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# *Contemporary Family Trends*

## **Aboriginal Family Trends**

### **Extended Families, Nuclear Families, Families of the Heart**

**By Marlene Brant Castellano**

**(2002)**



**The Vanier Institute of the Family**

### **About the author...**

Marlene Brant Castellano, a member of the Mohawk Nation, has pursued a number of careers: as a social worker in child and family services, a full-time wife and mother launching four sons into the world, Professor and Chair of Native Studies at Trent University, and, most recently, Co-Director of Research for the Royal Commission on Aboriginal Peoples. Her teaching, research and publications centre around social and cultural issues, participatory research methods, and the application of traditional knowledge in contemporary settings.

Professor Castellano was awarded the title Professor Emeritus on her retirement from Trent University in 1996. She has received honorary LL.Ds from Queen's University and St. Thomas University. She was inducted into the Order of Ontario in 1995 and in 1996 received a National Aboriginal Achievement Award for her contribution to education.

Professor Castellano resides on Tyendinaga Mohawk Territory. She continues with writing and consulting on Indigenous knowledge and social policy while balancing growing commitments as a grandmother.



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*Contemporary Family Trends* is a series of occasional papers authored by leading Canadian experts in the field of family studies.

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## 1. Prologue

This story about Aboriginal families begins in a particular place, with real persons, in the way that knowledge is constructed in an Aboriginal world. Those who hear stories told orally are encouraged to listen with their hearts as well as their minds, because the features of experience — of particular experience — are understood to be manifestations of a larger reality, called the spiritual. In that spiritual realm we are all related, so the stories about the Other are also about us. And time past becomes very present to us in lessons that have relevance to the life we are living now.

When I agreed to write a paper about the Aboriginal family for the Vanier Institute series on Contemporary Family Trends, I wanted to emphasize the resilience of Aboriginal families that survive in their traditional multi-generational, extended form. I recalled the experience of my brother Lloyd whose path had taken him away from our family of origin and through the break-up of his marital family. For a quarter century he had walked the path of recovery from alcohol addiction, rebuilding his health and his relationships and regaining the right to speak about responsibility to younger generations. Lloyd died of cancer in September 2001 after two months of palliative care, attended by his wife and children, a number of his sisters and brothers, and his grandchildren.

As Lloyd was completing the circle of his life in a very traditional family setting, I was simultaneously working on a video involving three Aboriginal youths who had also lost their bearings. They too are working on recovery, but their way home is not taking them back to their original families. They are knitting together connections in an urban environment, with Aboriginal people who come from diverse nations, creating “families of the heart”.

(Conversations with Aboriginal Youth, 2002)

Life stories such as these represent the trends in Aboriginal family life. This paper will sketch additional detail of the traditions that continue to animate us, the historical legacy that we wrestle with, and the pivotal role that family plays in our vision of healthy communities and vibrant citizenship. But first, let me tell you more about my brother Lloyd, with permission of those who survive him.

## **2. One Man's Journey**

Lloyd was born in 1931, of Mohawk parents living on Tyendinaga Territory in southern Ontario, the seventh of eleven children. Family needs were supported by our father's wage labour in the summer and produce from mixed farming on our hundred-acre farm for the rest of the year. Lloyd left school after grade eight. Subsistence farming held little attraction for him, and entry of Mohawk youth into trades off reserve was not common at the time. By the time he was sixteen, like others of his generation, he had gravitated to U.S. border cities, finding work on Great Lakes freighters. He observed later that he never showed disrespect for his parents, but he didn't follow their advice either. Looking back, he said he was big for his age and strong, but he was far too young to be out in the world on his own.

Living the rootless, macho lifestyle of a seaman, Lloyd learned to fight and drink hard. The pattern was scarcely altered with his marriage at 21 to a young woman from Tyendinaga. He gained entry to the Ironworkers' Union and continued to range from southern Ontario to northern United States on work crews that often included other Mohawk men, constructing high steel for buildings and bridges. His wife moved with him for a time but eventually settled with their children back on the reserve where both his family and hers were available for support.

By the time they were expecting their sixth child Lloyd's drinking was wildly out of control. He was arrested repeatedly for impaired driving and fighting. He was neglecting family support needs and his surliness was making life at home intolerable. His wife finally turned him out of their home and divorced him. It would take five years before he achieved sobriety and a degree of stability that would persuade his ex-wife to marry him again. In that interval his three oldest sons were growing to maturity.

The network of two large extended families rallied to fill the vacuum created by Lloyd's lapse - uncles who stood as mentors and role models for the boys as they went through adolescence, grandparents who offered material aid and wisdom, sisters and in-laws who gave recognition and support to a mother determined to do whatever it took to provide for her children. After he resumed his place in the home Lloyd told his Alcoholics Anonymous group that he could never make up to his family for what he had put them through.

Certainly there were emotional scars that remained after the reconciliation but his children weathered the storms exceedingly well, forming their own families and taking up their responsibilities as providers, pursuing trades and professions. Lloyd's work took a new turn in later years. His age and arthritic knees led him to retire from iron work and after a brief attempt at small business on the reserve he outfitted a chip truck and with his wife began travelling to pow wows, operating a concession serving traditional Native foods. The business grew to the extent that it provided summer employment to several of his offspring and winter diversion for himself and his wife, travelling in southern American states.

To more sedentary members of the family Lloyd's involvement in the pow wow circuit, even when his health began to fail, seemed simply a continuation of the mobile lifestyle he had pursued for most of his working years. On his death the meaning of this involvement became

evident to me for the first time. As travelling proprietor of the Mohawk Soup Kitchen he had braided his long hair and worn a beaded headband. He displayed Mohawk symbols on his clothing and vehicles, making a quiet but assertive statement about his identity. Now, at his funeral, according to his instructions, his casket was draped with the blue and white flag of the Mohawk Nation; rituals were recited in the Mohawk language interspersed with Christian rites; and his wife passed on his admonition to young people that their bodies are a gift from the Creator, not to be abused.



As condolences poured in from New York to Florida to Arizona I realized that over the years Lloyd had become a valued member of a large Aboriginal community that gathered and dispersed in a seasonal cycle on the pow wow trail. That community honoured the symbols and ceremonies of diverse nations and affirmed the values of sharing and caring that members had learned or dreamed about further back in their histories. While Lloyd, assisted by his own relatives, was diligently feeding the crowds with

“soul food” he was also being nourished. The spirit that had somehow been damaged in the harsh world he had ventured into as a youth was being restored.

### **3. Dimensions of Change**

Aboriginal family life, like that of other families in Canada, has undergone enormous changes in the past fifty years. Some of these changes have been by choice, reflected in statistics of population, family make-up and residence. Others, like occupations and income, are driven in

part by personal choice but also by conditions in the surrounding society. Still other changes are the result of federal legislation and policy, past and present.

The term “Aboriginal” has come into common usage since 1982 when protections for Aboriginal and treaty rights were incorporated in the Canadian Constitution. “Aboriginal” was defined as including Indian, Metis and Inuit peoples of Canada, although the boundaries of membership in these collectivities remains subject to various definitions. Statistics Canada is the principal source of information on the Aboriginal population, while Indian and Northern Affairs Canada and Health Canada gather data specifically on the registered Indians who make up their clientele.

**Demographics:**

In the 1986 census respondents were asked to report whether their ancestors were of Aboriginal origin, whether they identify themselves as Aboriginal persons, and whether they have registered Indian status. In 1996 there were 1.1 million persons reporting Aboriginal

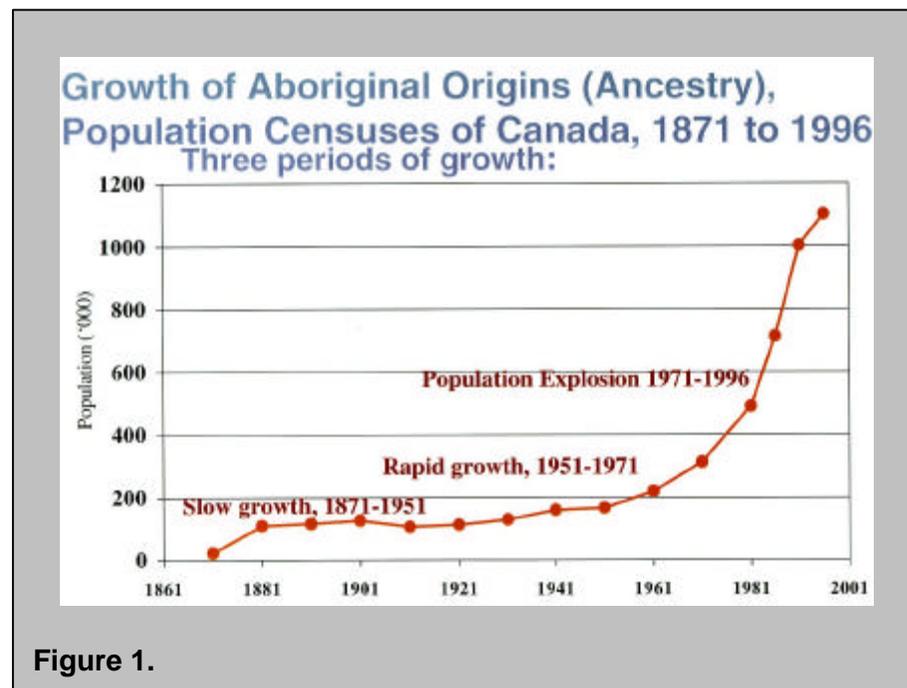


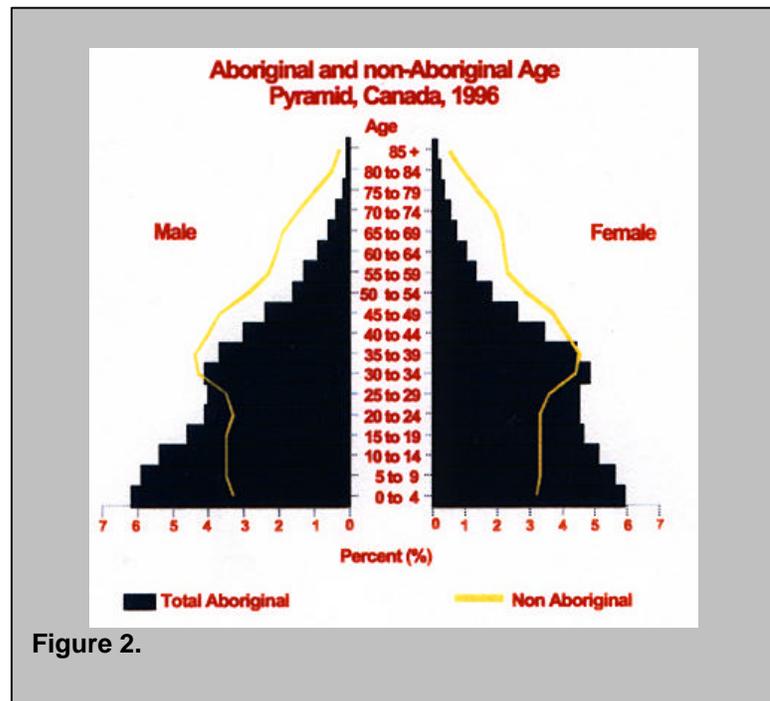
Figure 1.

ancestry and of these, 779,000 identified themselves as Aboriginal. The Aboriginal ancestry population in 1991 was just over 1 million, growing by about 10% in the five years to 1996. Figure 1 charts

the changes in the Aboriginal origin population from 1871 to 1996, showing rapid growth from 1951 to 1971 and a population explosion between 1971 and 1996. In the period between 1991 and 1996 the Aboriginal identity population, defined by self-reporting, grew by 153,000 from 626,000, a dramatic increase of 24% in five years. (Norris et al., 2000a)

Fuller statistics are available on registered Indians, especially those resident on-reserve, because they are eligible for targeted services. Studies refer to “registered Indians” although the designation now preferred by most Indian groups is “First Nations”. In the 1996 census 488,000 respondents reported that they had Indian status. This is significantly less than the 610,000 persons on the Indian Register maintained by Indian and Northern Affairs Canada (INAC). The under-count is explained in part by the non-participation of several large Indian bands in the census, Indians resident outside of Canada, and the practice of not counting persons in institutions. Tracking the number of persons on the Indian Register indicates that this population is growing at about 3.6% per year, almost three times the rate of population growth in Canada as a whole. (INAC, 2000)

There was a sharp decline in fertility rates in the Aboriginal population in the period 1980 to 1995 but this has been offset by several factors. A young age profile in comparison to the general Canadian population has meant that large numbers of persons entered child-bearing age. This trend will



continue, since over 50% of the Aboriginal population is under 25 and will add to population growth through new family formations and births. Figure 2 illustrates the difference in the age

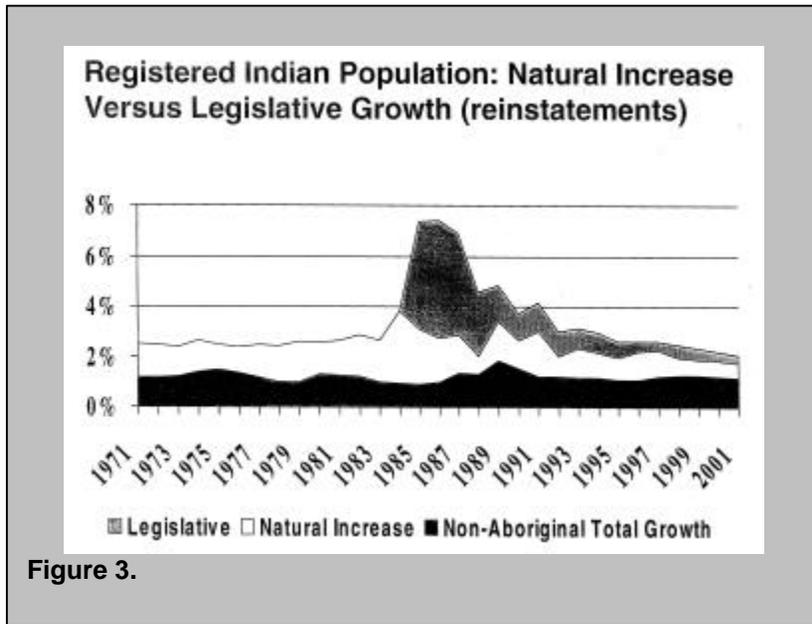


Figure 3.

distributions of Aboriginal and non-Aboriginal persons in 1996.

A second factor in registered Indian population growth is the 1985 change in membership provisions of the Indian Act. Prior to 1985 Indian women who married

anyone not registered as an Indian lost their Indian status and the right to live on-reserve and benefit from services such as housing, education and supplementary health services.

Discrimination on the basis of gender was prohibited by the Constitution Act of 1982 and in 1985 Bill C-31 allowed women and others who had lost Indian status to be reinstated, along with their children. Figure 3 illustrates the effect of Bill C-31 on Registered Indian population growth.

The size of the population that self-identifies as Aboriginal is affected by natural increase and Bill C-31, but these factors alone do not account for the extraordinary growth. The numbers of self-identifying Aboriginal persons in the 1996 census are augmented by what demographers call “ethnic mobility”. In the Aboriginal case persons who may have previously reported Aboriginal origin, or multiple origins including Aboriginal, now call themselves Aboriginal. Identity as a North American Indian certainly became less ambiguous for persons of mixed origin who became registered Indians after 1985. The recognition of Aboriginal rights in the

Constitution, greater consciousness of human rights protections, and a resurgence of traditional cultural practices have undoubtedly prompted many persons with Aboriginal ancestry to begin affirming their heritage.

Less detail is available on the 200,000 Metis and the 40,000 Inuit enumerated in the 1996 census. In terms of comparative fertility rates there are discernible patterns. Inuit have the highest number of births for each woman. Registered Indian fertility rates are the next highest; Metis are mid-way between registered Indians and the non-Aboriginal population; and non-registered Indians living in urban settings have fertility rates close to those of non-Aboriginal Canadians. (Norris et al., 2000a)

***Residence and Mobility:***

Persons reporting Aboriginal identity represent 3% of the total population of Canada but they are not evenly distributed across the provinces and territories. The largest number of Aboriginal people live in Ontario and British Columbia, with around 140,000 in each of these provinces. Nevertheless they make up only 1.3% of the Ontario population and 4% in British Columbia. In Saskatchewan 111,000 Aboriginal people make up 11% of the province's population, while in Nunuvut, 20,700 Aboriginal people, predominantly Inuit, make up 84% of the population. (Statistics Canada, June 2001) Alberta and Manitoba were home to the largest concentrations of self-identified Metis persons. In some provinces the general population is projected to grow slowly while the Aboriginal population is growing relatively rapidly. In these regions a substantial shift in the proportion of Aboriginal people can be anticipated. For example, the Royal Commission on Aboriginal Peoples projected that by 2016 Aboriginal people would make up 14% of the Saskatchewan population and 20.5% of those under 25 years of age.(RCAP, 1996:1:23)

Census figures from 1996 indicate that close to 50% of the Aboriginal population live in urban centres. A further 21% live in rural non-reserve areas and approximately 30% live on reserves where the *Indian Act* applies. (Hanselmann, 2001:1)

Until the 1950s Aboriginal people were largely invisible to Canadians at large. First Nations people lived predominantly on reserves socially separated from non-Aboriginal people even though a number of southern reserves are adjacent to towns and cities. The Metis population was concentrated in rural areas in the mid-North, while Inuit lived mainly in Labrador, Northern Quebec and the Northwest Territories. The isolation of Aboriginal communities began breaking down in the period after World War II. Improved health and social services contributed to reducing infant mortality and extending life expectancy. Fish and wildlife resources in the vicinity of Aboriginal communities were becoming insufficient to support a rising population, either as country food or in small scale commerce.(Hawthorn: 1966, 1:145-161) Large numbers of Aboriginal people had volunteered in the armed forces and on their return, veterans introduced change into their original villages. Some were more inclined to seek their fortunes in towns and cities where a post-war economy was already employing waves of immigrant labour. Air transportation and radio and television also began reaching into rural and remote communities introducing Aboriginal people to the global village.

By the 1960s significant numbers of First Nations and Metis people were moving to towns and cities in search of employment. This was the time when the civil rights movement in the United States was gathering momentum, when colonial empires were being dismantled around the world, and Canada was being challenged to address the disadvantage of Aboriginal people and the neglect of remedial measures in public policy.

Life in an urban environment presented considerable challenges of adjustment in language, relationships and daily routines. Aboriginal people also confronted resistance from landlords, employers and service providers who felt no obligation to accommodate Aboriginal housing, employment or social support needs. (Hawthorn, 1966:1:155ff) Research in the 1960s documented a dominant pattern of seasonal migration, with Aboriginal people moving to urban centres in the summer to seek unskilled employment and returning to their reserves in the winter to access social services that were frequently denied to them in the city.

Half of the Aboriginal population now lives in urban centres, some of them third-generation urban-dwellers. The number residing in large cities continues to grow, as does the on-reserve population, while there is a net outflow from rural, non-reserve locations and small urban centres. (Norris et al., 2000b)

Indian reserves used to be homogeneous in their make-up, with women who married non-registered persons required to leave their community. Bill C-31 permitted women to regain their status and take up residence on-reserve with their spouses and children of mixed heritage. The children, once grown, are not able to transmit Indian status to their children unless they form a union with another registered Indian. As a result, the grandchildren of reinstated women may reside on reserve, may identify with the First Nation community and their Aboriginal heritage, and may receive health and education services during their years of legal dependency. However, they are not technically eligible for services to Indians provided under the authority of the *Indian Act*. The offspring of Indian men similarly lose Indian status after two generations of out-marriage (to persons without Indian status). The predicted growth in the non-registered population living on reserve will present a dilemma of increasing scope and intensity for First

Nation administrations and government policy makers in the next twenty years. (INAC, December 2000)

***Measuring and Improving Aboriginal Well-being:***

Images of Innu youth sniffing gas in Davis Inlet have been broadcast across Canada and around the world, making graphic and moving statements about the social and economic conditions experienced by Aboriginal people in Canada. Third-world housing conditions, alcohol and solvent abuse involving adults and children, and despairing youth are realities. However, it would be an error to suppose that they are the norm in all or most Aboriginal communities. Aboriginal communities, both rural and urban, are becoming more diverse, with significant internal variations in education, income, health and longevity. Statistics about the gap between Aboriginal and non-Aboriginal social conditions deal with averages. They describe the relative chances that Aboriginal and non-Aboriginal people have of enjoying “quality of life” according to the criteria commonly used to measure it. The statistics indicate that the life chances of Aboriginal people as a whole are much more limited than those of the general Canadian population.

The Human Development Index (HDI) published by the United Nations Development Programme is a widely quoted measure of well-being. It quantifies the standards of education, income and life expectancy (as a proxy for health status) prevailing in nation states and ranks them on a composite HDI. Canada has regularly ranked number one in recent years. An analysis done by the Research and Analysis Directorate of Indian and Northern Affairs Canada (INAC) using 1996 census and INAC departmental data indicated that registered Indians on-Reserve would rank 62<sup>nd</sup> and registered Indians on- and off-reserve would rank 47<sup>th</sup> on the HDI. The analysis further showed that the disparity between registered Indians and non-Indians in Canada,

measured by HDI standards as of 1996, had been reduced by almost a third in the preceding 15 years. The gap in education and life expectancy narrowed between 1981 and 1996. The gap in per capita income measured in constant 1990 dollars grew wider between 1981 and 1991, then narrowed to near 1981 levels by 1996. (Beavon and Cooke, 2001) Appendix A provides detail on aspects of Aboriginal education, income and life expectancy and the impact of interventions in recent years.

Between 1981 and 1996 governments in Canada were spending substantial amounts to remedy Aboriginal disadvantage. The Royal Commission on Aboriginal Peoples (RCAP) calculated total expenditures on Aboriginal people for the 1991-92 fiscal year. The federal departments of INAC and Health Canada expend the largest amounts, principally on programs targeted to registered Indians on-reserve. Training, housing, business development and policing, absorb additional smaller annual amounts from other federal departments. In the 10-year period between 1981-82 and 1991-92, when the gap in the HDI narrowed only minimally, targeted federal expenditures rose from \$1.65 billion to \$4.67 billion annually.

RCAP research also calculated the Aboriginal share of expenditures on programs available to the general population. Spending relating to Aboriginal people by all governments in 1992-93 was estimated to be in the order of \$11.6 billion, with the provinces, territories and local governments adding \$5.6 billion to targeted and general federal expenditures of \$6 billion. The expenditure per capita was estimated to be 1.6 times the amount spent on programs for Canadians in the general population. (RCAP, 1996:5:38-39) The RCAP Report projected that upward pressure on expenditures would increase dramatically over the next 20 years because of the youthfulness and continued growth of the Aboriginal population and the costs of dependency if effective policy interventions were not adopted.

### ***Approaches to Family Research***

Much of the research on social conditions affecting Aboriginal families is conducted by government agencies, Statistics Canada, INAC and Health Canada with the goal of feeding into policy decisions. The perspective is that of the hypothetical, objective, external observer, placing data on Aboriginal people in the context of all-Canada norms. Data is collected in brief temporal slices, often applying sampling techniques that blur the distinctiveness of particular communities and sub-sets of the Aboriginal population. Metis and Aboriginal people in urban settings are generally absent from studies that go behind census data to query what is happening to contribute to poverty, mobility or changing identities and family formations.

Research and data collection projects have become sites of struggle. A number of large First Nation communities have refused to participate in the national census. The First Nations and Inuit Regional Health Survey (FNIRHS) broke new ground in delegating design, data collection and analysis to First Nations and Inuit regional organizations who maintained control of community level data. Participating Aboriginal organizations often partnered with academic institutions to assist in ensuring that the results would meet validity tests in Health Canada, which underwrote the costs.

In seeking control of research processes Aboriginal people are intent on two goals: shaping the research enterprise so that it responds to information needs of the community itself, and framing research that reflects fundamental precepts of Aboriginal knowledge and understanding of the world. These are summarized in the FNIRHS National Report as including the axioms “that everything is related to everything else, that things cannot be understood outside of their context and interactions, and that there are four aspects to the human condition - the physical, the emotional, the mental and the spiritual”. (FNIRHS, 1999:Chapt. 6)

The RCAP Report, reflecting on extensive research and consultations, likewise emphasized the holistic approach that Aboriginal people bring to the pursuit of personal and community well-being. (RCAP,1996:3:202-223 ff) Aboriginal concepts of whole health were seen to include balance in physical, emotional,

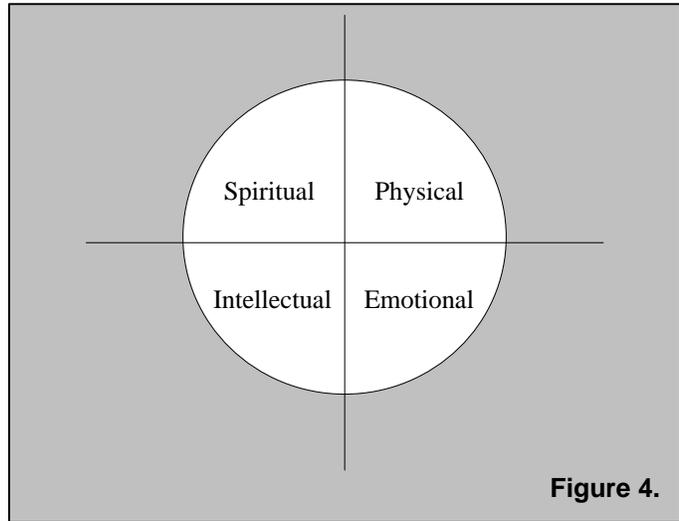


Figure 4.

mental and spiritual dimensions of the person and harmonious relations with human and natural environments. The concept of balance between the whole of experience and component parts is often represented in a medicine wheel. (Figure 4)

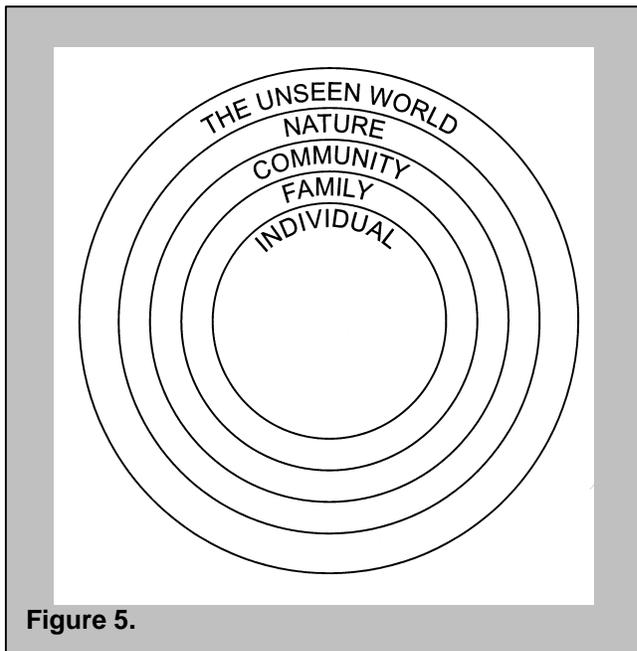


Figure 5.

The circle symbol is elaborated to convey the interdependence of persons, families, communities and nations with the natural and spiritual order of the universe. (Figure 5) Because we are all related, harmony or imbalance in one sphere impacts on every other sphere of reality.

RCAP proposed that Aboriginal

notions of well-being converge with new understandings of the determinants of health and provide a strong basis for building strategies to support well-being. The same concern for balance and harmony infuses Aboriginal initiatives in the fields of education (Battiste and

Barman, 1995; Castellano et al., 2000). In economic development and governance and efforts to deal with symptoms of social breakdown, the course preferred by Aboriginal peoples is the revitalization of community, articulating values traditional to the particular nation and adapting them to a modern environment.

Aboriginal families are nested in communities and nations which have seen their lands alienated, their laws dismissed as “customs” and their beliefs ridiculed. Families have been at the centre of a struggle between colonial governments bent on absorbing “Indians” into Euro-Canadian society and parents, Elders and leaders, who have been equally determined to maintain their identities as peoples with unique and continuing responsibilities in the world. The current challenges that Aboriginal families face are rooted in that history of struggle. The future trajectory of Aboriginal family life will be determined in large part by the success of Aboriginal collectives in establishing their place as peoples and nations within Canada.

#### **4. Aboriginal Perspectives on the Family**

##### ***Evolving Traditions***

When we speak of “family” each of us reaches into our store of images and experiences to give meaning to the term. In every culture there are fundamental roles fulfilled by the family. It protects and nourishes the child through early years of dependency. It passes on language which provides a code for making sense of the world around and communicating with others. It teaches ways of behaving, by example and instruction, which enable individuals to participate in society. And the family instills values, the sense of what is important, what is worth preserving, protecting and, if necessary, fighting for.

In contemporary Canadian society the primary responsibilities of the family begin to be shared with public institutions at least by the age of five when the child begins school. Peer

groups, teams and public media assume increasing importance as socializing influences as the child matures. By the time the young adults go off to college or into the work force the assumption is that they will begin functioning following their own star and taking responsibility for themselves and the new families they form. The family of origin may continue as an important emotional reference point but it is the defining reality in relatively few cases. The family is the launching pad for individuals.

The Aboriginal family in traditional, land-based societies was, until very recently, the principal institution mediating participation of individuals in social, economic and political life. The extended family distributed responsibilities for care and nurture of its members over a large network of grandparents, aunts, uncles and cousins. Clan systems extended the networks of mutual obligation even further. Families were the units which exercised economic rights to territory and resources. In village, nation and sometimes confederacy families were represented in councils charged with collective decision-making.

As we noted earlier in this paper, many Aboriginal people have moved to the city; many others residing on reserves and rural towns and villages engage in wage labour rather than traditional harvesting. However, the notion of the caring, effective, extended family, co-extensive with community, continues to be a powerful ideal etched deep in the psyche of Aboriginal people. Even when participation in the labour market leads to mobility and regrouping in nuclear households, even when the expectation of care is frustrated by poverty, alcohol and violence, even when the electoral system enforced by the Indian Act by-passes family inclusiveness to create winners and losers, still the ideal lives on.

As illustrated in the story of my brother Lloyd, the cohesive, multi-generational Aboriginal family survives on reserves where segments of the family maintain continuing

residence. There are also many anecdotal reports, from rural and urban communities, of groups dedicated to conserving or recovering Aboriginal languages and renewing ceremonial practices. With increasing heterogeneity in the make-up of on-reserve populations and urban settings these traditional groups may take on the character of interest groups which uphold traditional values of “sharing and caring” but they will not have the bonds of mutual dependence and obligation, built up over generations, that characterized the self-reliant harvesting unit of former times.

The role of the extended family on-reserve is being assumed in part by community services which have been borrowed from mainstream society but adapted to reflect the culture of the community. Home support services for the elderly are one example. In the traditional multi-generational household elder care was not a problem. As families become smaller and younger generations become more mobile, elder care services have been developed to supplement family resources. Paid service in small communities has much of the character of mutual aid and may be delivered by kin, but in a mode that distributes the burden of care and provides income to the provider. Culturally adapted services have emerged in a few urban centres but they are outside the stream of mandated provincial and municipal services and survive on fragmented and precarious funding sources.

### ***“Our Children Are Our Future”***

The RCAP Report described the special place that children hold in Aboriginal cultures:

According to tradition, children are gifts from the spirit world and have to be treated very gently lest they become disillusioned with this world and return to a more congenial place. They must be protected from harm because there are spirits that would wish to entice them back to that other realm. They bring a purity of vision to the world that can teach their elders. They carry within them the gifts that manifest themselves as they become teachers, mothers, hunters, councillors, artisans and visionaries. They renew the strength of the family, clan and village and make the elders young again with their joyful presence. (RCAP, 1996:3:23)

Imagine, then, the grief that ensues when families find themselves inadequate to

discharge their responsibilities, or the child dies, or is carried away by agents of government, never to return. Repeatedly in public hearings RCAP commissioners heard from Aboriginal presenters the affirmation that “Our children are our future” and almost as often the lament “We have lost our parenting skills”. What has created this contradiction?

The Statement of Reconciliation in response to the RCAP Report, read and distributed in 1998 by the Honourable Jane Stewart, then Minister of Indian and Northern Affairs, gives part of the explanation:

Sadly, our history with respect to the treatment of Aboriginal people is not something in which we can take pride. Attitudes of racial and cultural superiority led to a suppression of Aboriginal culture and values. As a country, we are burdened by past actions that resulted in weakening the identity of aboriginal peoples, suppressing their languages and cultures, and outlawing spiritual practices. We must recognize the impact of these actions on the once self-sustaining nations that were disaggregated, disrupted, limited or even destroyed by the dispossession of traditional territory, by the relocation of Aboriginal people, and by some provisions of the Indian Act. We must acknowledge that the result of these actions was the erosion of the political, economic and social systems of Aboriginal people and nations. (Stewart, 1998)

From the passing of the first Indian Act in 1876 until the protection of Aboriginal and treaty rights in the Constitution Act of 1982, Aboriginal societies were essentially under siege. While poverty, powerlessness and breakdown of social order were taking hold in Aboriginal communities under the impact of colonial policy, Aboriginal children were simultaneously being removed to residential schools whose express purpose was to disrupt their ties with “savage” culture and, of necessity, their families.(Milloy, 1999)

Chief Cinderina Williams of the Spallumcheen band in British Columbia, writing of her community’s experience with residential schools, reported:

Later when these children returned home, they were aliens. They did not speak their own language, so they could not communicate with anyone other than their own counterparts. Some looked down on their families because of their lack of

English, their lifestyle, and some were just plain hostile. They had formed no bonds with their families, and some couldn't survive without the regimentation they had become so accustomed to...

Consequently, when these children became parents, and most did at an early age, they had no parenting skills. They did not have the capability to show affection. They sired and bred children but were unable to relate to them on any level. (Godin-Beers and Williams, 1994)

The stage was then set for massive intervention by provincial child welfare authorities, characterized as "the sixties scoop". Patrick Johnston documented the dramatic increase of Aboriginal children in-care as a proportion of all children in care. In British Columbia the proportion rose from less than 1% in 1955 to 34% in 1964. By 1981-82 the proportions of Aboriginal children in care, as percentage of the in-care population, ranged from a low of 2.6% in Quebec to a high of 63% in Saskatchewan. (Johnston, 1983:24-54)

Kenn Richard, Executive Director of Native Child and Family Services of Toronto told the RCAP hearings:

Most of our clients - probably 90 per cent of them - are, in fact, victims themselves of the child welfare system. Most of our clients are young, sole support mothers who very often were removed as children themselves. So we are dealing with perhaps the end product of ...the sixties scoop. Actually the sixties scoop lasted well into the 70s. ...The other interesting note is that while the mother may have been in foster care the grandmother - I think we all know where she was. She was in residential school. So we are into a third generation. (Richard in RCAP,1997)

The numerous continuing issues in child welfare will not be resolved quickly. The trauma of deprivation and abuse is still taking its toll on children in the third generation. Aboriginal adults, cut off as children from their roots as a result of foster care and adoption placement, are seeking to re-connect with their origins, often without social and emotional support and with disappointing outcomes.(Fournier and Crey,1997:104-110; RCAP,1996:3:43-45) Aboriginal victims of abuse and graduates of the child welfare system make up a disproportionate number of

street kids and commercially exploited youth in the sex trade in Canadian cities. (Gilchrist and Winchester, 1995; Kingsley and Mark, 2001) High but undocumented numbers of Aboriginal inmates likewise have experienced family breakdown and foster home placement.(RCAP, 1996:3:20)

The encouraging news is that programs to support families are becoming available and are being taken up by Aboriginal people in urban and on-reserve settings. Headstart programs which emphasize cultural content and parental involvement were serving 3,252 off-reserve Aboriginal children in 1999. (CICH, 2000:159) The program has been extended by Health Canada to on-reserve sites. An array of programs to promote healthy babies, parenting skills and community involvement is available, albeit on a limited and competitive basis, for urban and on-reserve Aboriginal people. Because initiatives from multiple sources are uncoordinated, service providers find themselves spending excessive amounts of time making grant applications to a variety of programs and meeting numerous and varied reporting requirements.

Aboriginal child and family services are funded by INAC in the case of First Nation agencies and by voluntary and grant funding in off-reserve locations. Current evaluations were not accessed for the present paper, but research for RCAP indicated that Aboriginal agencies were experiencing heavy demand for prevention, protection and foster care services. They were more successful than provincial agencies in recruiting Aboriginal foster homes but they had not reduced the numbers of children in foster care. Aboriginal agencies found themselves in a double bind. If they were mandated to implement provincial child welfare legislation, they were bound by provincial regulations that inhibited the application of culture-based services. If they were not mandated by the province they were adjuncts to provincial agencies who did have authority. Aboriginal child and family service agencies then found themselves marginalized in decision-

making and frustrated in making appropriate interventions.

RCAP recommended that the dilemma be resolved through self-government in which Aboriginal jurisdiction over child and family matters is recognized. Some precedents on a limited scale already exist. The Spallumcheen First Nation in British Columbia passed a by-law asserting control of child welfare. INAC and British Columbia did not challenge it but the precedent was not followed elsewhere. The Nisga'a treaty of 1999, signed by the Nisga'a Nation, Canada and British Columbia, recognized the jurisdiction of the Nisga'a Nation to legislate in the field of child welfare. On the other hand, First Nations communities on Manitoulin Island, protesting against intrusions by provincial child welfare authorities and requesting recognition of community agencies, were informed by the Ontario government that it did not propose to charter any new Aboriginal agencies to deliver child welfare services.

### ***The Legacy of Residential Schools***

The profound impact of residential school experience that reverberates through successive generations has only recently come to light. RCAP's report on suicide makes reference to the "layers of pain" that touch whole communities as well as individuals.

An RCMP officer investigating charges of sexual abuse at a B.C. residential school told the Royal Commission:

Of the first 10 victims I identified, seven of them had become offenders themselves...They had been convicted in the past of sexual assault, or were in jail for sexual assault.... A lot of them were dead. We are talking about people that would have been in their late 30s and early 40s, and it seemed to me that a disproportionate number of men primarily had met early deaths....Also, there were a large number that had committed suicide....In Alkali Lake I was looking for 23 people and seven were dead.(Grinstead in RCAP, 1995:58)

Maggie Hodgson, a leader in rehabilitation training and treatment over the past thirty years told the Commission:

At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all that does is take one layer off the onion....We are dealing with a number of different issues...related to our people's experience over the last 80 or 90 years....I believe that the whole issue of residential school and its effects is an issue that's going to take at least a minimum of 20 years to work through. (Hodgson in RCAP, 1995:56)

Some Aboriginal professionals are describing the impacts in terms of "post-traumatic stress syndrome" that not only haunts those who experienced traumatic events but also establishes reactive patterns of behaviour that are incorporated into family life and passed on to younger generations. (Duran and Duran, 1995:30-35)

Criminal and civil lawsuits launched by former residential school residents for physical and sexual abuse experienced in residential schools have had some success when offences under the law could be proved. Allegations of emotional and cultural abuse, the deprivation of family care and loss of language and cultural grounding, have thus far been rejected by the courts although, in the view of Aboriginal people, these assaults are more pervasive and ultimately as destructive to personal and community well-being. As of 2002 it is estimated that 9,000 residential school survivors have launched 4,500 individual and class actions against the Government of Canada and the Anglican, Roman Catholic, United and Presbyterian churches. (Aboriginal Healing Foundation, 2002) The costs of defending against litigation, and paying out judgements made thus far, threaten to bankrupt the churches and have led to vigorous and well-publicized attempts to find alternative methods of dispute resolution.

In January 1998, in conjunction with its Statement of Reconciliation in response to the RCAP Report, the Government of Canada announced a \$350 million healing fund. The Aboriginal Healing Foundation (AHF), a non-profit organization governed by a Board of Directors representative of Aboriginal peoples, was established a few months later to distribute the fund.

The AHF mandate is to support Aboriginal initiatives to heal the effects of physical and sexual abuse suffered in residential schools, and its inter-generational impacts.

## **5. The Trajectory of Change**

Aboriginal families are assuming a variety of forms. Extended family networks in rural communities and reserves continue to provide a stable reference point for younger members who relocate in pursuit of education and employment opportunities. Nuclear families, two-generation families in households of parents and children, are increasingly the unit of family organization in both rural and urban communities. As Aboriginal community membership becomes more heterogeneous in ethnic origin and cultural practice there is a vigorous movement to conserve and revitalize traditional languages, teachings and ceremonial practice. Formal associations and informal networks are emerging to support this move to traditionalism, deliberately embracing norms of “sharing and caring” and extending spiritual and practical support to those made vulnerable by family breakdown. Some call these voluntary communities “families of the heart”.

Spontaneous and self-directed efforts to heal from the effects of trauma, past and current, constitute perhaps the most hopeful sign of what the future holds for Aboriginal families. However, because of the interdependence of individuals, families and communities, individual effort must be complemented by collective effort to eliminate the structural disadvantage evidenced in statistics on income, education and health. The challenges differ between urban and rural settings, and among subgroups of the Aboriginal population. However, there is a common theme in Aboriginal community effort: Institutions that share responsibility with families to protect children, deliver education, promote and restore health, and preserve order must be responsive to the culture and identity of Aboriginal citizens. Public policies have historically

been intrusive and often destructive, generating alienation from mainstream institutions and distrust of “white” professionals. There is a strong movement to re-establish Aboriginal control of public services not only in governance but also in health, education and justice.

This is the context of contestation between Aboriginal peoples and Canadian governments on the political ground, the meaning and the practice of self-government. Some notes on healing, community-building, and political development may serve to illustrate the relationship between them.

### ***Healing the Spirit***

In the early 1970s Aboriginal people became involved in efforts to halt the devastation they saw wrought by alcohol abuse in their communities. With support from the National Native and Alcohol and Drug Abuse Program of Health Canada (NNADAP) and some provincial support they developed treatment and counsellor training programs for Aboriginal clientele. Nechi Training Institute and Poundmaker’s Lodge in Alberta have been in the forefront of these efforts. The therapeutic insights developed through these programs uncovered the relationship between substance abuse and the many wounds to the spirit that had not even been talked about, including those deriving from residential school experience and violence within families. Re-connection with culture and community became powerful means of restoring health and sobriety, reclaiming individuals to become contributing members of the community. Stories of community transformation began to circulate, occasionally documented, as in the film *The Honour of All, the Story of Alkali Lake*. (Phil Lucas Productions, 1987) Conferences sharing experience of healing the spirit have attracted the attention of Aboriginal peoples around the world and stimulated the formation of healing circles and gatherings in countless rural and urban communities.

Aboriginal people across Canada are engaged in a process of recovering cultural

traditions, turning to Elders for guidance in searching out the enduring knowledge that will serve the people in contemporary times. The late Art Solomon, an Anishnabe (Ojibway) Elder from Ontario, used the metaphor of fire to describe sacred knowledge. He spoke of sifting through the ashes to discover embers from the sacred fire which, when it is rekindled, brings the people back to their true purpose. (Solomon in Castellano, 2000:25)

I am indebted to another of my brothers, the late Dr. Clare Brant, the first Aboriginal psychiatrist in Canada, for popularizing the concept that Aboriginal people adhere to ethical rules of behaviour that shape their behaviour.(Brant, 1990) I have come to see the movement of returning to tradition as a movement to restore the ethical relationships that give structure to Aboriginal communities. Ethics are rooted in values, the deep beliefs that we hold about the order of reality, often expressed in terms of right and wrong. Conventional behaviours that conform to the ethical rules demonstrate that we belong in a society or community, that we know how to behave.

Efforts to heal the spirit of wounded individuals have grown into a movement “healing the spirit world wide”, fuelling widespread commitment to practising traditional cultures, including participation in ceremonies, conserving and recovering Aboriginal languages, articulating male and female roles in the family, and incorporating traditional values in political and social institutions in the community. The extent of this movement to re-traditionalize in First Nation and Inuit communities was measured for the first time in the First Nations and Inuit Regional Health Survey. The 9,000 First Nations and Inuit respondents in the survey were asked: “Do you think a return to traditional ways is a good idea for promoting community wellness?” Over 80% of the respondents answered “Yes”.(FNIRHS, 2000:193-4) The FNIRHS Report cautions that the nature of “traditional ways” was not defined in the question and that the

different view represented by 20% of respondents must be respected. 53% to 60% of respondents saw some progress being made in several areas of returning to traditional ways: native spirituality, traditional healing, and use of Elders. Balancing these trends, roughly one-third of respondents saw no progress in restoring traditional roles of men and women and relationship with the land.

A practical demonstration of the energy generated by community-based commitment to healing is provided in the work of the Aboriginal Healing Foundation(AHF) established in 1998 to distribute \$350 million allocated by the federal government to address the effects of physical and sexual abuse in residential schools. The Foundation has distributed \$156 million to community-based healing in the form of 800 grants. In June 2001 an interim evaluation surveyed just over 300 of the projects funded to date. The survey found that: 1,686 communities and communities of interest were being served; just under 59,000 Aboriginal people were engaged in healing projects, less than 1% of whom had been involved in healing previously; and almost 11,000 Aboriginal people were receiving training as a result of funded projects. In an average month 13,000 hours of volunteer service in the community are logged. Program investments are having a multiplier effect unheard of in government services.(AHF, 2001)

### ***Community-building***

Over the generations when relationships within the Aboriginal family were being stressed and disrupted by residential schooling and foster care placement, community institutions supporting economic participation and learning were also being displaced. Efforts at community renewal focus currently on re-establishing an economic base and restoring the place of Indigenous knowledge in schooling, health and justice services.

For Aboriginal nations in rural, remote and resource rich areas there is the potential for

wealth in the trees, the rivers and the minerals on their traditional territories. Land claims seek to ensure that the benefits of those resources flow equitably to Aboriginal peoples. Land claim settlements and revenue sharing agreements reached in a few areas have provided start-up funds for community-owned businesses that set goals to promote training, employment and community economic development along with profit-making. Meadow Lake Tribal Council Forest Industries is a highly successful enterprise in the resource sector. Air Creebec and First Air are thriving in the highly competitive airline industry.

Private enterprise is also having a significant impact on local opportunity. A 1996 survey by Statistics Canada identified over 20,000 Aboriginal-owned businesses, representing a three-fold increase between 1981 and 1996. 46% of these businesses have at least one additional full-time permanent employee. Businesses are concentrated in primary sectors of fishing, trapping and farming, along with contracting trades, but Aboriginal owners are represented in a wide variety of enterprises including: management consulting, software design, manufacturing and tourism. (Aboriginal Business Canada, 2002)

While these developments are promising, they still touch a small proportion of the Aboriginal population. Resolution of land claims is proceeding at a painfully slow pace, in concert with complex and expensive litigation. Entrepreneurship works best when it has access to markets and partnerships beyond the small local base available in most Aboriginal communities and these breakthroughs are just beginning to appear.

For most Aboriginal people, the capacity to fulfill family responsibilities of support is dependent on participation in the labour market. Success in the labour market, in turn, depends substantially on geographic access and effective, relevant education.

In 1972 the National Indian Brotherhood (now the Assembly of First Nations) published

a landmark document “Indian Control of Indian Education” declaring that education of Indian people must affirm their identity and fit them with skills for participation in contemporary society. A series of publications in subsequent years has documented how Aboriginal people are proceeding with implementing that agenda. (Barman et al., 1987; Battiste and Barman, 1995; Castellano et al., 2000)

The transfer of administrative responsibility for elementary and some secondary education to local First Nations control has resulted in incorporation of elements of culture and language in the curriculum. The introduction of Native Studies in universities and colleges across Canada has also contributed to a more affirming environment in post-secondary institutions. Aboriginal institutions have emerged at the post-secondary level to accelerate the development of culturally appropriate curriculum, pedagogy and modes of delivery. Appendix A details some of the improved outcomes that have been achieved and the challenges that remain in Aboriginal education.

The benefits of programs to offset economic and social disadvantage are not distributed equitably throughout the Aboriginal population. Indian and Northern Affairs Canada directs its services, with few exceptions, to registered Indians resident on-reserve. Some targeted Indian and Inuit services from Health Canada, such as Headstart, are available off-reserve. On-reserve administrations under the authority of band councils are the vehicles for delivering most federally sponsored services. Although half of the Aboriginal population lives in urban centres, provinces have been reluctant to act in a policy field they consider to be a federal constitutional responsibility. Cities with substantial Aboriginal populations have been pressed to respond to problems with uneven results. A recent analysis of the policy landscape in six western cities revealed that Aboriginal people in urban centres face challenges to personal and community

well-being greatly in excess of those faced by the general population. Policy response on the part of federal, provincial and municipal governments is fragmented and uncoordinated. Aboriginal people in urban centres lack access to decision-making on issues that affect them, since associations and friendship centres through which they speak do not have standing in the councils of government.(Hanselmann, 2001)

The marginal status of Aboriginal family and children's services agencies was cited earlier. In reserve communities where local government exercises a degree of control, services can be adapted and coordinated to some degree. In an urban setting, an Aboriginal Headstart program can address issues of early education for children but it cannot relieve the stresses of isolation, poverty, and poor housing experienced with extraordinary frequency by young, Aboriginal single mothers. (Hull, 2001) Similarly, alternative justice programs receive limited-term grant funding to divert Aboriginal offenders from prison. Building community networks that stand in the place of fragmented families and interrupt the transmission of inter-generational trauma is outside the mandate of services designed to arrest specific problems after they erupt.

### ***Families, Communities and Nations***

Georges Erasmus, who has been involved in community development and political leadership for decades, has observed that Aboriginal people can mobilize at the local or regional level, applying culturally based knowledge and skills to work on issues, but inevitably they run into laws and regulations that say "You can't do it that way".(Erasmus, Personal Communication:2002) Tony Mandamin, now a provincial court judge told the Royal Commission: "If you don't have the authority or jurisdiction then it is extremely difficult to negotiate. The only thing you have left is your own people's misery, and that's a fine negotiating position!"(Mandamin in RCAP, 1997). Reinstating the authority of Aboriginal nations to mandate holistic, culturally appropriate public

services is a practical goal of self-government. Negotiating recognition of the historic and ongoing place of Aboriginal peoples in this land is the larger goal which has gained ground in the past thirty years, advanced by Supreme Court decisions, the Constitution Act of 1982, and United Nations forums.

## 6. Conclusion

Part of the Aboriginal worldview is a sense of time that places present experience in the context of seven generations. Prophecies in many Aboriginal nations, handed down in the oral tradition, speak of a renewal of Aboriginal wisdom and spirituality that will mature in the seventh generation, after a period of great loss and confusion. This sense of anticipation was voiced by the late Jim Bourque, a Metis Elder from the Northwest Territories:

The geese migrate because they have responsibilities to fulfil at different times and in different places. Before they fly they gather together and store up energy. I believe strongly that our people are gathering together now, just like the geese getting ready to fly. I am tremendously optimistic that we will soon take on the responsibilities we were meant to carry in the world at large. (RCAP, 1996:1:1)

Aboriginal individuals, families and communities are emerging from the shadow of colonization that has marred perceptions and distorted relationships for generations. Scholars and artists as well as Elders are articulating traditional values of connectedness and spirit and stewardship of the land that are taking on new vitality and varied forms of expression. The next stage in the renewal of Aboriginal peoples is assuming a place of dignity and responsibility as member nations in the Canadian federation. The actualization of that vision of relationship will depend not only on the energy being mobilized within the Aboriginal community. It will depend also on the readiness of other peoples in Canada to make space for a vibrant Aboriginal presence.

It is my hope that the stories related in this paper will contribute in some small way to generating the dialogue that will make that future possible.

Nia:wen. Thank you for your attention.

Marlene Brant Castellano

Tyendinaga Mohawk Territory



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## **Extended Families, Nuclear Families, Families of the Heart**

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## Appendix A

### Selected Indicators of Aboriginal Well-being

The components of the United Nations Human Development Index, education, income and life expectancy in the Aboriginal population, are reviewed briefly here, reporting gains which have been made in recent years. Volume 3 of the RCAP Report titled *Gathering Strength* (RCAP,1996) provides an extensive review of these and other social and economic issues, along with policy recommendations to resolve persistent inequities. The present discussion draws on the RCAP Report and its background research, along with more recent data and analysis. Census data cited generally refers to Aboriginal people, with some specific references to Metis and Inuit. Greater detail is available on registered Indians through INAC and Health Canada documents.<sup>1</sup> Readers should be cautious in making inferences about Metis and Inuit experience on the basis of First Nations data.

#### **Education:**

Aboriginal people have made gains in educational attainment in recent years. INAC figures comparing social conditions between 1991 and 1996 indicate that the proportion of registered Indians having less than grade 9 education fell from 28% in 1991 to 22% in 1996. This compares to 12% of the total Canadian population having less than grade 9. Among the registered Indian population 15 years and older and not attending school in 1996, 44% had completed secondary school or continued to post-secondary studies, compared to 51% of the Aboriginal identity population and 67% of non-Aboriginal population. The proportion of registered Indians having trades or other non-university certificates was 25.9% in 1996, close to the Canadian proportion of 27.9%. In contrast, registered Indians holding a university degree rose from 2% to 3% of the population in this 5-year period, still falling far behind the Canadian levels of 13.3%, an increase of 2.9% from 1991 to 1996. (INAC,2000; Hull,2000)

Aboriginal youth aged 15-19 were less likely than non-Aboriginal peers to be attending school, 68% compared with 83% of the general population in school. Similarly, 31% of Aboriginal people aged 20-24 were in school versus 49% of non-Aboriginal people in the same age group.(Statistics Canada, June 2001)

There are a number of patterns evident in educational attainment. Aboriginal people with less than grade 9 are fewer and clustered in older generations. Almost two-thirds of Indian youth continue to leave high school without a diploma, compared to one-third of the general population (Auditor General, 2000:4.44). Many return later to complete academic and vocational credentials, as indicated by the fact that 42% of registered Indian post-

secondary students are over 30 years of age. INAC reports annual enrolment of 22,000 registered Indian students in post-secondary studies. Of enrolled students in 1998-99, 54% were in non-university programs, 37% were in undergraduate degree programs, and 5% were in graduate university programs. Of those starting post-secondary programs, 72% of registered Indians completed non-university programs compared to 80% of all Canadians. In contrast, 36% of registered Indians enrolled in university and 41% of Aboriginal identity students completed a degree, compared to 64% of enrolled non-Aboriginal students reaching graduation. High attrition among students who start a university program accounts for the fact that the gap between registered Indians and non-Aboriginal persons holding a degree widened in the period 1991-96.

In his 2000 annual report the Auditor General of Canada was highly critical of the effectiveness of education initiatives by INAC. He pointed out:

The consequences of inadequate or inappropriate education are well known in the context of national and community socio-economic development and sense of personal well-being. Thus the requirement to ensure and fund appropriate education needs to be viewed not only as an expenditure but also as an investment in present and future human resources....We found a significant gap in educational achievement between Indian students and non-Indian students, based on provincial education requirements and results....Closing it will be a crucial test of the resolve of the Department and First Nations....At [the current] rate of progress it will take approximately 23 years for the Indian population on reserves to reach education parity with the overall Canadian rate for high school completion, if that rate remains constant. We believe that more and faster progress is urgently needed. (Auditor General, 2000:4:19, 43,44)

Census data on the population with Aboriginal identity is much less detailed and specific than data available through federal reports on education programs targeted principally to registered Indians resident on-reserve. Where breakdowns according to Aboriginal sub-groups have been done educational attainment of Metis and registered Indians off-reserve are somewhat higher than that of reserve residents and the attainment of "other Aboriginal" in urban centres is closer to the levels attained by the non-Aboriginal population. (Norris et al., 2000b)

**Income:**

The average annual income of Aboriginal people is substantially lower than that of non-Aboriginal Canadians. In 1995, Aboriginal people had an average income from all sources of \$15,700, just 62% of the figure of \$25,400 for the non-Aboriginal population. Within the Aboriginal population the Metis have the highest average incomes at

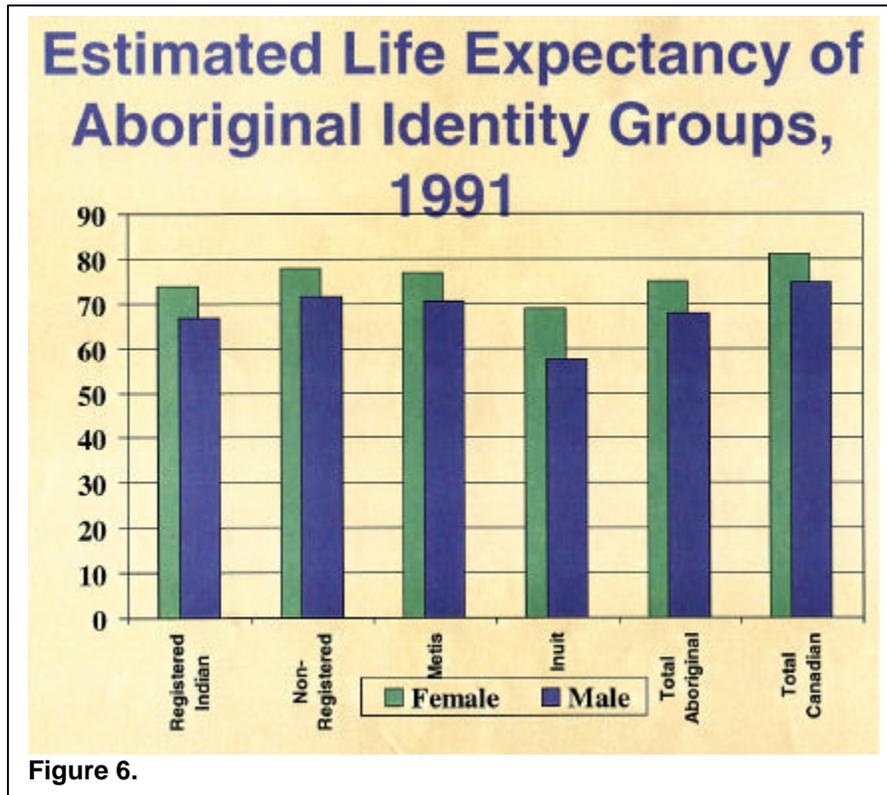
\$17,500 , compared with \$17,600 among the Inuit and \$14,900 among the North American Indian population, a census category that includes self-identified Indians on- and off-reserve. (Statistics Canada, June 2001) About one-quarter of all income of Aboriginal people comes from government transfer payments, compared with 14% of the income of non-Aboriginal people. 48% of North American Indians, 46% of Inuit and 41% of Metis had incomes below \$10,000. The income of rural off-reserve residents and smaller cities was highest, averaging more than 70% of non-Aboriginal residents of those locations, while Aboriginal incomes in large cities was at the overall level of 62% of non-Aboriginal incomes. The solution to low-income recommended by some observers, that of moving off-reserve, is evidently not sufficient to effect change. In fact, between 46% and 51% of Aboriginal people living in Winnipeg, Edmonton, Regina and Saskatoon had incomes below \$10,000. (Statistics Canada, June 2001)

Income levels are tied to types of employment and levels of participation in the labour force. Aboriginal people who are employed tend to be concentrated in low-paying occupations: primary resource industries, sales and service, and trades. Aboriginal people are under-represented in management positions and professional occupations. Unemployment rates tend to be high, with 24% of Aboriginal labour force participants unemployed in 1996, compared to a non-Aboriginal unemployment rate of 10% that year. As with the overall population, unemployment rates are highest among young adults, with 32% of all Aboriginal labour force participants and 35% of Aboriginal males aged 15-24 unemployed in 1996. Unemployment is higher in the on-reserve population, at 29%, and lower among Metis (20%) and Inuit (22%). (Statistics Canada, June 2001)

Two significant factors contributing to lower income and higher unemployment are relatively lower levels of education and limited opportunities for employment in rural and remote reserve settings. An analysis by INAC indicates that while income levels of Indians on-reserve rose between 1990 and 1995, the gains as a proportion of non-Aboriginal incomes was marginal, from 53% to 56%. In this five-year span the proportion of the on-reserve population in the labour force, that is, working or seeking work, remained around 50% and the unemployment rate remained almost constant at 27%. (INAC, 2000)

**Life expectancy:**

Life expectancy at birth is used as a marker for the complex set of conditions that affect health and longevity of a population. The life expectancy of Aboriginal people rose steadily and dramatically between 1981 and 1996, detailed most fully in registered Indian data. Life expectancy for Indian males rose from 62 to 68 years. For females the increase was from 69 to 76 years. Life expectancy of male Canadians in 1996 was just under 76 years, leaving a



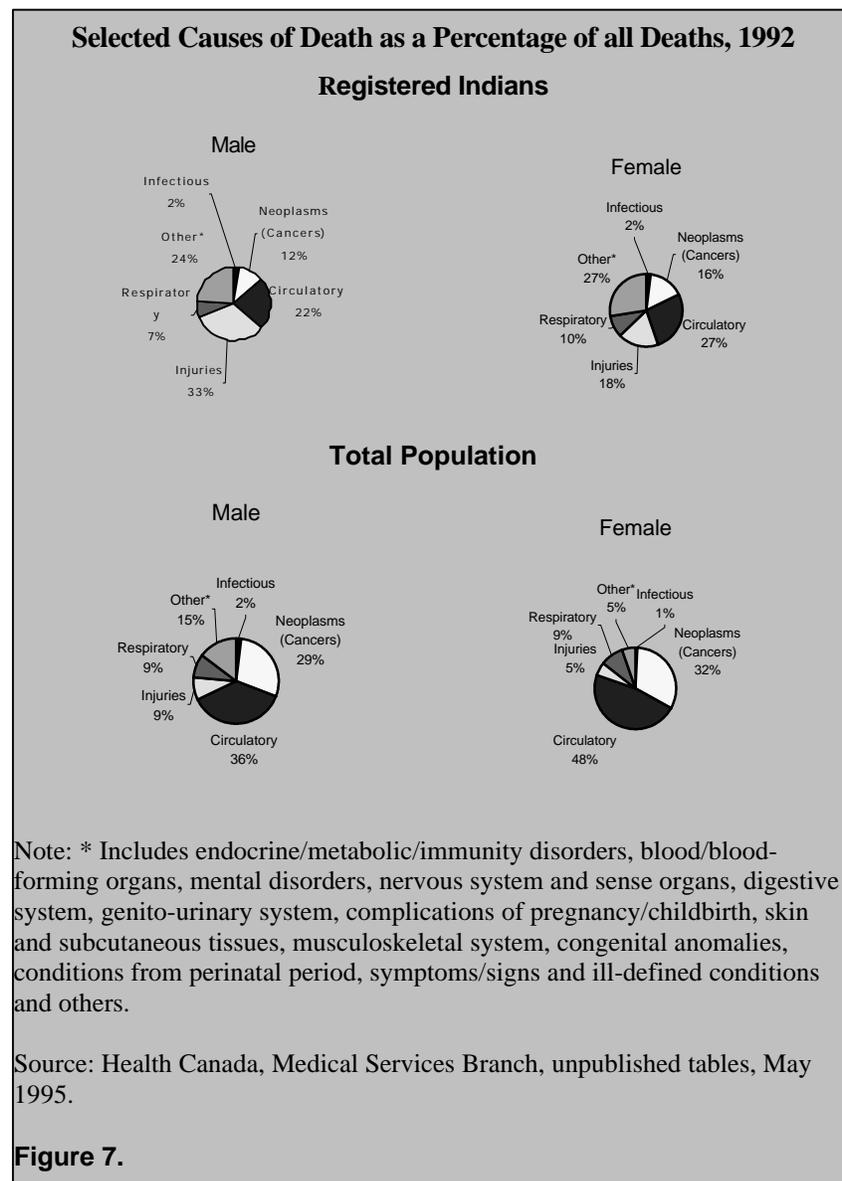
difference of 8 years. Life expectancy of female Canadians in 1996 was 81.5, leaving a difference of 5.5 years. Figure 6 shows the variation among Aboriginal sub-groups in 1991, with Inuit experiencing the greatest difference from the total Canadian population, registered Indians living somewhat longer, and Metis and non-registered Indians (other Aboriginal in 1996

terminology) and those living in urban settings coming closest to the life span of all Canadians. Beavon and Cooke calculated that the gap in life expectancy had been reduced by one-third, from 9.43 years to 6.4 years in this 15-year period. (RCAP, 1996:3:120-1; INAC, 2000; Beavon and Cooke, 2001)

The gains in life expectancy can be attributed to a number of factors. Infant mortality in the Aboriginal population has decreased from 24 per 1000 births in 1981 to 14 per thousand in 1996, still twice the rate of infant deaths in the total Canadian population. (CICH, 2000:50,172-3) Increased income, improved housing and maternal health, access to medical services and health promotion at the local level have played a part in achieving this gain. However the downward trend in infant mortality stalled around 1991 and rose again slightly by 1996. Perinatal mortality, defined as stillbirths and deaths in the first week of life, along with congenital defects are major causes of deaths in both Aboriginal and non-Aboriginal infants. Sudden Infant Death Syndrome occurs about three times more frequently among Aboriginal infants (27% of deaths compared to 8% in the non-Aboriginal population). Deaths due to injury and poisoning occur twice as frequently in the Aboriginal population (7% of deaths compared to 3% in the general population). Fetal Alcohol Syndrome (FAS), a lifelong disability resulting from the mother's alcohol consumption during pregnancy has received considerable attention in recent years but there is no verified rate of

incidence in Canada or in the Aboriginal population. Local studies that indicate high rates of FAS warrant response but they cannot be generalized to the wider community.(CICH, 2000:158)

Improved living conditions, access to treatment and emphasis on health promotion have had a positive effect on the health status of children and adults. Immunization has also helped to reduce the toll of infectious diseases. However, poverty and overcrowded housing affecting many Aboriginal people, and inadequate waste disposal facilities in some communities contribute to persistence of risk. Tuberculosis, an infectious disease correlated with socio-economic status, was reduced from 58 per 100,000 in the registered Indian population in 1991 to 36 per 100,000 in 1996 but it is still almost six times the rate of 6.5 in the general population. (INAC, 2000)



HIV/AIDS infections are relatively small in number but they show a trend which gives cause for concern. Information identifying the ethnicity of persons reporting HIV and AIDS is incomplete and only individuals who came forward for testing are reported. Available data indicates that while Aboriginal people make up 1.6% of the general population, Aboriginal AIDS cases represented 8.5% of newly reported cases in 2000. Estimates from Health Canada are that Aboriginal HIV infections represented 8.8% of new infections reported in 1999. The over-representation of Aboriginal persons in vulnerable groups

characterized by poverty, substance abuse and prison populations, and the mobility between inner-cities and rural and remote reserves present considerable risk of increasing HIV/AIDS infections among Aboriginal people.(Health Canada, May,2001)

While the incidence of infectious diseases among Aboriginal people has declined, chronic diseases have assumed increasing importance as causes of illness and death. The RCAP Report, drawing on 1992 data from Health Canada compared selected causes of death among registered Indians and the total population. These data indicated that deaths from circulatory disease (heart disease and stroke) and cancers were much less common in the Indian population while the proportion of deaths from respiratory and infectious diseases were comparable. Injuries, including accidents and violent deaths were the leading cause of deaths among Indian males and the second leading cause of death among female Indians.(Figure 7).

Chronic diseases are not necessarily cited as the primary cause of death, though they may contribute to other conditions. For example, diabetes increases the risk of cardiovascular disease. Chronic disease compromises a person's quality of life and may impose significant disability. The First Nations and Inuit Regional Health Survey (FNIRHS) in its 1999 National Report<sup>2</sup> provides more recent data on the prevalence of chronic disease, that is, the proportion of Aboriginal persons currently affected. The Report focussed on heart disease, hypertension, cancer, diabetes, and arthritis. Information is based on self-reporting and not clinical diagnosis and it provides a snapshot at one point in time, not the basis for evaluating trends. For all five diseases selected for analysis, the prevalence in the First Nations population exceeds the Canadian prevalence in all age-sex groups. Diabetes was virtually unknown among Aboriginal peoples until the 1940s. The prevalence among the Aboriginal population is now at least three times that of the general population. According to 1991 statistics, the prevalence of diabetes among Aboriginal groups in Canada is: 8.5% of North American Indian people on-reserve; 5.3% of Indian people off-reserve; 5.5% of Metis people; and 1.9% of Inuit people. Diabetes increases the risk of heart disease, high blood pressure, stroke, lower limb amputations, kidney and eye disease.(Health Canada, 1998)

Emotional, behavioural and environmental aspects of health were not a major focus of FNIRHS, except for smoking which is reported by 62% of the First Nations and Labrador Inuit population, and 70% of the age group 20-29 years in that region. Clearly programs to prevent tobacco use and encourage cessation are not reaching these populations. Since smoking is implicated in heart disease, cancer and respiratory disease and is thought to be a factor in Sudden Infant Death Syndrome, this pattern is a serious threat to Aboriginal health. Some regional data in

FNIRHS identify high levels of sadness and depression in teen-agers, particularly girls. Gasoline and glue sniffing are serious problems in some communities. Suicide rates in the 15-24 age group are 126 per 100,000 for males and 35 per 100,000 for females. These rates are five times the Canadian rate for males and seven times the Canadian rate for females. (CICH,2000:175)

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<sup>1</sup>The RCAP Report is the most comprehensive single source of information on social, economic and cultural issues relating to Aboriginal peoples. Although the Report is out of print in hard copy, it is available on CD-ROM, *For Seven Generations, an Information Legacy of the Royal Commission on Aboriginal Peoples*, from Public Works and Government Services Canada. The Report can also be accessed without charge through the Institute of Indigenous Government ([www.indigenous.bc.ca/rcap.htm](http://www.indigenous.bc.ca/rcap.htm)). The Government of Canada maintains an Aboriginal Canada Portal with access to government programs and services and links to Aboriginal organizations. The Portal heading “policy, research and statistics” provides access to current studies and analysis, some of which are cited in the present paper.

<sup>2</sup>The First Nations and Inuit Regional Health Survey (FNIRHS) is a broad-based survey based on self-reporting by First Nations and Inuit. The survey was designed, implemented and analysed by First Nations and Inuit people and had a response rate of 95%. It brings together community-level data unavailable from other sources, since national data collection undertakings such as the National Longitudinal Survey of Children and Youth specifically exclude First Nations people living on-reserve and Inuit communities in the provinces. Aboriginal persons living off-reserve may be randomly included in general surveys but the resulting sub-samples would be too small to produce reliable information. The National Report of FNIRHS is available on the World Wide Web, specifically at the Assembly of First Nations website ([www.afn.ca](http://www.afn.ca)).