Member and Secretary	10/04/2002	21
<b>Child Welfare League of Canada</b> Peter Dudding, Executive Director and Co-Director Center of Excellence on Child Welfare		
<b>National Youth in Care Network</b> Matthew Geigen-Miller, Director of Education and Communication		
<b>Canadian Institute of Health Research Aboriginal Research Center</b> Jeff Reading	17/04/2002	22
<b>National Aboriginal Health Organisation</b> Valerie Galley, Special Projects Coordinator Richard Jock, Executive Director		
<b>Assembly of First Nations</b> Marilyn Carpentier, Canadian Prenatal Nutrition Program Coordinator (CPCP), Health Secretariat Elaine Johnston, Director, Health Secretariat	24/04/2002	23
<b>Department of Health</b> Abu Nazir, Director of Health Funding Arrangements, First Nations and Inuit Health Branch	01/05/2002	24
<b>Walpole Island First Nation</b> Marcia Peters, Community Development Officer		
<b>Anishinaabe Mino-Ayaawin</b> Caroline Bercier, Tribal Family Health Nursing Officer Tracy Scott, Nursing Services Manager	08/05/2002	25

Associations and Individuals	Date	Meeting
<b>Assembly of Manitoba Chiefs</b> Bonny Traverse, Daycare Coordinator	08/05/2002	25
<b>Federation of Saskatchewan Indian Nations</b> Sheila Kay-Machiskinic, First Nations person from Southern Saskatchewan Bev Peel, Children's Program		
<b>Sandy Bay Health Centre</b> Dorothy Lloyd, Coordinator		
<b>Ta'an Kwach'an Council</b> Brenda Sam		
<b>Teslin Tlingit Council</b> Kelly Morris, Director of Health & Social Programs Carl Sidney, Deputy Chief		
<b>"Assemblée des Premières nations du Québec et du Labrador"</b> Ghislain Picard, Regional Vice Chief Marjolaine Sioui, Coordinator, Early Childhood, "Commission de la santé et des services sociaux des premières nations du Québec & du Labrador" Jules Picard, Coordinator of Social Services, "Commission de la santé et des services sociaux des premières nations du Québec et du Labrador"	22/05/2002	26

### **Key Federal Government Programs for First Nations Families and Young Children living on Reserves**

**National Child Benefit:** The federal, provincial and territorial governments of Canada developed the National Child Benefit (NCB) in partnership. It is a program providing support for low-income families with children. There are two main components to the NCB: an increase, through Canada Child Tax Benefit (CCTB), in federal child benefits to families earning under \$30,000 and the reinvestment, by the provinces, territories and/or First Nations in programs to improve services and benefits to the children of low-income families. The NCB is managed by Indian and Northern Affairs Canada for First Nations communities.

**First Nations National Child Benefit Reinvestment Program:** Reinvestment of the Indian and Northern Affairs Canada's national child benefit enables the First Nations to fund a range of community programs for low income families living on reserves, such as income support, daycare, child nutrition, parenting workshops, family services, recreation, adolescent development and training and skills to increase employability.

**First Nations Child and Family Services Program:** This program of Indian and Northern Affairs Canada is one component of social policy and programs, which include adult care, children's programs, social assistance and family violence prevention. The main objective of the First Nations Child & Family Services (FNCFS) program is to assist First Nations in providing access to culturally sensitive child and family services in their communities and to ensure that the services provided to First Nations children and their families on-reserve are comparable to those available to other provincial residents. The program funds and promotes the development and expansion of child and family services agencies designed, managed and controlled by First Nations. Since child and family services is an area of provincial jurisdiction, these First Nation agencies receive their mandate and authorities from provincial or territorial governments and function in a manner consistent with existing provincial or territorial child and family services legislation.

**First Nations and Inuit Child Care Program:** This program is administered by the Department of Human Resources Development and provides for the funding of affordable quality child care for First Nations parents who work or are taking courses or training. This program, like the Youth Employment Strategy and the Urban Aboriginal Employment Initiative, is intended to help develop human resources in Native communities

**The Canada Prenatal Nutrition Program:** This Health Canada community-based program is intended to improve the health of pregnant women at risk and their birth outcome. It consists primarily in courses and counselling on nutrition and the provision of food, as needed.

**First Nations Head Start on Reserve Program:** This early intervention program for young First Nations children living on reserves (zero to age 6) and their family is provided by Health Canada. It centres on various preschool program components: culture and language, education, health promotion, nutrition, social support and parental involvement.

**The Community Action Program for Children:** This Health Canada program funds a range of community projects across the country to promote the healthy child development. The programs are generally designed for children, with parental involvement.

**First Nations and Inuit Home and Community Care Program:** This Health Canada program aims at providing basic and culturally sensitive home and community care services reflecting the specific health care and social services needs of the First Nations and the Inuit.

**Family Violence Prevention Programs:** This DIAND program is intended to provide help and support to families that are victims of domestic violence: shelters, self-help groups, anger management workshops, and so on.

**Aboriginal Diabetes Initiative:** This Health Canada program is intended to provide a collaborative and integrated approach in order to reduce the level of diabetes and its complications among Native Peoples..

**Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE) Initiative:** Health Canada's FAS/FAE initiative provides funding for many public awareness and education, monitoring and screening activities and strategic projects.

**Aboriginal Languages Initiative:** This Department of Canadian Heritage program supports Native communities in their efforts to conserve, preserve, enrich and consolidate their language. The program is implemented within reserves by the Assembly of First Nations.

**Brighter Futures:** This program was launched by Health Canada to help First Nations and Inuit communities develop health programs that are adapted and responsive to their cultures.

**Nobody's Perfect:** This program, the product of a partnership among the federal (through Health Canada), provincial and territorial governments, is designed to provide support for parents of children aged from zero to five years and to strengthen their parenting skills.

# REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to the report within one hundred and fifty (150) days.

A copy of the relevant Minutes of Proceedings of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities (*Meeting No. 68 which includes this report*) is tabled.

Respectfully submitted,

Judi Longfield, M.P.  
*Chair*

# MINUTES OF PROCEEDINGS

Tuesday, June 11, 2002  
(Meeting No. 68)

The Standing Committee on Human Resources Development and the Status of Persons with Disabilities met *in camera* at 11:09 a.m. this day, in Room 208, West Block, the Chair, Judi Longfield, presiding.

*Member(s) of the Committee present:* Libby Davies, Reed Elley, Raymonde Folco, Monique Guay, Judi Longfield, Gurbax Malhi, Joe McGuire, Anita Neville, Diane St-Jacques.

*Acting Member(s) present:* Joe Peschisolido for Alan Tonks.

*In attendance: From the Library of Parliament:* Lyne Casavant, Kevin Kerr and Bill Young, Research Officers.

The Committee resumed consideration of its draft report on the Review of the Employment Equity Act.

It was agreed, — That the final report (as amended) on “Promoting Equality in the Federal Jurisdiction: Review of the Employment Equity Act” be adopted as the Ninth Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities.

It was agreed, — That the Clerk be authorized to make such editorial and typographical changes as necessary without changing the substance of the Report.

It was agreed, — That the Chair be authorised to table the Report in the House.

It was agreed, — That the Committee print up to 550 copies of its Report in a tumble bilingual format.

It was agreed, — That, pursuant to Standing Order 109, the Committee request that the Government provide a comprehensive response to this Report.

It was agreed, — That, pursuant to Standing Order 108 (1)(a), the Committee authorizes the printing of the dissenting opinion of the Canadian Alliance as an appendix to this report immediately after the signature of the Chair; that the dissenting opinion be limited to not more than two pages; (font = 12; line spacing = 1.5) and that the dissenting opinion be delivered in electronic format in both official languages to the Clerk of the Committee not later than noon Wednesday, June 12<sup>th</sup>, 2002.

It was agreed, — That the draft report “Building on Success” of the Sub-Committee on Children and Youth at Risk be adopted as the Eight Report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities.

It was agreed, — That the Clerk be authorized to make such editorial and typographical changes as necessary without changing the substance of the Report.

It was agreed, — That the Chair be authorised to present the Report to the House.

It was agree, — That the Committee print up to 550 copies of its Report in a tumble bilingual format.

It was agreed, — That, pursuant to Standing Order 109, the Committee request that the Government provide a comprehensive response to this Report.

It was agreed, — That the Clerk of the Sub-Committee on the Status of Persons with Disabilities make the necessary arrangements for a reception, (not exceeding \$500.00), at 4:00 p.m. on Wednesday, June 12 to celebrate the launch of the Sub-Committee’s Canada Pension Plan Disability informational website.

At 11:31 a.m., the Committee adjourned to the call of the Chair.

Danielle Belisle  
Clerk of the Committee