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The Social and Health Service Needs of Aboriginal Peoples in Smaller Urban Centers in Southern Ontario: A Synthesis Paper for Service Agencies

Martin Cooke
University of Waterloo, cooke@uwaterloo.ca

Julia Woodhall

Jennifer McWhirter

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The Social and Health Service Needs of Aboriginal Peoples in Smaller Urban Centers in Southern Ontario:
A Synthesis Paper for Service Agencies

Martin Cooke, Julia Woodhall and Jennifer McWhirter
University of Waterloo

November 2011
THE SOCIAL AND HEALTH SERVICE NEEDS OF ABORIGINAL PEOPLES IN SMALLER URBAN CENTERS IN SOUTHERN ONTARIO: A SYNTHESIS PAPER FOR SERVICE AGENCIES

MARTIN COOKE, JULIA WOODHALL AND JENNIFER MCWHIRTER

PRODUCED FOR THE POPULATION CHANGE AND LIFECOURSE STRATEGIC KNOWLEDGE CLUSTER

NOVEMBER, 2011
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INTRODUCTION

According to the 2006 Census of Canada more than half of Canadians who identified themselves as members of an Aboriginal Group (Inuit, First Nations or Métis) lived in a city (Statistics Canada, 2008a). Although this proportion has been recently increasing, the urbanization of Aboriginal peoples is not new. As David Newhouse and Evelyn Peters (2003) have written, being “urban” and Aboriginal are not at all incompatible, and Canadian cities have always included Aboriginal residents.

Perhaps contrary to some of the popular images of urban Aboriginal peoples\(^1\), there is evidence in many cities of a growing urban Aboriginal middle class (Urban Aboriginal Task Force, 2007: 171). However, it is still true that Aboriginal peoples are disproportionately more likely than other Canadians to require social, health and legal services, as a result of various types of structural inequalities and systemic discrimination. Aboriginal peoples are more likely to come into contact with the justice system, to receive social assistance or income support, to be unemployed, and to be in poor health, and are therefore more likely to require the assistance of various social and health service agencies.

These services may be provided by Aboriginal-specific service agencies, such as Friendship Centres or other Aboriginal organizations, or by “mainstream” health and social service agencies (Spence and White, 2011). In Canadian cities where the local Aboriginal population is large, either in absolute terms or as a proportion of the total urban population, the urban social infrastructure may include well-developed networks of local Aboriginal institutions, which can provide these services. In Winnipeg, Regina, Calgary, Saskatoon, Vancouver, and Toronto, the size of the Aboriginal population has led to the development of large networks of Aboriginal-specific service agencies over the past 40 years (Newhouse and Peters, 2003). These agencies provide a variety of health, social and other services in ways that are culturally sensitive and appropriate, and are well-positioned to respond to the unique needs of urban Aboriginal peoples.

However, in a number of Canadian cities with smaller or less concentrated Aboriginal populations, these services may be available principally from “mainstream” service providers whose mandate is to serve the general population, rather than from Aboriginal-specific agencies. For these agencies it may be a challenge to provide services in a culturally-sensitive and informed way, as Aboriginal people may be only a small portion of their total clientele. In 2008, we conducted a number of focus groups with service providers in the Kitchener-Waterloo-Cambridge region, with the aim of identifying the challenges faced by non-Aboriginal-specific service providers when dealing with Aboriginal clients (Cooke, Anthony and Lesar, 2008). The results indicated that, while the local agencies had a great desire to serve the local Aboriginal population, they sometimes felt at a loss in terms of ability to provide appropriate services. A lack of information about local Aboriginal populations, and the particular needs that they face, may contribute to these difficulties.

This synthesis paper is aimed at presenting the current research literature regarding the needs and characteristics of urban Aboriginal populations to those who work in health and social and health service planning and delivery in smaller urban centres. It was funded by the Social Sciences and Humanities Research Council of Canada: Strategic Knowledge Cluster on Population Change and the Lifecourse, through their knowledge mobilization grant programme. We are particularly aiming this report to service providers in smaller cities in southern Ontario. These cities tend to have smaller urban Aboriginal populations than larger cities in Ontario, such as Ottawa or

---

\(^1\) The term “Aboriginal peoples” is used in this paper to refer to the three Constitutionally-defined Aboriginal groups: First Nations, Métis and Inuit. We sometimes pluralize “peoples”, as a way of recognizing the diversity between and within Aboriginal groups.
Toronto, or northern cities such as Thunder Bay or Sault St. Marie. As a result, these smaller southern cities may not have as many Aboriginal-specific services available and “mainstream” organisations may be more likely to serve Aboriginal clients. Therefore, it may be more important in these cities that staff and management of social and health service agencies be aware of the characteristics of the urban Aboriginal population, and of the major health, social, and cultural needs faced by Aboriginal peoples in the city.

In the sections that follow, we present some of the research evidence on the common health, cultural and economic needs of Aboriginal people. We then offer some conclusions for service providers to assist in developing and maintaining culturally appropriate services for Aboriginal people living in smaller urban centers in southern Ontario.

### ABORIGINAL PEOPLES IN URBAN AREAS

The Canadian urban Aboriginal population is growing. According to the 2006 Census of Canada, 54% of the 1.2 million people who identified themselves as Aboriginal live in an urban center, indicating a four per cent growth in the urban Aboriginal population since 2001 (Statistics Canada, 2008a). Despite significant growth, urban Aboriginal people, institutions, organizations, and Aboriginal specific service provision remain somewhat unrecognized in academic literature and public policy (Newhouse, 2003).

The diversity and dynamism of urban Aboriginal populations also often go unnoticed. Urban Aboriginal populations are diverse in terms of socio-economic status and associated needs, and also in terms of Aboriginal culture. Canadian cities are home to people from a variety of First Nations, Inuit, and Métis backgrounds, often with roots in the local area, but also from communities or traditional territories in other parts of the country. This diversity can present challenges for the provision of social services to urban Aboriginal peoples. In addition to a higher general need for health, social, educational and labour force integration services, urban Aboriginal people may be poorly served by services that are not provided in culturally appropriate or sensitive ways. Services designed for mainstream urban populations may fail to address the specific needs of Aboriginal clients, including needs resulting from systemic discrimination, intergenerational trauma or residential school experiences.

Further compounding the difficulties in providing services to urban Aboriginal clients is the fact that data on the size and characteristics of urban Aboriginal populations are limited. Most of the sample surveys collected by Statistics Canada do not include enough Aboriginal people to generate reliable estimates, making quantitative studies of urban Aboriginal populations difficult. Even the post-censal Aboriginal Peoples Survey (APS) does not include enough individuals to make useful estimates for many smaller cities. Although the Census endeavours to include the entire Canadian population, Aboriginal people are generally under-counted, although to varying degrees in each census year (Guimond, Kerr, & Beaujot, 2004). Many Aboriginal communities and First Nations refuse to participate for political reasons, citing a lack of control over the use of the data and the lack of authority of Canadian statutes such as the Statistics Act. Aboriginal people in the city may also be undercounted, possibly for similar reasons. As well, high rates of residential mobility among urban Aboriginal peoples makes enumeration difficult.

There are studies that have used the available statistical and other data to examine the needs and characteristics of urban Aboriginal populations. The Urban Aboriginal Task Force (Urban Aboriginal Task Force, 2007) examined Aboriginal populations in a number of Canadian urban centres. As other reports have found (Siggner & Costa, 2005), the Task Force finds that urban Aboriginal populations tend to be younger than the general urban
populations, with significant numbers living in low-income conditions. The Urban Aboriginal Task force also used interviews with community members and Executive Directors of service agencies, both Aboriginal and non-Aboriginal, to try to further identify issues related to serving urban Aboriginal populations. That report found significant challenges for service providers, and a general lack of programs and services for Aboriginal peoples. As a result, many of the needs of Aboriginal people were being met on a “crisis” basis, rather than in ways that provided long-term support (Urban Aboriginal Task Force, 2007).

These findings may generally be true in most urban contexts. However, in the case of the urban Aboriginal population, there also may be considerable diversity among Canadian cities, in terms of the density and size of the Aboriginal population, its demographic and social characteristics, issues related to the local economy, and the presence and capacity of service agencies. This report outlines some of the most concerning problems facing urban Aboriginal peoples, specifically focusing on the health, cultural and economic needs that may be most important for service providers in smaller and mid-sized southern Ontario cities.

METHOD

A search of both academic and “grey” literature was conducted to identify studies and reports that included information about the needs of the urban Aboriginal population in Canada. The question being asked was: what information from the research literature might help service providers in their efforts to serve urban Aboriginal peoples? The aim of this report is to provide a summary of the research from a variety of different areas and to make it available to social and health service providers in cities such as Windsor, London, Kitchener-Waterloo, Stratford, Cambridge, Hamilton, and Guelph. With this goal in mind, the literature search attempted to find research on urban Aboriginal needs in these areas or other small or mid-sized cities.

In some ways, the literature search proved disappointing. There was very little research that was specific to these cities. There was some literature which focused on the province of Ontario as a whole, as well as a wide variety of literature focusing on cities in western Canada. As we have noted, the conditions in either larger or northern Ontario cities or cities in western Canada may be somewhat different from those in smaller southern Ontario cities.

It would have been preferable to have research findings that pertain especially to southern Ontario, but this does not mean that the information available is not useful to service providers in those areas. Although the needs of urban populations may vary between cities and regions, there are certainly many commonalities. The search of the literature revealed considerable evidence of important needs in the areas of health and health services, cultural services, employment, education, food security and housing. Although not much of this literature is specific to smaller southern Ontario cities, the literature search also did not reveal any indication that these general needs are not also issues in these areas. We therefore take the approach of presenting the main themes that are likely relevant to service providers in southern Ontario. Where possible we indicate the population addressed by the original studies cited, and indicate when a finding from another context may not be completely generalizable to southern Ontario.

We first describe the dynamics of the urban Aboriginal population, including population growth and migration and mobility patterns. We then present the research evidence related to the needs for health services, employment and education, and cultural services, as well as some conclusions for service providers with Aboriginal clients.
THE NEEDS OF URBAN ABORIGINAL PEOPLES

1. THE COMPOSITION AND CHANGE OF URBAN ABORIGINAL POPULATIONS

Understanding the size and composition of target populations, and how these might be changing, is clearly important for effective service delivery. Although the urban Aboriginal population has been growing rapidly in recent years, most of this growth is not due to migration or mobility from First Nations reserves to the city. In fact, the observed growth of the urban population is largely due to changes in both the legal definitions of Aboriginal peoples, and how people identify themselves when asked by the Census.

ETHNIC IDENTITY AND LEGAL DEFINITIONS

The Constitution Act recognizes three Aboriginal groups; First Nations, Inuit and Métis. “First Nations” generally refers to the cultural groups that have historically been referred to as “North American Indians”, but encompasses a tremendous variety of cultures across the country. The Métis are the inheritors of a distinct culture resulting from the historic blending of European and First Nations cultures, particularly in the context of the fur trade. Inuit are the peoples of the far North, mainly Nunavut, northern Quebec, and the Northwest Territories, as well as Greenland and other circumpolar regions. Although these are the three cultural groups recognized in the Constitution Act, there is a lot of cultural and geographic variation within them, particularly among First Nations.

The definition of Aboriginal peoples is complicated by the issue of legal “Status”, or Registration under the Indian Act. According to the 2006 census, of the roughly 1.2 million people who identified themselves as Aboriginal peoples, only about 53% were legally “Registered Indians” (Statistics Canada, 2008a). These are mainly the descendants of the First Nations who signed treaties with the Crown, and who therefore have a special fiduciary relationship with Canada. In general, it is these people with “Status” who have the right to live on Indian Reserves, or Crown lands set aside for the use of particular First Nations. As well, “Registered Indians” are not subject to federal tax on income earned on-reserve, or items that are shipped to reserve addresses. Registered Indians and beneficiaries of Inuit Land Claims Agreements may also have health services provided to them by Health Canada’s First Nations and Inuit Health Branch (FNIHB), rather than provincial health insurance plans such as OHIP. The remaining 47% of people identifying as members of an Aboriginal group do not, in general, have any particular legal status, other than guarantees of Aboriginal rights provided by the Constitution Act.

Much of the recent growth in the Urban Aboriginal population has been among those self-identifying as non-Status First Nations or Métis, who are mainly not eligible to live on First Nations reserves. The available evidence clearly indicates that the majority of recent growth of the Aboriginal population stems from the increased likelihood of people indicating on the Census form that they are Métis (Guimond, Kerr & Beaujot, 2004). The reasons for this trend to stronger ethnic identification are unclear, but it may be due to a reduction in the stigma associated with being an Aboriginal person and an increase in cultural awareness and pride (Guimond, Kerr & Beaujot, 2004).

There have been changes to the population of Registered Indians that have resulted from changes in Indian Registration made in 1985. In that year the Indian Act was amended to remedy sex discrimination in the registration rules, which saw women and their children lose “Status” on marriage to a non-Indian man. Bill C-31 has restored registration status to about 120,000 people, mainly women (Clatworthy, 2004). Despite regaining “Status”, most of these people did not regain the right to live in a reserve community, and mainly continue to live in urban areas. According to the 2006 census, over 54% of Registered Indian women live off-reserve. The result has
been an increase in the urban Registered Indian population, and a growing population of urban Aboriginal women (Statistics Canada, 2008a).

**POPULATION SIZE AND COMPOSITION**

The urban Aboriginal populations of southern Ontario cities are a relatively small component of the total populations of these cities. According to the 2006 census, the urban Aboriginal population was just over one per cent of the population in all of the midsized census metropolitan areas (CMAs) in southern Ontario (Table 1). Although this population is small overall, the percentage of Aboriginal individuals residing in each CMA varies. Not surprisingly, the urban Aboriginal population is relatively large in Brantford, a midsize CMA in close proximity to a large First Nations reserve, Six Nations of the Grand River. Kitchener-Waterloo and Guelph have relatively smaller Aboriginal populations.

Table 1: Aboriginal and total population in Selected Southern Ontario Census Metropolitan Areas, 2006.

<table>
<thead>
<tr>
<th>Census Metropolitan Area (CMA)</th>
<th>Total Population</th>
<th>Aboriginal Population</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph</td>
<td>126,080</td>
<td>1,330</td>
<td>1.05</td>
</tr>
<tr>
<td>Hamilton</td>
<td>683,445</td>
<td>8,890</td>
<td>1.30</td>
</tr>
<tr>
<td>Kitchener-Waterloo</td>
<td>446,495</td>
<td>4,650</td>
<td>1.04</td>
</tr>
<tr>
<td>London</td>
<td>452,575</td>
<td>6,195</td>
<td>1.36</td>
</tr>
<tr>
<td>St. Catherine's/ Niagara</td>
<td>385,035</td>
<td>6,650</td>
<td>1.73</td>
</tr>
<tr>
<td>Windsor</td>
<td>320,730</td>
<td>5,585</td>
<td>1.74</td>
</tr>
<tr>
<td>Brantford</td>
<td>122,825</td>
<td>3,865</td>
<td>3.15</td>
</tr>
</tbody>
</table>

Notes: Single Identity group only. Numbers are rounded. A Census Metropolitan Area (CMA) is defined by Statistics Canada as a continuously built-up area around an urban core with a population of 100,000 or more.


Within smaller southern Ontario cities, the majority of the Aboriginal population identifies as First Nations, but this also varies considerably by city. More than 70% of the Aboriginal population in London, Brantford and Hamilton identify themselves as primarily First Nations, again likely because of the proximity of these cities to First Nations communities (Table 2). However, in Kitchener-Waterloo, Guelph and Windsor, as many as a third of Aboriginal residents identified themselves as Métis in the 2006 Census. Although those identifying themselves as Inuit are a relatively small segment of the total Aboriginal population, some 270 Inuit were living in these Ontario cities in 2006.

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2 A Census Metropolitan Area (CMA) is defined by Statistics Canada as a continuously built-up area around an urban core with a population of 100,000 or more.
Table 2: Aboriginal Identity Population in Selected Southern Ontario Census Metropolitan Areas, 2006.

<table>
<thead>
<tr>
<th>Census Metropolitan Area (CMA)</th>
<th>Total Aboriginal</th>
<th>First Nations</th>
<th>%</th>
<th>Métis</th>
<th>%</th>
<th>Inuit</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph</td>
<td>1,330</td>
<td>800</td>
<td>66.2</td>
<td>390</td>
<td>29.3</td>
<td>15</td>
<td>1.1</td>
</tr>
<tr>
<td>Hamilton</td>
<td>8,890</td>
<td>6,425</td>
<td>72.3</td>
<td>1,990</td>
<td>22.4</td>
<td>50</td>
<td>0.6</td>
</tr>
<tr>
<td>Kitchener</td>
<td>4,650</td>
<td>3,085</td>
<td>67.7</td>
<td>1,355</td>
<td>29.1</td>
<td>60</td>
<td>1.3</td>
</tr>
<tr>
<td>London</td>
<td>6,195</td>
<td>4,595</td>
<td>74.2</td>
<td>1,345</td>
<td>21.7</td>
<td>80</td>
<td>1.3</td>
</tr>
<tr>
<td>St. Catherine's/ Niagara</td>
<td>6,650</td>
<td>4,350</td>
<td>65.4</td>
<td>1,930</td>
<td>29.0</td>
<td>65</td>
<td>1.0</td>
</tr>
<tr>
<td>Windsor</td>
<td>5,585</td>
<td>3,185</td>
<td>57.0</td>
<td>2,105</td>
<td>37.7</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Brantford</td>
<td>3,865</td>
<td>3,140</td>
<td>81.2</td>
<td>600</td>
<td>15.5</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Notes: Single Identity group only. Numbers are rounded. A Census Metropolitan Area (CMA) is defined by Statistics Canada as a continuously built-up area around an urban core with a population of 100,000 or more.


Migration and Mobility

The Census data show that there has not been a great deal of net migration into cities from Aboriginal communities in recent decades, despite popular belief to the contrary (Norris et al., 2002). The recent Urban Aboriginal Peoples Study (UAPS), conducted by Environics Research, found that most urban Aboriginal residents who had moved to cities were in fact long-term residents who had lived in the city for more than a decade (Environics Institute, 2011). This is somewhat contrary to the common idea that most urban Aboriginal peoples are migrants, having moved recently from First Nations. As we have indicated above, only a minority of Aboriginal people, mainly Status First Nations (“Registered Indians”) are eligible to live in reserve communities. Most non-Status First Nations and Métis people have never lived in a First Nation community.

Although most of the recent population growth has not been due to migration from First Nations reserves into cities, this is not to say that migration is not an important issue related to the needs of urban Aboriginal populations. Successive censuses have found that there has been no net migration from First Nations to urban areas, but there is still a large degree of mobility between these areas, including people moving from cities to reserves (Norris et al., 2006). Some of this mobility is due to circulation or return migration between cities and reserves. There is some evidence that people may make multiple moves between urban areas and Aboriginal communities (Cooke, 2002; Cooke and Bélanger, 2006). However, the UAPS study of Aboriginal people living in 11 cities found that most people who had moved to the city had no intention of moving back (Environics Institute, 2011). Clearly, return migration depends on a number of factors, including the proximity of a home community to the city, the opportunities available in both areas, and the reasons for migration in the first place (Cooke, 2002).

Those reasons for migration are many. Evidence from the 1991 Aboriginal Peoples Survey (APS) (Clatworthy, 1996) and the more recent UAPS (Environics Institute, 2011) indicate that most of those who moved to the city did so for reasons related to work and education. However, there are many other reasons that people may move from Aboriginal communities. These include moving for health care or other services that may be unavailable in Aboriginal communities and moving to be closer to family and kin in the city. At the same time, people may move to First Nations or other Aboriginal communities for a variety of reasons, including retirement, the availability of cultural activities, and kin and family (Environics Institute, 2011).
In addition to migration, or movement from one community to another, there is a high degree of residential mobility among Aboriginal people in the city. Norris and Clatworthy (2010) found that Aboriginal people in Ontario were 23% more likely to have changed residences as non-Aboriginal people were, between 2001 and 2006. Some of the reasons for this high mobility include a lack of affordable housing in the city and discrimination in the housing market, as described below, as well as moves to avoid undesirable neighbourhood conditions, such as crime (Clatworthy, 1996, Norris et al. 2004).

The population “churn” or “turbulence” that results from high mobility may pose a problem for service providers and for urban communities. The high rates of mobility into and out of neighbourhoods and local communities may weaken networks and “social capital”, or the bonds between community members and institutions (Maxim et al., 2003; Mignone, 2011). This may negatively affect the ability of local communities to organise or to provide services. For service providers, it may make it difficult to make contact with potential clients, who may not be aware of local services, and to maintain contact with clients who may move away.

**AGE AND SEX STRUCTURE**

It is well-known that Aboriginal populations tend to be younger than the Canadian population, due to the combined effects of a higher birth rate and higher mortality. This is true in large urban areas as well as in Aboriginal communities, and is also the case in smaller urban centers in Ontario, as shown in Table 3.

The relative youth of the Aboriginal population is seen in the higher proportion of children and young adults. Whereas about 18% of the total Ontario population is aged 0 to 14, between 24% and 31% of Aboriginal population in these southern Ontario cities are in this age group (Table 3). At the same time, there are fewer Aboriginal people at older ages, relative to the non-Aboriginal population. Only about two per cent of the Aboriginal population in Guelph was older than 65 in 2006, compared with about 13 per cent of the total Ontario population, including Aboriginal and non-Aboriginal people. However, the percentage of older Aboriginal people also varies between these cities; more than seven per cent of the Aboriginal identity population in St. Catherine’s-Niagara was in this age group (Table 3).

As well as being younger, the urban Aboriginal population tends to be slightly more female than male, as shown in Table 3. There are several reasons that contribute to this. For one, the history of the Indian Act and the registration rules before 1985 meant that many women were forced to leave their home communities after marriage to non-Status or non-Aboriginal men. Although some of these women have regained their status under Bill C-31, many have also not been able to return to their home communities, or have chosen not to (Clatworthy 2001). As well, there is evidence that women and men move to the city for different reasons. While men tend to report that they move for economic reasons, mainly for employment, women are more likely to report moving for reasons related to family. This may include moving with children to escape abusive relationships in other communities, or moving in order to better provide for children (Environics, 2011).

<table>
<thead>
<tr>
<th>Age groups (%)</th>
<th>0-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Median age (years)</th>
<th>Sex (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Aboriginal</td>
<td>Non-Aboriginal</td>
</tr>
<tr>
<td>Guelph</td>
<td>28.57</td>
<td>17.67</td>
<td>17.29</td>
<td>18.42</td>
<td>10.90</td>
<td>4.89</td>
<td>1.88</td>
<td>26.1</td>
<td>36.7</td>
</tr>
<tr>
<td>Hamilton</td>
<td>27.39</td>
<td>15.52</td>
<td>14.90</td>
<td>19.01</td>
<td>10.24</td>
<td>7.48</td>
<td>5.46</td>
<td>29.6</td>
<td>39.6</td>
</tr>
<tr>
<td>Kitchener</td>
<td>26.67</td>
<td>16.56</td>
<td>14.19</td>
<td>19.14</td>
<td>15.81</td>
<td>5.27</td>
<td>2.37</td>
<td>29.7</td>
<td>36.2</td>
</tr>
<tr>
<td>London</td>
<td>28.89</td>
<td>18.72</td>
<td>15.33</td>
<td>15.66</td>
<td>12.35</td>
<td>6.21</td>
<td>2.90</td>
<td>26.6</td>
<td>38.6</td>
</tr>
<tr>
<td>St. Catherine's /Niagara</td>
<td>24.21</td>
<td>16.99</td>
<td>12.78</td>
<td>16.39</td>
<td>14.36</td>
<td>8.12</td>
<td>7.07</td>
<td>31.5</td>
<td>41.9</td>
</tr>
<tr>
<td>Windsor</td>
<td>27.48</td>
<td>16.47</td>
<td>15.31</td>
<td>13.88</td>
<td>14.32</td>
<td>7.25</td>
<td>5.37</td>
<td>29.5</td>
<td>37.7</td>
</tr>
<tr>
<td>Brantford</td>
<td>31.05</td>
<td>19.15</td>
<td>13.97</td>
<td>12.94</td>
<td>12.03</td>
<td>6.21</td>
<td>4.66</td>
<td>24.9</td>
<td>39.7</td>
</tr>
<tr>
<td>Total Population (Aboriginal and non-Aboriginal)</td>
<td>18.4</td>
<td>13.5</td>
<td>12.7</td>
<td>15.9</td>
<td>15.2</td>
<td>11.2</td>
<td>13.0</td>
<td>29.7</td>
<td>38.9</td>
</tr>
</tbody>
</table>

Notes: Single Identity group only. Numbers are rounded. A Census Metropolitan Area (CMA) is defined by Statistics Canada as a continuously built-up area around an urban core with a population of 100,000 or more.

Source: 2006 Census of Canada data (Statistics Canada 2008b; 2008c).
Household Composition

One result of these different reasons for mobility has been the relatively higher proportion of mother-headed households among Aboriginal people. As Table 4 shows, Aboriginal people were nearly twice as likely as other urban Ontarians to live in a lone parent family in 2006, and many of these are headed by women (Hull, 2001).

As well as being more likely to be headed by female lone parents, Aboriginal households tend to be larger than non-Aboriginal households (Hull, 2006). This is both due to higher fertility, and therefore more children, as well as the fact that Aboriginal households may be more likely to be intergenerational or blended households.

Table 4: Census Family Status by Aboriginal Identity, Ontario Census Metropolitan Areas, 2006.

<table>
<thead>
<tr>
<th></th>
<th>Aboriginal</th>
<th>Non-Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husbands or wives</td>
<td>23.0%</td>
<td>41.4%</td>
</tr>
<tr>
<td>Common-law partners</td>
<td>12.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Lone parents with children</td>
<td>8.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Children in census families</td>
<td>38.4%</td>
<td>33.8%</td>
</tr>
<tr>
<td>Not living in a census family</td>
<td>18.5%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Notes: Single Aboriginal Identity only. Numbers are rounded. A Census Metropolitan Area (CMA) is defined by Statistics Canada as a continuously built-up area around an urban core with a population of 100,000 or more.

Source: 2006 Census of Canada data (Statistics Canada 2008c).

2. The Health and Health Services Needs of Urban Aboriginal Peoples

In smaller centres where there may not be Aboriginal-specific services, health services are likely to be provided by “mainstream” service providers. It is therefore important that service providers are aware of the major health conditions and health-related risks that are faced by urban Aboriginal populations. In this section we review some of the major findings in the literature related to the provision of health and health care services needs of Aboriginal peoples. Aboriginal peoples are at higher risk to a wide variety of chronic and infectious diseases, as well as to behaviours that are negatively related to health, such as smoking and substance abuse (Waldram, Herring and Young, 2006; Tjepkema, 2002). The purpose of this review is not to enumerate all of the health risks for Aboriginal peoples, but to present the evidence of the most pressing needs in terms of health or health services. We therefore focus on some of the issues that are most commonly mentioned in the research literature. These include needs related to diabetes, obesity and overweight, maternal and child health, mental health, disabilities, and substance use.

Diabetes Treatment and Prevention

Diabetes mellitus is major issue among Aboriginal peoples living in urban areas or Aboriginal communities. In 2001, off-reserve Aboriginal people were roughly twice as likely as other Canadians to have been diagnosed with
this condition (8.7% versus 4.3%) (Tjepkema, 2002). It seems likely that much of this difference is due to an increased prevalence of “Type II”, formerly known as “adult onset” diabetes among Aboriginal peoples.

The research literature also identifies gestational diabetes, or diabetes related to pregnancy, as a major risk for Aboriginal women. Although focussed in the city of Saskatoon, Dyck et al.’s (2002) study found that 11.5% of Aboriginal women had contracted gestational diabetes, compared with 3.5% of women in the general population. Moreover, the development of diabetes during pregnancy has been increasing in the urban Aboriginal population. In Alberta cities, the rate of gestational diabetes among Status First Nations women increased 22% between 1995 and 2006 (Johnson et al., 2009). This is concerning as gestational diabetes is linked to problems with development, growth abnormalities, high birth-weights, and chemical imbalances in infants (Metzger et al. 2009).

The growth in Aboriginal gestational diabetes is extremely problematic for a young, growing Aboriginal population. Needs associated with diabetes include prevention, treatment, and management of the disease. Prevention of Type I and gestational diabetes can include maintaining healthy weights through healthy diets and healthy physical activity, which are also important for treatment of the disease. Screening is also important, as untreated diabetes can have serious complications, including vision loss and lower limb amputations, which have become prevalent among Aboriginal peoples in Canada (Public Health Agency of Canada, 2003).

**OBESITY AND OVERWEIGHT**

As described above, overweight and obesity increase the risks of Type II diabetes, but can also lead to a number of other problems. Obesity is a major public health concern in Canada, but Aboriginal peoples are at even higher risk. In 2001, Aboriginal peoples living off-reserve were 1.8 times as likely as other Canadians to be obese, and 33.5% of the off-reserve Aboriginal population was obese and an additional 24.7% was overweight, according to definitions relating obesity to Body Mass Index (Tjepkema, 2002). Obesity and overweight in childhood have also been rising, and there is some evidence that as many as half of all Aboriginal children could be classified as either overweight or obese (Katzmarzyk, 2008).

The causes of overweight and obesity are multifactorial, and involve social, psychological, environmental, economic, and genetic issues. The needs associated with obesity are therefore also complex. Obesity prevention programmes that are targeted to urban Aboriginal peoples have included health education initiatives promoting healthy eating and healthy physical activity, programmes aimed at improving cooking skills, diet planning, and budgeting, and other types of interventions.

**SERVICES FOR PEOPLE WITH DISABILITIES OR ACTIVITY LIMITATIONS**

Aboriginal peoples are at higher risk to disability or activity limitations than are other Canadians, despite the younger age profile of the population. According to Prince (2004), almost one third of the adult Aboriginal population reports living with a disability. According to the 2001 Aboriginal Peoples Survey, the rate of long-term activity limitation among Aboriginal peoples living outside of reserve communities was 1.6 times that of the non-Aboriginal population (Tjepkema, 2002).

Living with a disability is related to the development of various other health problems, such as depression, and is related to unemployment, poverty, food insecurity and homelessness (Brown and Turner, 2010). According to Newbold (1999,) Aboriginal peoples with disability are also more likely than others to have some of their needs, including needs for social support, unmet.
One of the consistent themes in the research and grey literature is that of the need for health services for Aboriginal women, including maternal and reproductive health, as well as health services for their infants and children. Aboriginal women may face a number of barriers to receiving health care, including poverty, racism and stigmatization. It is against this backdrop that some Aboriginal women seek help at emergency departments to address health issues that could be addressed in community-based primary care settings (Su, 2009).

One important indicator of maternal health is the prevalence of low birth weight. Off-reserve Aboriginal children are more likely to have low birth weights than other Canadian children (Turcotte and Zhao, 2004). This is concerning, as low birth weight is related to lower rates of survival after birth and for the first year of life. Low birth weight can also impact health later on in the life course. Children with low birth weights are more likely to suffer from diabetes, high blood pressure and heart disease later in adulthood (Turcotte and Zhao, 2004). Low birth weight stems from a variety of different social and health related problems, such as smoking during pregnancy, which are prevalent in the Aboriginal population.

Aboriginal women, especially young women, are also more likely to contract HIV and develop AIDS, as well as other sexually-transmitted infections, than are non-Aboriginal women. McCall et al. (2009) reported that Aboriginal women represent nearly half of new HIV diagnoses in the Aboriginal population, whereas non-Aboriginal women account for only about 20% of non-Aboriginal cases. Moreover, research shows that Aboriginal women are far less likely to access treatment programs (McCall, 2009). Many of these problems are related to other social risks, including intravenous drug use, sexual intercourse and participation in sex work (Mehrabadi et al. 2007).

Violence, abuse and partner assault are major systemic problems facing Aboriginal peoples. Although domestic violence is a problem for both men and women, women are at much higher risk. Aboriginal women are about four times as likely to experience violence as non-Aboriginal women (Brownridge, 2008). Brownridge (2008) found that although the common risk factors associated with violence are decreasing in among Aboriginal peoples, violence levels are not. A variety of different explanations are provided to explain the prevalence of violence, and hypothesizes that violence may be linked to colonization and cultural loss. Anderson and Ball (2010) suggest that intergenerational perpetration occurs frequently and that Canadian policies addressing violence have been unable to adequately address specific cultural needs of Aboriginal families (Anderson and Ball 2010).

Aboriginal populations experience higher rates of mental health problems than the general Canadian population. Kirmayer et al. (2009) suggest that these elevated rates of mental health concerns stem partly from social distress due to cultural disruption and the lasting impacts of the residential school system. One manifestation of this may be the higher rates of alcohol and substance abuse seen among urban populations. Regular drinking and heavy drinking is more prevalent in the Aboriginal population (Lix et al., 2009) and alcohol-related mortality rates for this population are elevated when compared with non-Aboriginal Canadians (Tjepkema et al. 2011). Lix and colleagues (2009) also suggest that prescription drug abuse among Aboriginal peoples may be rising.
As some of the roots causes of substance abuse can be found in trauma related to loss of culture and identity, there is some evidence that medical methods of addressing substance abuse are not effective for the Aboriginal population (in McCormack, 2000). Mundel and Chapman (2010) illustrate the need to employ programming using anti-colonial methods in order to combat the impacts of these social distress factors. The maintenance of traditional beliefs and practices may also be protective against Aboriginal alcohol abuse. Aboriginal youth who practice traditional activities have been found to consume less alcohol than both less traditional Aboriginal youth and non-Aboriginal youth (Cheah & Nelson 2004).

Despite efforts to address high levels of suicide among Aboriginal youth, suicide and self-harm continue to be major problems in urban areas and Aboriginal communities. The research literature suggests that Aboriginal suicide may also be rooted in colonization and feelings of low self-worth and hopelessness (MacNeil 2008). There is some evidence that self-determination among Aboriginal peoples, or at least increased Aboriginal control over Aboriginal services, might have a beneficial effect on suicide rates. In First Nations communities, “cultural continuity” and community control over services and programs such as police and health services has been found to distinguish communities with low youth suicide rates, as did the strength of cultural identity (Chandler and Lalonde 2009). However, it is not clear whether these findings would also hold in a urban setting.

3. CULTURAL AND SOCIAL NEEDS

One of the important themes identified in the literature was that urban Aboriginal peoples have specific needs related to the preservation of culture. This included both the provision of “culturally competent” services in ways that respect and strengthen Aboriginal cultures, as well as making specific cultural services available in the city. These services include those of Elders, who can provide teachings and ceremonial services, as well as language classes. These may be particularly challenging to provide in smaller urban centres that have a less concentrated Aboriginal population or are geographically further from other Aboriginal communities.

CULTURAL COMPETENCE IN SERVICE PROVISION

The importance of “cultural competence” in the provision of services is well-known from a variety of settings. Services that are provided in ways that are sensitive to cultural difference can increase their take-up as well as their effectiveness, and this is as true for urban Aboriginal peoples as it is for other cultural groups. However, there are reasons specific to the case of Aboriginal peoples that make cultural competence particularly important.

The effects of colonization on Aboriginal peoples are wide-ranging and complicated. One important result has been a loss of traditional cultural knowledge, including languages, and the establishment of feelings of shame or worthlessness at being Aboriginal (Verniest, 2006). Some of the research literature therefore refers to the inclusion of Aboriginal cultural concepts and perspectives in service provision as having the potential to be “decolonizing” if it works to help Aboriginal peoples reclaim pride in their Aboriginal identity and to re-establish distinctly Aboriginal practices and culture (Kirmayer et al., 2003; Vermeist, 2006; Mundel and Chapman, 2010). This goes beyond traditional notions of “cultural competence” as being important for making clients feel comfortable and understood, to embracing Aboriginal culture in service provision as a way of un-doing some of these historical harms.
CULTURAL SERVICES

In addition to providing services in a way that respects Aboriginal culture, there is evidence that urban Aboriginal people may benefit from the provision of specific cultural services. As mentioned above, the loss of culture has had negative implications for the well-being of Aboriginal peoples, and the provision of cultural activities in the city may, including access to Elders or traditional health practices may be one way to address this.

Residents of cities with larger urban Aboriginal populations may be more likely to have access to Elders or facilities such as sweat lodges than do people living in smaller cities in south western Ontario. The Environics Urban Aboriginal Peoples Study (UAPS) found that a majority of urban Aboriginal people reported that there were cultural activities available to them in their communities. However, this view was expressed more often in large urban centers, such as Toronto, and areas which have higher Aboriginal populations, such as Thunder Bay (Environics Institute, 2011). The Urban Aboriginal Task Force (UATF) report, examining the conditions of urban Aboriginal people in Ontario, found that nearly half of the Aboriginal populations in the cities surveyed made use of traditional healers or medicines (Urban Aboriginal Task Force 2007: 121).

One important part of maintaining access to cultural services is the availability of cultural Elders. According to the Urban Aboriginal Peoples Study (Environics, 2011), respect for Elders is an important part of the Aboriginal value system and 44% of the Canadian urban Aboriginal population felt that that Elders were important to cultural transmission. Furthermore, Elders are noted as a primary source of historical and cultural transmission in the Aboriginal community and many urban Aboriginal people believe that a complete education includes life-long learning from Elders (Environics, 2011). Policy makers and service providers must be aware of the importance of Elders to the transmission and maintenance of Aboriginal culture.

In addition to the availability of cultural services, there is the issue of awareness of that availability among the urban Aboriginal population, particularly those of low socio-economic status. The UAPS Study found that awareness among urban Aboriginal people of available Aboriginal cultural activities increased with education and economic levels (Environics Institute, 2011). This suggests that service providers may have a particular challenge making services known to these segments of the urban Aboriginal population.

As previously noted, the Aboriginal population is younger than the Canadian average. Belanger and colleagues (2003) found that Aboriginal youth were often frustrated by a lack of access to cultural teaching in urban environment and that they rarely attended cultural events in other communities, such as First Nations (Belanger et al., 2003). Given the potential importance of the maintenance of culture for issues such as youth suicide (Chandler and Lalonde, 2009), providing cultural services for urban Aboriginal youth may be an important focus.

The research literature also suggests some ways that service providers can meet the cultural needs of the urban Aboriginal population. Belanger et al. (2003) encourage established organizations to hold cultural events and teaching sessions in urban areas, and to provide networking opportunities for Aboriginal people. These opportunities should provide Aboriginal people with outlets to discuss the urban acculturation process and connect with other urban Aboriginal people. Programs which facilitate social relationships are important to this community; however, programs and resources facilitating social relations and positive identity formation are in short supply (Belanger et al., 2003).
There are many distinct Aboriginal languages in Canada, and many urban Aboriginal people feel that language is one of the most important aspects of Aboriginal culture (Environics Institute, 2011) and can be integral to one’s identity as an Aboriginal person (Norris, 2007). The loss of language, through residential schooling or urbanization can hinder cultural transmission and understanding (Norris, 1998). Some have suggested that the health of Aboriginal languages is itself is an important indicator and determinant of the health of Aboriginal populations (National Collaborating Centre for Aboriginal Health, 2009).

Recent trends illustrate that young urban Aboriginal people are now more likely to learn an Aboriginal language as a second language, rather than as a first language or language spoken most often at home (Norris, 2007). Increasing urbanization has led to further erosion of Aboriginal languages, making second language training services important for the maintenance of culture and identity.

At the same time as Aboriginal languages may increasingly be learned as second, rather than first, languages, there is still a sizable proportion of Aboriginal people whose primary language is an Aboriginal one. Unsurprisingly, this may include those who have most recently migrated to the city, particularly from remote areas (Norris, 2007). These people may be among those who are most in need of various health or other services in the city, and therefore the provision of these services in Aboriginal languages, or the availability of competent translators, is important.

Table 5 presents some evidence of the availability of various types of services in Aboriginal languages, to people living outside of First Nations reserves. The proportion of off-reserve Aboriginal people who were aware of health, social, justice, financial, community, education and career services offered in their primary Aboriginal language varied with the type of service. Roughly half indicated that educational services were available in their language, but only about a third knew of justice or employment services, and 16 per cent indicated they were aware of financial services in their language. Given that these national figures include cities such as Winnipeg and Saskatoon, with large Aboriginal populations, we might expect them to be lower for southern Ontario.

Table 5: Percent of off-reserve Aboriginal people indicating that services are available in Aboriginal languages in their communities. 2006.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>40.9</td>
</tr>
<tr>
<td>Justice</td>
<td>33.8</td>
</tr>
<tr>
<td>Education</td>
<td>50.0</td>
</tr>
<tr>
<td>Employment</td>
<td>36.0</td>
</tr>
<tr>
<td>Social</td>
<td>41.5</td>
</tr>
<tr>
<td>Financial</td>
<td>16.4</td>
</tr>
<tr>
<td>Other services</td>
<td>35.1</td>
</tr>
</tbody>
</table>

Note: includes Aboriginal adults aged 15 and over, living off-reserve. Source: 2006 Aboriginal Peoples Survey data (Statistics Canada, 2008d)
ANTI-RACISM PROGRAMMES

Racism against Aboriginal peoples in the city is a recurring theme in the literature. The manifestations of racism are many, but can range from subtle nonverbal slights, through negative discrimination in employment or housing, to verbal abuse or worse (Urban Aboriginal Task Force 2007: 103).

There is evidence that that racism in urban areas is an impediment to urban Aboriginal youth’s identity formation and positive sense of self (Belanger et al., 2003). Furthermore, racism leads to various types of systemic discrimination and conflict. In some cases, extreme racist conflict has resulted in death (Graham and Peters, 2002), and there is evidence that there is a lack of anti-racism programmes that specifically focus on relations between Aboriginal peoples and other urban residents (Smith, 2010).

CRIMINAL JUSTICE NEEDS

Aboriginal people are over-represented among victims of crime, as well as among those accused or convicted of crimes (LaPrarie, 2002: Latimer and Foss, 2005). As well as being more likely to be involved in the criminal justice system, Aboriginal people accused of crimes may be more likely to be incarcerated, and to receive longer sentences than non-Aboriginal people (Latimer and Foss, 2005), although the reasons for this are not entirely clear, and this may be more the case in the Prairies than in other regions such as southern Ontario (e.g. Doob and Sprott, 2007).

What is clear, though, is that an important need for urban Aboriginal peoples is culturally-sensitive justice services. According to Rudin (1997) there are some explanations for the over-representation of urban Aboriginal peoples in the justice system, and which may help identify the associated needs. One is the “culture-clash” explanation, which holds that Aboriginal people need more assistance because of a lack of familiarity with the principles of the Canadian justice system. Aboriginal court workers and assistance from trained Aboriginal people can therefore help people understand the processes. Language issues may also be a problem. Even when translated, there may be cultural barriers. Some Aboriginal cultures may not have words or concepts for the legal concepts of guilt or innocence, for example (In Hughes and Mossman, 2001: 38). Particularly for Aboriginal people who have recently moved into the city, this may be an important need.

Another explanation for the over-representation of Aboriginal peoples in the Canadian justice system is that the Aboriginal population tends to be young and at high risk of poverty; two characteristics that increase the likelihood of criminal involvement (Rudin, 1997). As described below, Aboriginal peoples are more likely than other Canadians to be poor, or living in poor neighbourhoods, both of which make criminal involvement or victimization more likely. Interventions to reduce crime and victimization should therefore address the reasons for impoverishment (Rudin, 1997).

A third explanation points to a more fundamental need related to criminal justice among Aboriginal peoples, which is that Aboriginal culture and European-based ideas of justice may be incompatible. Whereas the Canadian criminal justice system tends to be centred on punishment, Aboriginal approaches to justice are more likely to be based on restoration of relationships and re-integration of offenders and offended into communities (in Hughes and Mossman, 2001: 42). The 1999 Gladue decision by the Supreme Court of Canada indicated that alternatives to imprisonment were to be considered, particularly for Aboriginal offenders (Hughes and Mossman, 2001: 43). These may include alternative sentencing programmes such as sentencing circles, and other culturally-appropriate
mechanisms for reconciling offenders and communities. As a result of this decision, there have been a number of alternative Aboriginal justice programmes initiated, including some in Toronto Ontario, and one in London (Ontario Ministry of the Attorney General, 2009).

As well as services to assist those in contact with the criminal justice system, there is evidence of need to support Aboriginal people who have been victims of crime. Although Aboriginal people are at high risk to victimization, Aboriginal-specific services may not be available to assist them. In a study of urban BC residents, Corrado and colleagues (2004) found that more than 38% of Aboriginal people who had been victimised did not make use of any available services, including health, mental health, police resources, or Aboriginal-specific resources. The reasons for this under-utilization include a lack of awareness of resources (27% of those not using resources) and shame and embarrassment (26%).

4. EMPLOYMENT, EDUCATION AND FINANCIAL NEEDS

Aboriginal people are more likely to experience economic marginalization than non-Aboriginal people. In 2006, the median income for off-reserve Aboriginal people was 30% lower than that of other Canadians (Wilson and Macdonald, 2010). Unsurprisingly, then, many of the needs of urban Aboriginal peoples are likely to be those associated with poverty in general. This section discusses employment and education as two important factors related to socioeconomic status. Food insecurity and access to affordable housing are also discussed as two issues closely associated with economic marginalization in the city.

EMPLOYMENT

Aboriginal people are generally more likely to be unemployed than are other urban residents, and are also more likely to be out of the labour force. (see also Siggner and Costa, 2005; Luffman and Sussman 2007). As shown in Table 6, about 77% of the Aboriginal population aged 25 to 54 and living on Ontario CMAS in 2006 was participating in the labour force, meaning they were either employed or actively looking for work. This is compared to about 86% of the non-Aboriginal population. Among those in the labour force, the unemployment rate for Aboriginal adults in this age range was about twice that of non-Aboriginal adults (Table 6).

Not only are Aboriginal people less likely to be in employment, but those employed are also less likely to work in well-paid, highly-skilled jobs. The Waterloo-Wellington Training Adjustment Board (WWTAB) conducted an analysis of the Aboriginal workforce in the Region of Waterloo and Wellington County (Waterloo Wellington Training and Adjustment Board, 2005). Through analysis of 2001 Census data on occupations and industry, they found that Aboriginal people in the area were proportionally over-represented in occupations unique to manufacturing, processing, and utilities, and under-represented in professional occupations. It has been suggested that a focus on labour force preparation and support will enhance the economic circumstances of the urban Aboriginal population and the economic and social prospects of Canadian cities themselves (Graham and Peters, 2002). One of the keys to increasing Aboriginal participation in the economy is to focus on educational attainment, which may assist in partially reducing the income gap between Aboriginal and non-Aboriginal people.

EDUCATION

The Aboriginal population has lower levels of educational attainment and literacy than the non-Aboriginal population and education is closely linked to future income and employment (Sharpe and Philpott, 2010). Table 6 compares the educational attainment of Aboriginal and non-Aboriginal adults 25-64 in living in Ontario CMAs in
Table 6: Labour force and educational characteristics by Aboriginal Identity for adults 25-54 in Ontario Census Metropolitan Areas, 2006.

<table>
<thead>
<tr>
<th></th>
<th>Aboriginal</th>
<th>Non Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour force participation rate</td>
<td>76.8%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Employment rate</td>
<td>68.9%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>10.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>No certificate, diploma or degree</td>
<td>26.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>High school certificate or equivalent</td>
<td>25.2%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Apprenticeship or trades certificate or diploma</td>
<td>12.3%</td>
<td>8.1%</td>
</tr>
<tr>
<td>College, CEGEP or other non-university certificate or diploma</td>
<td>24.6%</td>
<td>23.2%</td>
</tr>
<tr>
<td>University certificate or diploma below bachelor level</td>
<td>2.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>6.1%</td>
<td>17.4%</td>
</tr>
<tr>
<td>University certificate or diploma above bachelor level</td>
<td>1.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Degree in medicine, dentistry, veterinary medicine or optometry</td>
<td>0.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>1.3%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Earned doctorate</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Note: includes Aboriginal adults aged 25-54 and over, living in Ontario Census Metropolitan Areas in 2006.

Source: 2006 Census of Canada data (Statistics Canada, 2008e)

2006. Aboriginal people were more likely to have no secondary or post-secondary qualifications (26%) than were non-Aboriginal people (11%). The same percentage (26%) of Aboriginal and non-Aboriginal people in this age range had only high school diplomas. However, Aboriginal people with post-secondary qualifications were more likely than non-Aboriginal people to have apprenticeships or college diplomas, while non-Aboriginal people were much more likely to have bachelors’ or higher degrees.

The research on education for urban Aboriginal populations tends to focus on two key areas for improvement: improving the quality and quantity of education for children and youth; and making learning and educational opportunities more available for adults. There is also some focus on the importance of improving literacy levels and making learning a lifelong process. Currently, Aboriginal educational attainment is rising; however, there is still a significant gap between Aboriginal people and non-Aboriginal people in small urban areas (Hanselmann, 2001). Also worrying is the finding by Clement (2008) that, among Status First Nations, university graduation has not appreciably improved in recent decades.

**EARLY CHILDHOOD AND PRESCHOOL EDUCATION**

There has been considerable social and economic research supporting early learning programs and services with respect to long-term outcomes. The Native Women’s Association of Canada (2008) recommends increasing resources for Aboriginal specific early learning programs. There is evidence of a need for more culturally-specific early childhood education programmes, that recognizes cultural norms and practices (Friendly et al., 2007). The federal government has funded programmes in some cities through Aboriginal Head Start in Urban and Northern Communities (AHSUNC). However, these services are not available in all cities (Friendly et al, 2007; xxvi).
PRIMARY AND SECONDARY EDUCATION

Although they are improving, high school completion among rates remain much lower among urban Aboriginal peoples than in the non-Aboriginal population (Hanselmann, 2001), putting them at higher risk for low income and low labour force participation.

The causes of low completion rates are complex, and are related to a variety of social factors related to ongoing socioeconomic disadvantage, including the characteristics of families, neighbourhoods, and schools (Mendelson, 2006). There is some evidence that Aboriginal students tend to perform well in schools where non-Aboriginal students also perform well. However, Aboriginal children often tend to be enrolled in poorer quality schools for a variety of reasons, including the lack of affordable housing and the geographical concentration of poverty (Hanselmann, 2001).

Another potential contribution to low completion rates is the lack of culturally-relevant programming in mainstream urban schools. Silver and Mallett (2002), in a study of Aboriginal children and youth’s experience in Winnipeg schools, refer to them as mainly “Euro-centric”. They suggest that drop-out rates are not primarily due to characteristics of Aboriginal youth, but instead to characteristics of the education system itself, which does not reflect the realities of these children’s lives. In some areas, alternative schools, run on Aboriginal principles, have been found to be helpful in increasing attachment to education. Donovan (2011) describes the Wingashk Secondary School in London, Ontario, as a model for such initiatives, and as being better able to support Aboriginal students who have had to leave school because of violence, pregnancy, or racism in mainstream schools.

POST-SECONDARY EDUCATION

Post-secondary attendance and completion is improving in both the Aboriginal and non-Aboriginal populations; however, Aboriginal educational attainment is increasing at a slower pace. Moreover, variations in educational attainment are emerging within the Aboriginal population. In particular, Métis and non-status First Nations have higher post-secondary completion rates than status First Nations people, and First Nations women have increasingly higher educational attainment than First Nations men (Clement, 2008).

Despite the commonly held belief that all Aboriginal people are provided funding for post-secondary education, this is really only true for a minority of Aboriginal students. Status Frist Nations students may be able to access funding from the federal government’s Post-Secondary Student Support Program, usually administered through Band councils. However, this is not available to all potential students, and the programmes which can be funded under this programme are limited. Moreover, the programme only applies to Status First Nations people who, as we have mentioned, are a minority among the urban Aboriginal population (UATF, 2008). As well, successfully completing post-secondary educational attainment typically requires secondary school completion, or the equivalent, presenting a barrier to many Aboriginal people.

One important thing when considering post-secondary completion among Aboriginal peoples is that Aboriginal students often come to college or university with dramatically different needs and life experiences than many non-Aboriginal students. Aboriginal students moving to the city to attend school may face difficulties related to cultural change and an adjustment to an urban way of life (Cooke and Bélanger, 2006). As described above, they may have cultural needs that are unmet, and that therefore affect their ability to be successful at post-secondary education.
It is also important to recognize that Aboriginal peoples do not necessarily follow the same lifecourse pattern as the non-Aboriginal population. On average, Aboriginal people tend to have children earlier, and may leave school and begin work earlier, but return to school as mature students (Clement, 2010). Students may therefore be attending college or university while they are also trying to balance parenting or other caregiving responsibilities, or other work. This means that their needs may be quite different from those of other, non-Aboriginal students.

**OTHER ECONOMIC NEEDS**

In addition to the needs for employment and education, there are some other needs that are strongly identified in the literature, and that are related to economic situation. Food security and housing are clearly affected by income and socio-economic status, but they are important aspects of overall well-being that deserve separate mention.

**FOOD INSECURITY**

The Food and Agriculture Organization of the United Nations defines “food security” as having access to enough food to live a healthy and productive life. This does not only mean sufficient food, but food that has adequate nutritional value and which is also suits cultural and personal preferences (Pinstrup-Andersen, 2009).

Urban Aboriginal people are at higher risk than other Canadians of food insecurity. Although the high prices and lack of fresh fruits and vegetables in northern communities are better-known, it is also the case that Aboriginal people in cities may not have access to sufficient and nutritious food. Low income has been identified as a primary reason that as many 27% of Aboriginal people living off-reserve may experience food insecurity (Willows, 2005).

Food insecurity is connected other sociodemographic issues. Willows et al. (2009) find that Aboriginal households experiencing food insecurity are more likely to be lone-parent households with three or more children, and to rely on income from sources other than employment, including social assistance. The lack of nutritious and affordable available food in some urban areas, particularly those with lower average income, can contribute to this problem. For example, Smoyer-Tomic and colleagues (Smoyer-Tomic et al., 2007) found that neighbourhoods in Edmonton that were more likely to have fast food outlets were also those with greater proportions of Aboriginal residents. It may also be the case that, in southern Ontario cities, Aboriginal people are more likely to live in areas that are close to fast food outlets, but which have poor access to supermarkets and fresh food.

**HOUSING**

A lack of adequate and affordable housing is a longstanding problem facing Aboriginal peoples in Canada’s cities. Urban Aboriginal people experience higher levels of homelessness and have greater need for affordable housing than non-Aboriginal people (Wells, 2008). Urban Aboriginal people are more likely to live in homes needing major repair than are other urban residents, and are more likely to live in crowded conditions. Aboriginal households are also more likely to be paying more than 50% of their income for housing (Walker, 2008a; 2008b).

Unstable housing situations impact urban Aboriginal families and children. It has been identified as a major cause of residential mobility (Clatworthy, 1996). However, moving may not result in an improved housing situation, as housing choices are constrained by low income. Oftentimes, the search to improve a housing situation merely creates a cycle of frequent moves and disruption (Norris and Clatworthy 2010). Aboriginal peoples working in urban centres have also experienced considerable segregation within the cities in which they live. Affordable
housing may be concentrated in areas with considerable social and economic problems (UATF, 2007), and there is evidence that Aboriginal peoples are overrepresented among Canada’s homeless population (Baskin, 2007).

CONCLUSIONS: IMPLICATIONS FOR SERVICE PROVIDERS

The urban Aboriginal population has different social, cultural, health, and economic needs than the non-Aboriginal population. This includes having greater needs, because of greater risk of low income, poor health, crime and victimization, and other concerns. It also includes having different needs, including for services that are delivered differently from those aimed at the general urban population.

As mentioned at the beginning of this paper, smaller urban areas in southern Ontario may not have available culturally-sensitive services specifically for Aboriginal peoples. The purpose of this paper was to identify the areas of need for urban Aboriginal peoples that are strongly indicated by the existing research literature, in order to help service providers deliver programmes that might address these needs.

Although the literature surveyed by no means can be thought of as identifying all of the needs of urban Aboriginal peoples, it did identify several important areas of need. These are summarised in Box 1. They include the need for specific needs in the areas of health services, such as diabetes treatment and prevention programmes and mental health and wellness programmes. We also identified specific cultural services, including access to Elders and language services, which are important to urban Aboriginal peoples. As well, the high rates of criminal involvement and victimization make services for those accused of crimes and those who have been victimised an important area of need. Lastly, we identified several specific needs in the area of education and financial needs. In addition to the general need for higher incomes in order to reach equity with other Canadians, the literature indicates some specific needs of Aboriginal peoples, including early childhood education programmes, educational services for adult learners, as well as programmes to improve housing availability and food security.

Again, the needs included in Box 1 cannot be thought of as all of the needs faced by urban Aboriginal peoples, but they are needs that were highlighted in the research literature, and which may not be well-provided in cities with smaller Aboriginal populations. This list includes those needs that have been specifically identified with urban Aboriginal populations, but it should be noted that the needs exist alongside the long list of programming needs that are common to urban populations that are at higher risk to low income.
It also must be recognized that these needs may be met by a number of different programme types and models. We have not identified specific models for programme delivery in this review. A number of themes emerged from the review, however, which may be helpful for those who are designing or implementing programmes to serve urban Aboriginal people. These include a focus on decolonizing service provision, youth and women as target populations, and recognizing diversity in the urban population.

**EFFECTIVE AND DECOLO\nNIZING SERVICE PROVISION**

One of the important themes that emerged was that there was a need for services in each of these areas to include aspects of Aboriginal cultures and cultural teachings in their design. In the health services and education literature, there was the suggestion of the possibility for services to be not only delivered in a “culturally competent” way, but to actually work to reverse the impact of colonization by delivering programmes that improve people’s understanding of, and pride in, their own cultures.

It is recognized that the delivery of programmes based on Aboriginal cultural principles may be difficult for “mainstream” providers in urban areas. A lack of familiarity or comfort with Aboriginal culture, or a lack of Aboriginal staff members to design and deliver these programmes may be major obstacles. However, the inclusion of community members and partnerships with local Aboriginal organisations in the design and delivery of these programmes may not only improve the quality and appropriateness of the services delivered, but also increase community capacity to address these issues.

Another issue in the delivery of services to Aboriginal peoples is the issue of making services known. The literature on crime and health services indicates that knowledge of available services is a major obstacle to service delivery. It should be recognized that urban Aboriginal people may also lack the standard tools needed to access services, such as health cards, transportation or language skills. Making services known to and accessible by, this population is important in order to ensure service usage and effectiveness (Graham and Peters, 2002).

**YOUTH AND WOMEN AS TARGET POPULATIONS**

Although needs exist throughout urban Aboriginal populations, there are good reasons to consider the specific needs of women and young people. For one, urban Aboriginal populations are younger than the general Canadian population and providing services and delivering services in ways which appeal to Aboriginal youth is important to their future well-being. Aboriginal youth are at high risk in the areas of health, education, and criminal involvement, which can have serious consequences for their later life courses. By focussing programme attention on urban Aboriginal youth, it may be possible to improve these outcomes.

Communicating with youth in a relevant fashion is important to encouraging service use. This may mean that electronic communication may prove more effective in contacting youth clients. Belanger et al. (2003) found that the internet was often the primary tool Aboriginal people used to learn more about their culture and history. Using electronic tools such as websites and social networking groups may also be an effective way to deliver culturally specific programs to Aboriginal youth.

There is also evidence that Aboriginal women in the city may be particularly vulnerable to a variety of health problems, as well as violence and victimization, and to low income, especially as single mothers. Although these issues affect men, children, and families, it may be that there is a particular need for services target to urban Aboriginal women.
RECOGNIZING DIVERSITY IN THE URBAN ABORIGINAL POPULATION

Lastly, it is important to recognize the diversity among urban Aboriginal peoples, in terms of cultures, life situations and experiences, as well as preferences and goals. As we have indicated in the early sections of this paper, urban Aboriginal populations include people from different cultural backgrounds, who may or may not have moved to the city from other communities. This linguistic and cultural diversity can complicate the delivery of culturally-appropriate services to urban Aboriginal peoples. Moreover, even though many people may desire services that are grounded in traditional knowledge or practice, others might not want specifically “Aboriginal” services, and may be uncomfortable when directed toward them (Baskin, 2007). Considering this diversity is an important aspect of service design and delivery.
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_____ 2008b. Aboriginal identity population by age groups median age and sex 2006 counts for both sexes for Canada provinces and territories and census metropolitan areas and census agglomerations - 20% sample data (table).

_____ 2008c. Population by age groups sex and Aboriginal identity groups 2006 counts for both sexes for Canada provinces and territories and census metropolitan areas and census agglomerations - 20% sample data (table).


