



OCTOBER 2016

Aboriginal Head Start in Urban and Northern Communities: Closing the Gap in Health and Education Outcomes for Indigenous Children in Canada

Key Messages:

- ▶ A new study by Statistics Canada¹ finds evidence that Indigenous early childhood development programs such as Aboriginal Head Start in Urban and Northern Communities (AHSUNC) are associated with **positive health and education outcomes for both elementary and intermediate/high school** aged Canadian Indigenous children.
- ▶ The study also finds that AHSUNC is **successfully reaching high risk Indigenous populations**. Children who have attended these programs experience significantly greater socio-demographic challenges such as living with a single parent, having a parent or grandparent who attended residential school, living in the north and in a lower income household than those who attended non-Indigenous-focused early child development programs.
- ▶ Importantly, children and youth who participated in AHSUNC **achieve similar health and education outcomes as their peers who are not faced with the same adversity**.
- ▶ **These results suggest that AHSUNC, which focuses on Indigenous culture and language, helps participating Indigenous children to close the gap in health and education outcomes with non-AHSUNC participants who are not faced with the same adversity. These results also suggest that the program helps these children become more resilient, resulting in healthier, higher-achieving students.**

WHAT IS ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES?

- ▶ The Aboriginal Head Start in Urban and Northern Communities (AHSUNC) program is a national community-based early intervention program funded by the Public Health Agency of Canada.
- ▶ Introduced in 1995, AHSUNC focuses on providing culturally-appropriate early childhood development programs for First Nations, Inuit and Métis children and their families, living off-reserve in urban and northern communities.
- ▶ More than 4,800 children and their families participate in the program every year, at one of the 134 program sites across Canada.
- ▶ AHSUNC sites are locally managed and activities are locally designed to allow for flexibility in addressing the unique needs of each community.
- ▶ Sites typically provide structured half-day preschool programming for children 3 to 5 years of age.
- ▶ The AHSUNC program focuses on six key areas: Indigenous culture and language, education, health promotion, nutrition, social support, and parental and family involvement.



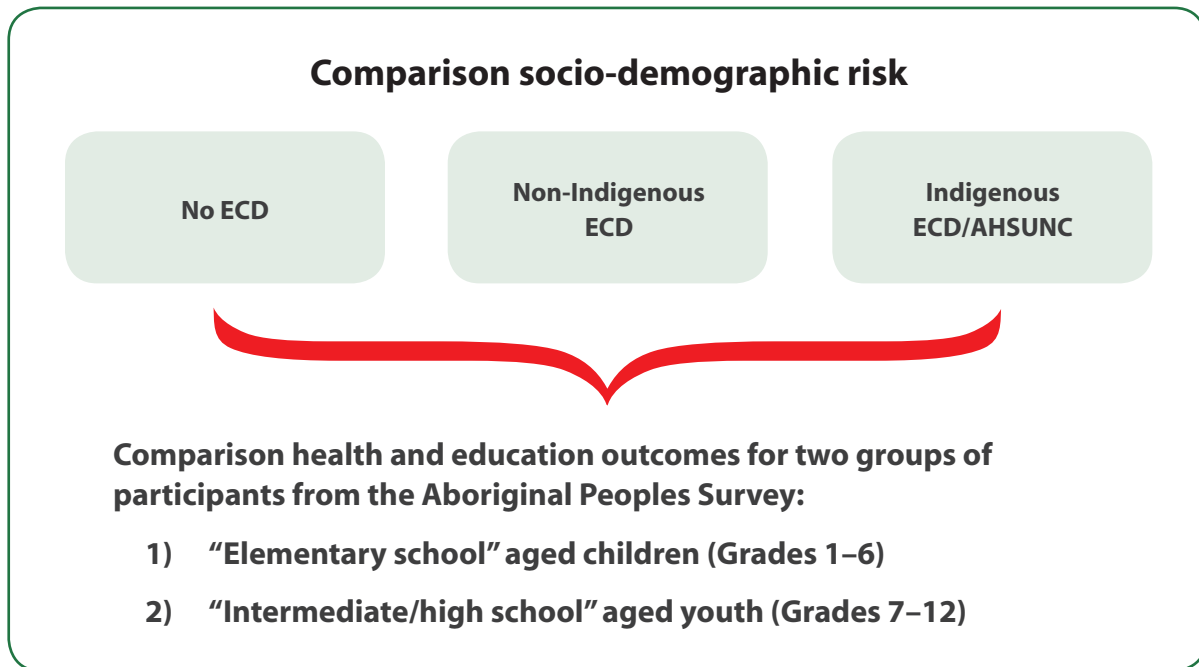
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How was the study done?

Three Types of Past Early Child Development (ECD) Participation Status



- ▶ This study was based on the most recent Canadian population survey data of First Nations people living off reserve, Métis and Inuit people 6 years of age or older from the 2012 Aboriginal Peoples Survey².
- ▶ Data on the ECD participation of respondents in grades 1 to 12 was collected to examine associations between past ECD participation and current health and educational outcomes in both elementary school and intermediate/high school.
- ▶ Most children who attended ECD with an Indigenous focus were expected to have participated in the AHSUNC program as this is the main off-reserve Indigenous ECD program in Canada.
- ▶ Socio-demographic characteristics (e.g., single parent household, low income) of Indigenous children and youth who had or had not participated in ECD were also compared.

What did we learn?

1.

AHSUNC is reaching children in the greatest need, as participants of Indigenous-focused early child development programs experienced a significantly greater number of socio-demographic risk factors than those in non-Indigenous early child development programs.

Indigenous ECD programs are being used by Indigenous children living with the highest level of risk. Indigenous children and youth who participated in Indigenous-focused ECD/AHSUNC come from families experiencing significantly greater socio-demographic challenges compared to those who attended non-Indigenous focused ECD.

Therefore, AHSUNC **is reaching its intended target**—families in the greatest need for ECD intervention programming.

Significant differences in socio-demographic risk of children and youth who participated in Indigenous-focused ECD (vs. non-Indigenous focussed ECD):

- ▶ More likely to live in the north
- ▶ More likely to live with single parents (measured for elementary-aged only)
- ▶ More likely to have parent(s) with low school involvement (significant for elementary-aged only)
- ▶ More likely to have a mother with a low level of education
- ▶ More likely to have a parent and/or grandparent who attended residential school
- ▶ More likely to live in a household with lower income
- ▶ More likely to live in households with greater number of people
- ▶ Less likely to have a chronic health condition

2.

Despite greater socio-demographic disadvantages, Indigenous children and youth who participated in AHSUNC have similar education and health outcomes as their peers.

Even with significantly greater socio-demographic challenges, there were **few differences found in education and health outcomes** between elementary school aged children who had participated in Indigenous ECD/AHSUNC and other Indigenous children facing less adversity. The same holds true for youth in grades 7–12.

AHSUNC/Indigenous ECD participant outcomes	
Elementary school aged children (Grades 1–6)	<p>Accounting for socio-demographic risk factors, AHSUNC participants were as likely to:</p> <ul style="list-style-type: none"> ▶ Receive mostly A's on their last report card ▶ Receive tutoring ▶ Be in excellent or very good health ▶ Not miss school in the past two weeks ▶ Never repeat a grade <p>However, they were more likely than non-Indigenous ECD participants to have been late for school in past two weeks.</p>
Intermediate/High school aged youth (Grades 7–12)	<p>Accounting for socio-demographic risk factors, AHSUNC participants were as likely to:</p> <ul style="list-style-type: none"> ▶ Receive mostly A's on their last report card ▶ Receive tutoring ▶ Be happy at school ▶ Be in excellent or very good health ▶ Be in excellent or very good mental health ▶ Not miss school in the past two weeks ▶ Never repeat a grade ▶ Not be late for school in the past two weeks <p>However, they were more likely than those who had not participated in ECD to have skipped school in the past two weeks.</p>

In summary: After accounting for socio-demographic disadvantages, AHSUNC participants are doing as well as their peers on most health and education outcomes except for:

- ▶ Being late for school (elementary only)
- ▶ Skipping school (intermediate/high school only)

What does this mean for AHSUNC?

- ▶ Children who are living in greatest socio-demographic risk, like those who attend AHSUNC, are at higher risk of poor health and education outcomes. However, those at highest risk are the most likely to gain from early child development intervention.³
- ▶ This study builds on previous evidence that the AHSUNC program is successful in producing positive short-term school outcomes over the course of one year of programming⁴ and suggests additional **positive impact of AHSUNC participation for health and education outcomes in elementary and intermediate/high school.**
- ▶ This study shows that children and youth who attended AHSUNC programs **achieve similar health and education outcomes relative to children of the same age facing less adversity.**
- ▶ Further examination of barriers and supports to increase punctuality and school attendance outcomes are important for AHSUNC participants and programming.
- ▶ These study results suggest that the AHSUNC program **is both reaching the most at-risk Indigenous children and enabling them to overcome their socio-demographic challenges to become healthier, higher achieving students in elementary and intermediate/high school.**
- ▶ This study also suggests that AHSUNC's **culturally and linguistically relevant early child development programming strengthens resilience**, helping children to achieve positive outcomes in spite of adversity⁵.

Acknowledgements

We would like to thank Leanne Findlay and Dafna Kohen of the Health Analysis Division of Statistics Canada for conducting the study on which this report is based.

References

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- ⁵ Zolkoski, S.M. & Bullock, L.M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, 34, 2295–2303.