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## Aboriginal Peoples Survey

# First Nations children living off reserve, Métis children, and Inuit children and their families: Selected findings from the 2022 Indigenous Peoples Survey

by Paula Arriagada and Audrey Racine

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# First Nations children living off reserve, Métis children, and Inuit children and their families: Selected findings from the 2022 Indigenous Peoples Survey

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## Highlights

- While most parents of Indigenous children aged 1 to 5 reported that it was very or somewhat important that their child speak and understand an Indigenous language, a lower proportion expect that their child will be fluent. This may be an indication that parents perceive challenges to their child learning an Indigenous language.
- Parents of Indigenous children aged 6 to 14 reported that schools play a role in supporting Indigenous language acquisition. Among First Nations children living off reserve, 29% were taught an Indigenous language at school as were 14% of Métis children and 66% of Inuit children.
- When asked who helps the child to understand First Nations, Métis and Inuit culture and history, parents and grandparents were the most common responses. Two-thirds (67%) of Inuit children had a parent who helped them learn about their culture and history while it was the case for 44% of First Nations children living off reserve aged 1 to 5 and 58% of those aged 6 to 14. Among Métis children, 34% of younger children and 49% of older children had a parent who helped them.
- In 2022, 56% of Métis children aged 1 to 5 participated in regular child care as well as 49% of off-reserve First Nations children. Among Inuit children, just over a third (36%) used regular child care. This is lower than the 64% of non-Indigenous children participating in regular child care.
- About 4 in 10 Indigenous children aged 1 to 14 (excluding those living on reserve) lived in households that experienced some level of food insecurity during the previous 12 months, with 14% in severely food insecure households, meaning household members reported missing meals, reducing food intake and, at the most extreme, going days without food.
- Food insecurity is a well-documented problem among Inuit, especially for those living in Inuit Nunangat due to the challenges of food access, high food costs, and climate change. In 2022, more than three-quarters (77%) of Inuit children in Inuit Nunangat lived in households that experienced food insecurity.
- Four in five (80%) Indigenous children aged 1 to 14 (excluding those living on reserve) were reported by their parent to have excellent or very good health (79% of First Nations children living off reserve, 82% of Métis children, and 77% of Inuit children).
- Parents reported that there was a time in the previous 12 months when their child needed health care but did not receive it; this was true of 12% of First Nations children living off reserve, 11% of Métis children and 12% of Inuit children.

## Introduction

*“We have been caring for our children since time immemorial. The teachings of our values, principles and ways of being to the children and youth have ensured our existence as communities, Nations and peoples. The values of our people have ensured our existence. It is to the children that these values are passed. The children are our future and our survival.” – Shuswap Elder Mary Thomas<sup>1</sup>*

Recent, national, and culturally relevant data for Indigenous children has been a significant gap at Statistics Canada. Specifically, the most recent comprehensive data collection on young Indigenous children was the 2006 Aboriginal Children’s Survey. The 2022 Indigenous Peoples Survey helps fill this important data gap on the experiences of First Nations children living off reserve, Métis children, and Inuit children, and allows for an examination of the determinants that affect their health and well-being.

1. See [Sacred and Strong – Childhood](#). First Nations Health Authority.

From an Indigenous perspective, the health and well-being of Indigenous children is viewed holistically; that is, it encompasses physical, spiritual as well as social and emotional dimensions.<sup>2</sup> In addition, the lives of Indigenous children must be considered not only within the context of their families and communities but also within the context of wider historical, political, social and economic conditions that have impacted Indigenous people in Canada.<sup>3</sup> Specifically, this refers to social determinants of health and well-being such as poverty, food insecurity, lack of educational and employment opportunities, suitable housing and health care access, as well as additional impacts of colonialism, racism and social exclusion.<sup>4</sup>

Furthermore, it is important to understand the impacts of these social determinants of health and well-being across the life course. This approach highlights the fact that social determinants influence well-being at every stage of development, from childhood to adolescence and into adulthood.<sup>5</sup> For instance, existing research has shown that educational opportunities in childhood can influence socioeconomic outcomes in adulthood.<sup>6</sup>

As a result, it is important to gain insight into Indigenous children's experiences and how families and communities can help children navigate their way through the different stages of the life cycle. Research in child development has found that children with positive self-identity are more likely to grow up healthy. Indigenous children's well-being is vital to the health and success of Indigenous families, communities, nations and peoples.<sup>7</sup>

The following report provides an overview of select findings for Indigenous children using the 2022 Indigenous Peoples Survey, such as the knowledge of and exposure to Indigenous languages, participation in cultural and harvesting activities, time spent with Elders, and individuals who play a role in helping children learn about their history and culture. In addition, the report covers child care arrangements, socioeconomic conditions of families including the prevalence of food insecurity, general and mental health, chronic conditions, oral health among other health indicators, as well as data on access to services.

## About the Indigenous Peoples Survey

The 2022 Indigenous Peoples Survey (IPS)<sup>8</sup> is a voluntary national postcensal survey on the social and economic conditions of First Nations people living off reserve, Métis, and Inuit aged 1 year old and over. The 2022 IPS represents the sixth cycle of the survey and focused on Indigenous children and their families. It includes questions covering a number of topics such as living arrangements, child care, Indigenous languages and culture while also providing essential information on outcomes related to education, employment, housing, mobility, health and access to services.

The target population for the 2022 IPS are First Nations people living off reserve, Métis and Inuit. The eligible population included children aged 1 to 14 and adults aged 15 and over living in private dwellings. This cycle of the IPS was conducted from May 11, 2022 to November 30, 2022, with in-person follow up occurring from January 16, 2023, to March 31, 2023.

## What you should know about this study

The report focuses on off-reserve First Nations, Métis and Inuit children aged 1 to 14. For respondents under the age of 15, the person most knowledgeable about the respondent (PMK) was asked to complete the survey on their behalf. For the purposes of this paper, the term parent(s) will be used throughout to refer to the PMK.

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- Loiselle, M. and McKenzie, L. (2006). *The Wellness Wheel: An Aboriginal Contribution to Social Work. Breaking barriers and creating common ground through a holistic approach: The medicine wheel*. Waterloo, ON: Paper for a workshop conducted at the First North American Conference on Spirituality and Social Work, May 25-27.
  - Halsey, R. and Greenwood, M. (2019). *Indigenous early childhood development in Canada: Current state of knowledge and future directions*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
  - Reading, C.L. and Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, BC: National Collaborating Centre for Aboriginal Health.
  - Loppie, C. and Wien, F. (2022). *Understanding Indigenous health inequalities through a social determinants model*. National Collaborating Centre for Indigenous Health.
  - Raphael, D. (2010). *The health of Canada's children. Part III: Public policy and the social determinants of children's health*. *Paediatrics & Child Health*, 15(3), 143-149.
  - Greenwood M.L. and de Leeuw S.N. (2012). *Social determinants of health and the future well-being of Aboriginal children in Canada*. *Paediatrics & Child Health*, 17(7): 381-4. PMID: 23904782; PMCID: PMC3448539.
  - The IPS was formerly called the Aboriginal Peoples Survey (APS).

It was possible to report both single and multiple responses to the Indigenous identity question in the IPS. The IPS data presented in this report represent a combination of the single and multiple Indigenous identity responses. When using 2021 Census data the single response Indigenous identity population is used.

In addition, when presenting Census data, the term “Indigenous children” refers to the total Indigenous population (both on and off reserve). However, whenever IPS data are presented, Indigenous children refers to First Nations living off reserve, Métis and Inuit children.

Missing values including “not stated” were excluded from the denominator in the calculation of estimates. Estimates are based on survey weights that account for the sample design, non-response and known population totals. A bootstrapping technique was applied when calculating estimates of variance.

Some comparisons with the 2006 Aboriginal Children’s Survey and the 2006 Aboriginal Peoples Survey are included in the report. In addition, comparisons to non-Indigenous children are included when possible. These data are from the 2019 Canadian Health Survey of Children and Youth (CHSCY), except for child care data which are from the 2023 Canadian Survey on Early Learning and Child Care (CSELCC). It is important to note that the CHSCY 2019 was collected pre-pandemic; thus, the results from this survey for non-Indigenous children may reflect a different period in time which could impact comparability with results from the 2022 IPS for Indigenous children.

## Setting the Context

### Indigenous children aged 1 to 14 make up almost a quarter of the total Indigenous population

According to the 2021 Census, there were 433,485 Indigenous children aged 1 to 14 years, accounting for almost a quarter (24%) of the total Indigenous population. More specifically, children aged 1 to 14 made up 26% of all First Nations people (25% of First Nations people with registered Indian status and 29% of First Nations people without registered Indian status), 21% of Métis and 31% of Inuit. In comparison, 15% of the non-Indigenous population was between the ages of 1 and 14.

In 2021, two-thirds (66%) of First Nations children aged 1 to 14 lived off reserve. Of those children, 38% lived in large urban population centres.<sup>9</sup> In addition, similar proportions lived in either a rural area<sup>10</sup> (22%) or a small population centre (23%), while the remaining 16% lived in medium population centres.

Among Métis children aged 1 to 14, over a third (37%) lived in large population centres in 2021. Also, 28% lived in rural areas, 21% lived in small population centres, while 14% of Métis children lived in medium population centres.

Most Inuit children aged 1 to 14 (75%) lived in Inuit Nunangat, the homeland of Inuit in Canada which comprises four regions: Nunatsiavut (Northern coastal Labrador), Nunavik (Northern Quebec), the territory of Nunavut and the Inuvialuit region of the Northwest Territories.

The 2021 Census data also highlighted the diverse family characteristics of First Nations people, Métis and Inuit, with many living in larger multigenerational homes where family members can play an important role in raising children and passing down traditions and cultural knowledge. A higher proportion of Indigenous children aged 1 to 14 lived with at least one grandparent in their home (14%) compared to non-Indigenous children (9%). Among First Nations children, 17% lived with at least one grandparent while the proportions were 8% of Métis children and 16% of Inuit children.

Among all Indigenous children aged 1 to 14 who lived with their grandparents, the majority (77%) lived in a multi-generational home, that is, where at least one parent and at least one grandparent were present. The remaining 23% lived in a skip-generation family with at least one grandparent, but no parents present in the household. Among

9. A large population centre refers to areas with a population of 100,000 or more. A medium population centre refers to an area with a population between 30,000 and 99,999 while a small population centre refers to an area with a population between 1,000, and 29,999.

10. Rural areas refer to all areas outside of population centres.

those living with at least one grandparent, the proportions living in a skip-generation family were 26% for First Nations children, 16% among Métis children and 15% of Inuit children. In comparison, 5% of non-Indigenous children lived with at least one grandparent without a parent present.

## Indigenous languages

The history of colonization in Canada, and the resulting effect of residential schools, have had a profoundly negative impact on Indigenous languages and culture.<sup>11</sup> Despite this, more than 70 distinct Indigenous languages are currently spoken by First Nations people, Métis and Inuit in Canada.<sup>12</sup>

Research has shown that language is connected to cultural identity, sense of belonging, health, and well-being. In fact, language use and revitalization have been found to be protective factors in the health of Indigenous populations.<sup>13</sup> Examining language use can help better understand cultural continuity and may help Indigenous communities to better determine where and with whom (e.g., which age groups) efforts in language acquisition are taking hold.

This section will examine knowledge and exposure to Indigenous languages, separately for young children aged 1 to 5 and children aged 6 to 14.<sup>14</sup>

### Indigenous children aged 1 to 5

#### Just over one-in-five Indigenous children aged 1 to 5 can understand or speak at least a few words of an Indigenous language

In 2022, 22% of Indigenous children aged 1 to 5 (excluding those living on reserve) could speak or understand at least a few words of an Indigenous language. Almost all of them (90%) could speak or understand an Indigenous language in combination with a non-Indigenous language, while the rest could speak or understand only an Indigenous language.

Among First Nations children living off reserve, one-quarter could speak or understand at least a few words of an Indigenous language. The proportion was higher for First Nations children with registered Indian status than those without (35% versus 17%). In addition, 8% of Métis children could speak or understand at least a few words of an Indigenous language.

Among Inuit children, three-quarters could speak or understand at least a few words of an Indigenous language. Specifically, 17% of Inuit children spoke or understood only an Indigenous language while 58% did so along with a non-Indigenous language. The proportion reporting they could speak or understand an Indigenous language was higher for Inuit children living inside Inuit Nunangat (87%) compared with those living outside Inuit Nunangat (37%).

### Exposure to Indigenous languages outside the home is limited for young children

The exposure to an Indigenous language in the home naturally impacts the transmission of an Indigenous language from parent to child. Children can also be exposed to Indigenous languages through their interactions with those outside of their home. However, results show that exposure to Indigenous languages for young children happens largely in the home, rather than in the homes of others, in the community, or in the media (such as television, radio or books).

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11. Truth and Reconciliation Commission of Canada. (2015). *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. Truth and Reconciliation Commission of Canada.

12. Statistics Canada. (2023). *Census in Brief: Indigenous languages across Canada*. Statistics Canada Catalogue no. 98-200-X, issue 2021012.

13. Whalen, D.H., Lewis, M.E., Gillson, S. et al. (2022). [Health effects of Indigenous language use and revitalization: a realist review](#). *International Journal for Equity Health*, 21, 169. <https://doi.org/10.1186/s12939-022-01782-6>.

14. The questions related to Indigenous languages and culture varied depending on the age of the child. Thus, the results are presented separately in this report.

As seen in Table 1, 15% of First Nations children living off reserve aged 1 to 5 were exposed on a daily basis to an Indigenous language in their home. Those with registered Indian status were more likely than those without to be exposed on a daily basis (21% versus 10%). Lower proportions reported daily exposure in the homes of others (5%), in the community (6%), and through the media (4%).

A majority (65%) of Inuit children aged 1 to 5 reported daily exposure to an Indigenous language in their home. Furthermore, half of Inuit children were exposed to Indigenous languages daily in the homes of others (50%), and in their communities (54%). In addition, a lower proportion reported daily exposure to an Indigenous language through the media (37%).

**Table 1**  
**Daily exposure to Indigenous language among children aged 1 to 5, by location of exposure and Indigenous identity, Canada, 2022**

	Home		Home of others		Community		Media	
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval
First Nations living off reserve	14.9	(13.1-16.9)	5.4	(4.2-6.8)	6.3	(5.1-7.8)	4.2	(3.2-5.6)
Métis	2.6	(1.7-3.9)	F	...	1.1	(0.6-1.9)	1.8	(1.1-3.0)
Inuit	65.3	(60.9-69.4)	50.2	(44.7-55.8)	54.2	(48.5-59.8)	37.4	(32.3-42.7)

... not applicable

F too unreliable to be published

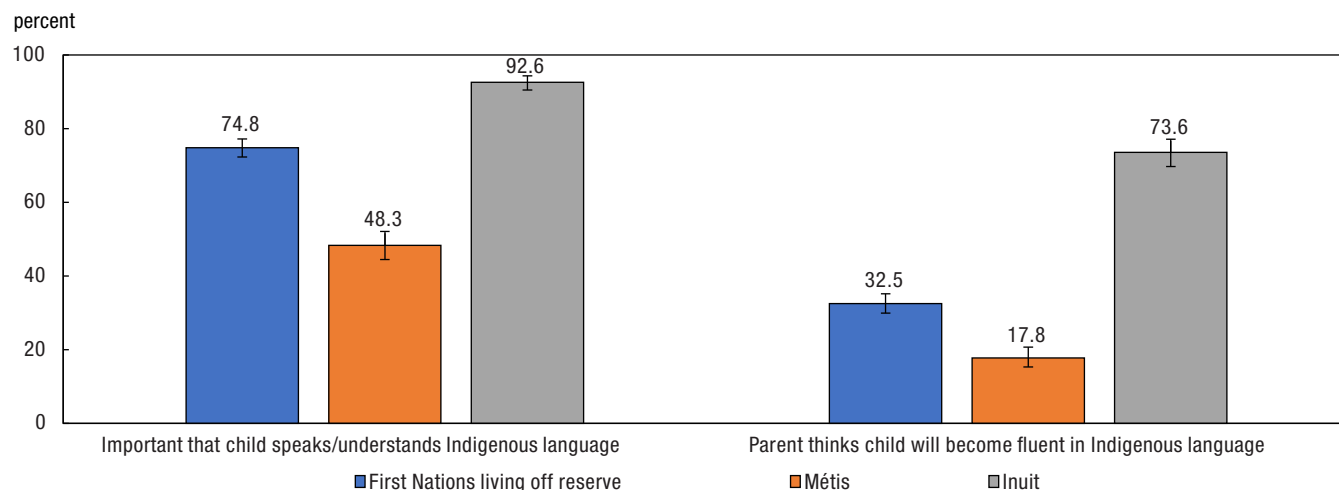
Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Among Métis children, 3% were exposed to an Indigenous language daily in their home (Table 1). However, when examining their exposure at least once a week, the results show that 8% of Métis children were exposed at least once a week in their home while 4% were exposed in the homes of others. In addition, 6% were exposed at least once a week in their community and 10% through the media (data not shown).

## For parents of young Indigenous children, a gap exists between their aspirations and predictions of their children's future fluency in an Indigenous language

In the 2022 IPS, parents were asked how important it is to them that their child speaks and understands an Indigenous language. Two-thirds (67%) of parents of Indigenous children aged 1 to 5 reported it was very or somewhat important for their young children to know an Indigenous language. This was higher than the 48% of parents who reported it was very or somewhat important in 2006.

**Chart 1**  
**Importance of the child speaking/understanding an Indigenous language and whether the parent thinks child will become fluent, among children aged 1 to 5, by Indigenous identity, Canada, 2022**



Note: Error bars represent 95% confidence intervals.

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Most Inuit children aged 1 to 5 (93%) had parents who reported that it was very or somewhat important that their child speak and understand an Indigenous language (Chart 1). The proportion was higher for those inside Inuit Nunangat (98%) compared to those living outside of Inuit Nunangat (75%). Among Métis children, it was almost half (48%), while the proportion was 75% for First Nations children living off reserve (85% among those with registered Indian status versus 67% for those without registered Indian status).

Parents of Indigenous children aged 1 to 5 were also asked if they thought their child would become fluent in an Indigenous language. Among First Nations children living off reserve, a third had parents who believed the child would become fluent. Moreover, parents of First Nations children with registered Indian status were more likely to report their child would become fluent than their counterparts without registered Indian status (40% versus 27%).

In addition, 18% of parents of Métis children expected their child to become fluent in an Indigenous language. Among Inuit children, 74% were expected to become fluent. Again, there were differences based on where Inuit children lived, with 87% of those living inside Inuit Nunangat expected to become fluent versus 30% for those living outside Inuit Nunangat.

These data highlight a gap between parental aspirations and predictions of their children's future fluency of an Indigenous language. This may suggest that parents, while committed to the passing down of Indigenous languages to future generations, may perceive obstacles in doing so.

## Indigenous children aged 6 to 14

### About one-in-ten Indigenous children aged 6 to 14 report an Indigenous language as their first language learned

About 11% of Indigenous children aged 6 to 14 living off reserve learned an Indigenous language as their first language. Specifically, 3% reported an Indigenous language only as their first language learned while 8% reported learning an Indigenous language in combination with a non-Indigenous language.

Among First Nations children living off reserve, 12% reported an Indigenous language (alone or in combination) as their first language learned, with a higher proportion among those with registered Indian status (18%) than those without registered Indian status (5%). The proportion among Métis children was 3%. Finally, over half (56%) of Inuit children reported learning an Indigenous language as their first language whether alone or in combination with another language (with 22% of Inuit children learning it as their only language). Among Inuit children living inside Inuit Nunangat, 73% reported learning an Indigenous language alone or in combination, compared with 13% among those living outside Inuit Nunangat.

### Most children aged 6 to 14 who can understand or speak an Indigenous language do so with effort or only know a few words

In 2022, more than a third (36%) of Indigenous children aged 6 to 14 (excluding those living on reserve), were able to understand or speak an Indigenous language, even if only a few words. Parents were also asked to rate the child's ability to speak and to understand an Indigenous language. Although many children aged 6 to 14 could speak an Indigenous language, many of them struggled to speak that language well.

Among First Nations children living off reserve, more than four-in-ten (43%) could speak or understand an Indigenous language, with a higher proportion among those with registered Indian status than those without (54% versus 28%). However, only 10% of First Nations children who spoke an Indigenous language were rated by their parents as speaking well or very well while most spoke with effort or spoke only a few words. In terms of understanding an Indigenous language, 16% of First Nations children could understand well or very well.

Nationally, 20% of Métis children aged 6 to 14 could speak or understand an Indigenous language with 6% able to understand that language well or very well. There were some variations across the country. In Ontario, 16% of Métis children could speak or understand an Indigenous language, even if only a few words. The proportions were higher in Saskatchewan and Alberta (22% in each) and in British Columbia (30%).



Almost three-quarters (73%) of Inuit children could speak or understand an Indigenous language; however, the ability to speak or understand an Indigenous language depended on where they lived. Specifically, the majority (92%) of Inuit children living inside Inuit Nunangat spoke or understood an Indigenous language compared with 32% among Inuit children living outside Inuit Nunangat. In addition, more than six-in-ten (63%) were rated by their parents as understanding well or very well, while just over half (51%) spoke well or very well.

## Two-thirds of parents of Indigenous children report that it is important that their children speak and understand an Indigenous language

In the 2022 IPS, parents were asked how important it was to them that their child (aged 6 to 14) speaks and understands an Indigenous language with two-thirds (67%) reporting it was very or somewhat important.

Among off-reserve First Nations children aged 6 to 14, 76% had parents who believed it was somewhat or very important that their child speak and understand an Indigenous language. The proportion was higher for First Nations children with registered Indian status than those without registered Indian status (82% versus 65%).

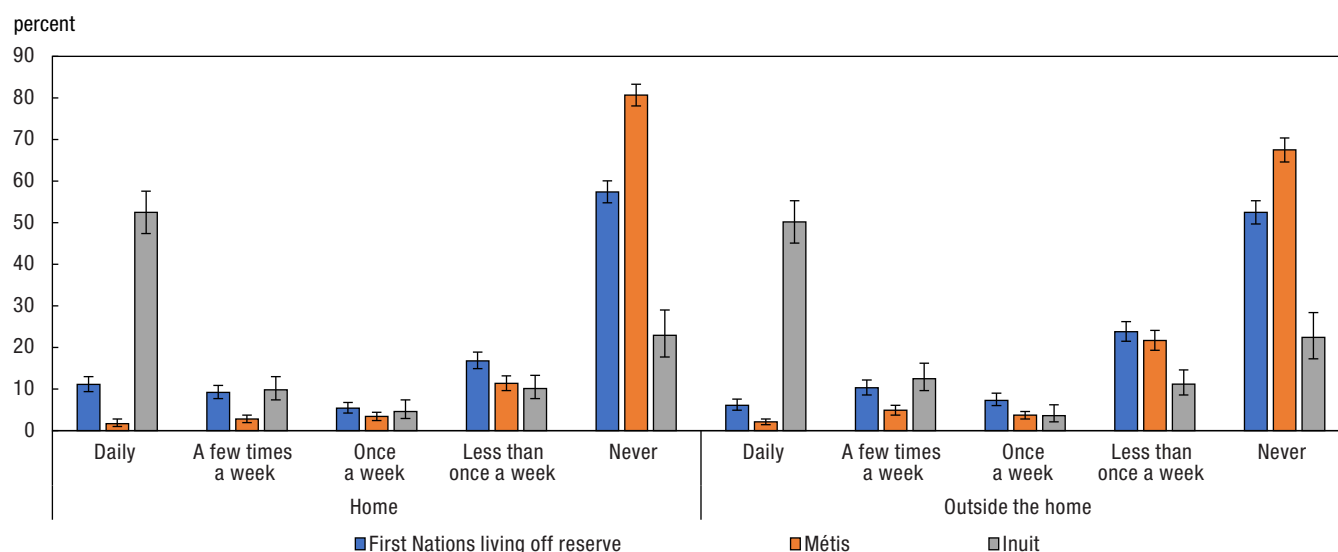
Half (52%) of parents of Métis children believed it was very or somewhat important that their child speaks and understands an Indigenous language. Among Inuit children, 92% had parents who reported it was very or somewhat important. Again, the proportion was higher for Inuit children living inside Inuit Nunangat (97%) compared with 81% for Inuit children living outside Inuit Nunangat.

## Regular exposure to Indigenous languages outside the home for First Nations and Métis children is limited

In 2022, 10% of Indigenous children aged 6 to 14 (excluding those living on reserve) were exposed to an Indigenous language on a daily basis at home, while 7% reported daily exposure outside their home.

Among First Nations children living off reserve, 11% were exposed daily to an Indigenous language at home (Chart 2). First Nations children with registered Indian status were more likely to be exposed to an Indigenous language on a daily basis in their home than those without registered Indian status (15% compared with 6%). Over half (57%) of First Nations children living off reserve were never exposed to an Indigenous language at home and 53% reported never being exposed to an Indigenous language outside of the home.

**Chart 2**  
**Exposure to an Indigenous language among children aged 6 to 14, by location of exposure and Indigenous identity, Canada, 2022**



**Note:** Error bars represent 95% confidence intervals.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

In 2022, 2% of Métis children reported daily exposure to an Indigenous language in the home. However, when examining those exposed a few times a week and once a week, the proportion increased to 8%. Despite this, most Métis children (81%) were never exposed to an Indigenous language in the home. Outside of the home, Métis children were being exposed to an Indigenous language slightly more often with 11% reporting at least once a week.

Over half of Inuit children reported daily exposure to an Indigenous language at home (53%), with an additional 10% reporting a few times a week and 5% reporting exposure once a week. Almost a quarter (23%) of Inuit children reported never being exposed to an Indigenous language in the home. Furthermore, Inuit children living inside Inuit Nunangat were significantly more likely than those outside Inuit Nunangat to report exposure at least once a week (90% versus 17%). The results for exposure outside the home were similar with half of Inuit children reporting daily exposure.

### **Schools play a role in exposing Indigenous children to Indigenous languages with significant differences between regions**

Another place where children are exposed and able to learn an Indigenous language is within the school system. In 2022, a quarter (26%) of Indigenous children aged 6 to 14 (excluding those living on reserve) were taught an Indigenous language in classes at school.

Among First Nations children living off reserve, 29% were taught an Indigenous language at school. The proportion was higher among First Nations children with registered Indian status (38%) than those without registered Indian status (18%). Also, 14% of Métis children were taught an Indigenous language at school while the proportion was 66% for Inuit children.

Being exposed to an Indigenous language in classes at school varied depending on where children lived. For example, 22% of off-reserve First Nations children in Ontario reported learning an Indigenous language at school. The proportions were significantly higher in the Prairies (32%), British Columbia (45%) and the Territories (76%<sup>E</sup>).

A similar pattern was evident for Métis children with a higher proportion learning an Indigenous language at school in British Columbia (32%), and the Prairies (13%). In Ontario, 9% of Métis children were taught an Indigenous language at school.

Inuit children were more likely to be taught an Indigenous language at school if they lived inside Inuit Nunangat (92% versus 12% for those living outside Inuit Nunangat). Across the Inuit regions, the proportions were 96% in Nunatsiavut and the Inuvialuit region, 95% in Nunavik and 90% in Nunavut.

Furthermore, schools not only expose children to Indigenous languages but can also support First Nations, Métis or Inuit culture through teaching or activities. In 2022, almost three-quarters (74%) of Indigenous children aged 6 to 14 attended schools that supported Indigenous culture through teaching or activities.

The proportions of parents reporting they strongly agreed that their school supports Indigenous culture were similar for First Nations children living off reserve and Métis children (72% and 73%, respectively). Among Inuit children, 80% strongly agreed (93% for Inuit children living inside Inuit Nunangat versus 51% among Inuit children living outside Inuit Nunangat).

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<sup>E</sup> use with caution

## Indigenous cultural and harvesting activities

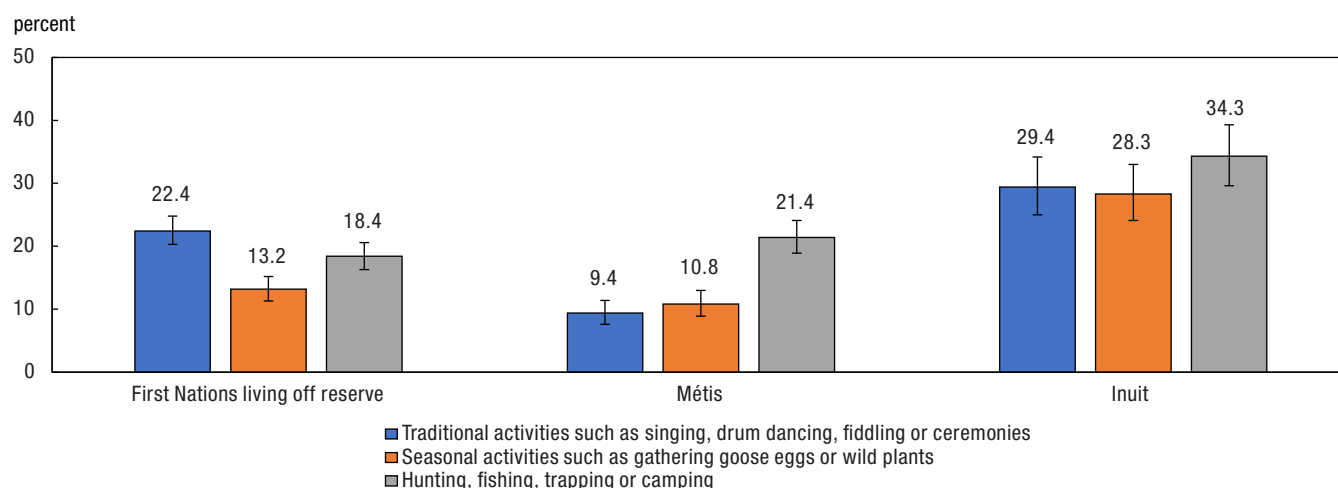
Cultural activities such as ceremonies, making crafts, learning about and participating in traditional life and activities can strengthen cultural identity.<sup>15</sup> This can be a powerful form of healing, especially when considering the intergenerational impacts of colonial policies.<sup>16</sup> Furthermore, child development experts assert that fostering positive self-identity, tied to cultural connection and sense of belonging, makes for healthier children and adults.<sup>17</sup>

### Seven-in-ten Indigenous children aged 1 to 5 participate in harvesting or cultural activities

In 2022, even very young Indigenous children participated in harvesting or cultural activities. Specifically, 70% of Indigenous children aged 1 to 5 (excluding those living on reserve) participated in at least one harvesting or cultural activity in the previous 12 months. The proportions engaging in at least one activity were 72% for First Nations children living off reserve, 67% for Métis children and 75% for Inuit children.

Chart 3 shows that 22% of First Nations children living off reserve participated, at least once a month, in traditional activities such as singing, drum dancing, fiddling, gatherings or ceremonies. Among Métis children, 9% participated monthly while 29% of Inuit children did the same (33% among those living inside Inuit Nunangat and 17% for those living outside Inuit Nunangat).

**Chart 3**  
**Proportion of children aged 1 to 5 who participated in each activity at least once a month, by Indigenous identity, Canada, 2022**



**Note:** Error bars represent 95% confidence intervals.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

In terms of participation in activities such as gathering goose eggs or wild plants, the results show that 28% of young Inuit children engaged in such activities at least once a month, with a higher proportion among those living in Inuit Nunangat (35%) compared with 8% among those living outside Inuit Nunangat.

Among Métis children, 11% participated in these activities at least once a month while the proportion was 13% among First Nations children living off reserve. There were differences for young children living in rural areas versus urban<sup>18</sup> areas. For example, First Nations children living in rural areas were more likely to engage in these activities at least once a month (22%) compared to those living in urban areas (11%). The same pattern was evident for Métis children with 22% of those living in rural areas participating monthly versus 7% of those in urban areas.

15. See Halseth, R. and Greenwood, M. (2019). Indigenous early childhood development in Canada: Current state of knowledge and future directions. Prince George, BC: National Collaborating Centre for Aboriginal Health.

16. Snowshoe, A., Crooks, C., Tremblay, P. and Hinson, R. (2017). Cultural connectedness and its relation to mental wellness for First Nations youth. *Journal of Primary Prevention*, 38, p. 67-86.

17. See [Aboriginal children: the healing power of cultural identity](#) for more information.

18. Urban areas refer to small, medium and large population centres.

Finally, parents of young children were asked about their children’s participation in hunting, fishing, trapping or camping. Specifically, 34% of Inuit children participated in these types of activities at least once a month. One in five (21%) Métis children engaged in these activities at least once a month with the proportion higher for those living in rural areas (39%) than those in urban areas (15%). Among First Nations children living off reserve, 18% engaged in these activities on a monthly basis. Again, the proportion was higher for those in rural areas at 35% versus 20% for those in urban areas.

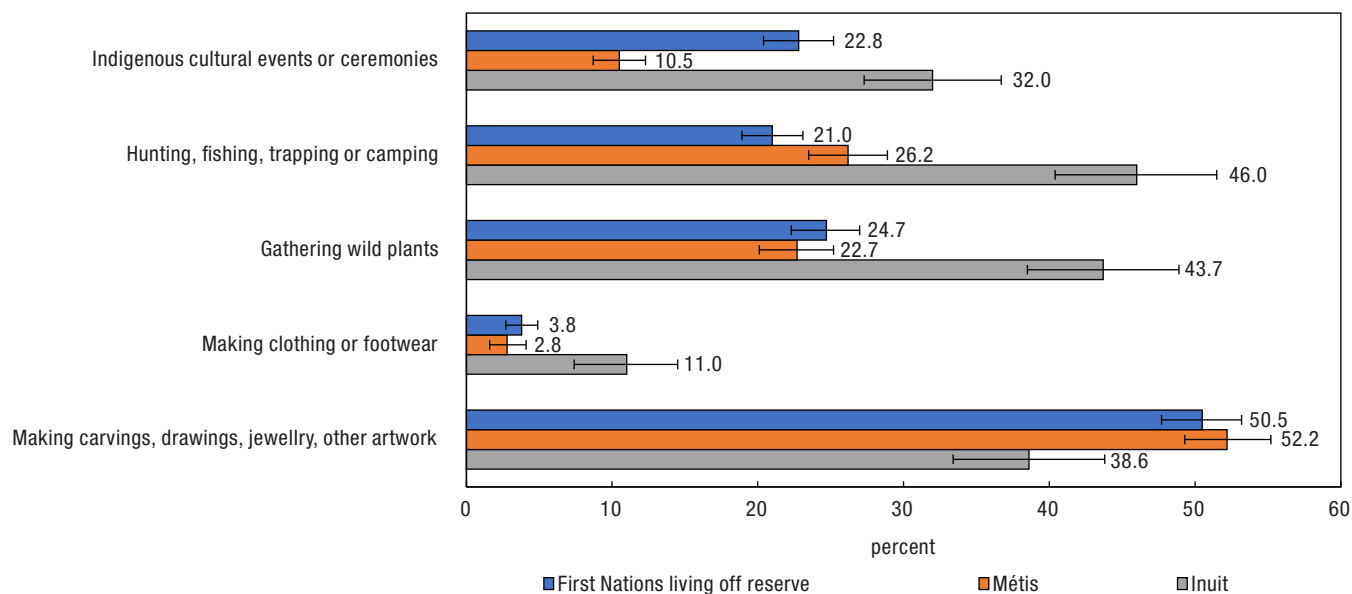
It is important to mention that, for the most part, participation in these activities increased in 2022 compared to 2006. For example, a higher proportion of Métis children participated in gathering goose eggs or wild plants in 2022 (11%) compared to 7% in 2006. A similar increase was evident among Inuit children (28% compared to 17%) and First Nations children living off reserve (13% compared to 8%). In addition, the proportion participating in hunting, fishing, trapping or camping increased for all three groups in the same time period.

### Most Indigenous children aged 6 to 14 participate in harvesting or cultural activities

The 2022 IPS results showed that 85% of Indigenous children aged 6 to 14 (excluding those living on reserve), participated in at least one harvesting or cultural activity in the previous 12 months. Specifically, 89% of Inuit children engaged in such activities, while the proportions were 82% and 86% among Métis and First Nations children living off reserve, respectively.

Chart 4 shows that 32% of Inuit children participated in cultural events or ceremonies at least once per month, with those living inside Inuit Nunangat more likely to participate monthly (41%) compared to those living outside Inuit Nunangat (12%). In addition, 11% of Métis children participated monthly along with 23% of First Nations children living off reserve (29% among those with registered Indian status and 14% among those without registered Indian status).

**Chart 4**  
**Proportion of children aged 6 to 14 who participated in each activity at least once per month, by Indigenous identity, Canada, 2022**



**Note:** Error bars represent 95% confidence intervals.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

In terms of participating in hunting, fishing, trapping or camping, 21% of off-reserve First Nations children did so at least once per month. The proportion was higher for First Nations children living in rural areas (36%) compared to those in urban areas (17%).

Among Métis children, 26% engaged in hunting, fishing, trapping or camping at least once a month, with a higher proportion among those in rural areas (38%) compared to urban areas (22%).

Almost half (46%) of Inuit children participated in hunting, fishing, trapping or camping at least once per month. Participation in these activities was higher among those in Inuit Nunangat (55%) versus those outside Inuit Nunangat (26%).

There were also gender differences with regards to this type of activity, with Indigenous girls significantly less likely than Indigenous boys to take part in hunting, fishing, trapping or camping at least once a month (20% versus 29%).

Chart 4 also shows the proportion engaging in gathering wild plants while in season. Specifically, 44% of Inuit children participated at least once per month, while 23% of Métis children and 25% of First Nations children living off reserve participated at least once a month. The results also show geographic differences with higher participation among Inuit children living inside Inuit Nunangat, as well for Métis and off-reserve First Nations children living in rural areas (data not shown).

Few Indigenous children aged 6 to 14 engaged in making clothing or footwear at least once a month. However, the proportions were much higher for making carvings, drawings, jewelry or other artwork. Specifically, 51% of off-reserve First Nations children, 52% of Métis children and 39% of Inuit children aged 6 to 14 participated at least once per month in these types of activities. Although there were no significant geographic differences, there were differences by gender with Indigenous girls significantly more likely than Indigenous boys to have participated in art activities at least once per month (62% versus 39%).

### **More than a third of Indigenous children aged 6 to 14 spend time with Elders at least a few times per week**

In 2022, 35% of Indigenous children aged 6 to 14 (excluding those living on reserve) spent time with Elders<sup>19</sup> on a regular basis; that is, at least one to three times per week. Among Inuit children, close to half (48%) spent time with Elders on a regular basis, while the proportions were 32% for Métis children and 35% for First Nations children living off reserve.

There were some differences by geography with a higher proportion of Inuit children living inside Inuit Nunangat spending time with Elders on a regular basis compared with Inuit children living outside Inuit Nunangat (56% versus 31%). Among First Nations children, 44% of those living in rural areas spent time with Elders one to three times per week, significantly higher than the proportion for those living in urban areas (32%).

### **Parents, grandparents, and great-grandparents are those most likely to help Indigenous children learn about culture and history**

Family members and others in the community can play an important role in the transmission of language and culture to Indigenous children.<sup>20</sup> In the 2022 IPS, parents were asked if anyone helps Indigenous children understand First Nations, Métis or Inuit culture and history.

About two-thirds (67%) of Inuit children had a parent who helped them learn about their culture and history (the proportion was the same for both younger children aged 1 to 5 and older children aged 6 to 14). For First Nations children living off reserve, 44% of younger children and 58% of older children had a parent that helped them learn about their culture and history. Among Métis children, 34% of younger children and 49% of older children had a parent who helped them.

19. The term 'Elders' is not defined in the questionnaire. The question reads: "How often does the child spend time with Elders?"

20. Bougie, E. (2010). Family, community and Aboriginal language among young First Nations children living off reserve in Canada. Canadian Social Trends. Statistics Canada Catalogue no. 11-008-X.

The second most common response was a grandparent or great grandparent, with 42% of Inuit children aged 1 to 5 and 46% of Inuit children aged 6 to 14 with a grandparent or great grandparent who helped them understand their culture. About one-third (34%) of younger First Nations children, 36% of older First Nations children, 20% of younger Métis children and 23% of older Métis children had a grandparent or great-grandparent to help them.

In addition, 41% Inuit children aged 6 to 14 and 19% of Inuit children aged 1 to 5 had a teacher or child care provider who helped them understand Indigenous culture and history. A quarter (26%) of First Nations children aged 6 to 14 and 12% of younger First Nations children aged 1 to 5 had a teacher or child care provider who helped them learn about Indigenous culture and history, as well as 28% of older Métis children and 9% of younger Métis children.

Elders also play an important role in helping children understand First Nations, Métis and Inuit culture and history. Among younger children aged 1 to 5, 20% of Inuit, 8% of First Nations living off reserve, and 4% of Métis reported that an Elder helped them learn about their culture and history. Among children aged 6 to 14, the proportions were 27% for Inuit, 14% for First Nations living off reserve, and 6% among Métis.

## Child care

### Half of Indigenous children aged 1 to 5 have regular child care

Child care in Canada has become increasingly common. Many parents or guardians rely on care for their young children.<sup>21</sup> In 2022, half (51%) of Indigenous children aged 1 to 5 (excluding those living on reserve) received regular child care.<sup>22</sup> In comparison, 64% of non-Indigenous children aged 1 to 5 were in child care in Canada in 2023 (Canadian Survey on Early Learning and Child Care, 2023).

In addition, the proportion of Indigenous children in child care has not changed since 2006 when, according to the Aboriginal Children's Survey, 52% of Indigenous children aged 1 to 5 used regular child care. Caution should be used when comparing these two times periods as there was a decrease in child care participation during the COVID-19 pandemic with overall trends in child care still lower in 2022.<sup>23</sup>

The proportions of children in regular child care varied across the Indigenous groups. Specifically, 56% of Métis children aged 1 to 5 participated in regular child care as well as 49% of off-reserve First Nations children. Among Inuit children, just over a third (36%) used regular child care.

The most common type of child care arrangement for children was a daycare centre, nursery school, preschool or centre de la petite enfance (CPE). Specifically, 55% of First Nations children living off reserve, 60% of Métis children and 52%<sup>E</sup> of Inuit children participated in this type of child care (Chart 5). This was followed by care by a relative other than the parent (31%<sup>F</sup> among Inuit children, 28% for off-reserve First Nations children, and 23% for Métis children). In terms of an Indigenous specific child care program,<sup>24</sup> Inuit children were the most likely to be in such a child care arrangement at 22%. The proportions were 8% for First Nations children and 4% for Métis children.

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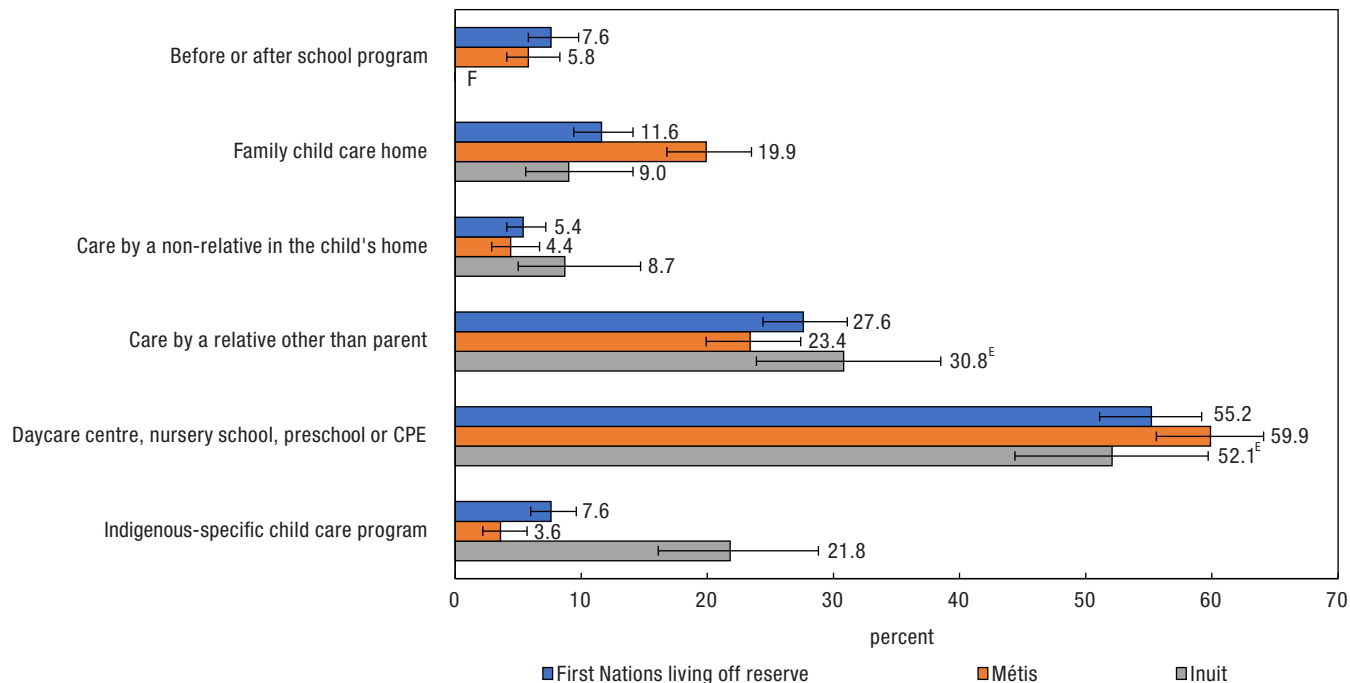
21. Statistics Canada. (2023). [Child care arrangements, 2023](#).

22. For the purpose of the IPS, "child care" means any care for children by someone other than the parent or guardian, both formal and informal. This does not include occasional babysitting or kindergarten.

23. See Statistics Canada. (2023). [Child care arrangements, 2023](#).

24. In the 2022 IPS, the option to select Indigenous-specific child care programs provided examples such as Head Start or a First Nations, Inuit or Métis day care program. As a result, this type of child care arrangement includes a number of different types of programs such as Aboriginal Head Start in Urban and Northern Communities (AHSUNC).

**Chart 5**  
**Current types of child care arrangements by Indigenous identity, Canada, 2022**



<sup>E</sup> use with caution

F too unreliable to be published

Note: Error bars represent 95% confidence intervals.

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

## Parents of Inuit children aged 1 to 5 most likely to report their child care provides an environment to encourage learning about Indigenous culture

Existing research has shown that child care has an impact on children’s social and developmental outcomes.<sup>25</sup> In the context of Indigenous children, “early learning and child care anchored in Indigenous community cultures can play a foundational role in supporting children’s cultural identities and broader collective well-being for Indigenous families and communities.”<sup>26</sup>

In 2022, more than six-in-ten (64%) parents of Inuit children reported their main child care arrangement provided an environment to encourage learning about Indigenous traditional and cultural values and customs. This was significantly higher for Inuit children living inside Inuit Nunangat at 83%<sup>E</sup> compared with 32%<sup>E</sup> for Inuit children outside Inuit Nunangat.

Furthermore, half (49%) of parents of First Nations children living off reserve reported their child care provided an environment to encourage Indigenous learning, while the proportion was 30% for Métis children.

Among parents reporting their child care provided an environment to encourage Indigenous learning, most were satisfied with the way the child care provider shared Indigenous traditional and cultural values and customs. Specifically, 95% of parents of Inuit children felt satisfied, 89% for Métis children, and 90% for First Nations children living off reserve.

25. Findlay, L. and Kohen, D. (2010). Child care for First Nations children living off reserve, Métis children, and Inuit children. Statistics Canada Catalogue no. 11-008-X.

26. Freeborn, C., Mardhani-Bayne, A. and Soetaert, C. (2023). Quality and educator dispositions for Indigenous families in the urban early learning and child care context: a scoping review. *International Journal of Child Care and Education Policy* (17:6).

In addition, parents were asked about how well their main care provider understood the needs of families from Indigenous backgrounds. The proportions responding well or very well varied among the Indigenous groups: 73% for Inuit children, 44% for Métis children and 59% among First Nations children living off reserve.

Finally, parents were asked about the languages used in their child care arrangement. This is important as child care providers can contribute to Indigenous language transmission. Although English or French were the languages most often spoken, about 7% of Indigenous children were in a child care arrangement where an Indigenous language was spoken in combination with English or French while 1% exclusively spoke an Indigenous language.

The proportions where an Indigenous language was spoken in combination with English or French were 8% for First Nations children, 2% for Métis children, and 32% for Inuit children. In the case of Inuit children, 18% were in child care arrangements where an Indigenous language was the only language spoken.

### A third of parents of Indigenous children who did not have child care would like to have care for their children

Among Indigenous children who did not have regular child care, almost a third (32%) of their parents reported wanting to have child care for their children. The proportions were similar for Métis and First Nations children living off reserve (34% and 33%, respectively), and 28% for Inuit children.

Additionally, parents who wanted to have child care were asked the main reasons why the child did not have regular child care (Table 2). The most common reason given by parents of First Nations and Métis children was cost being too high (46% and 62%<sup>E</sup>), followed by child care not being available (39% and 48%<sup>E</sup>). Among parents of Inuit children, the most reported reasons were child care not being available (57%<sup>E</sup>) and cost (30%<sup>E</sup>). The third most common reason for all Indigenous groups was being on a waiting list, which reflects the difficulties in finding child care.

**Table 2**  
**Selected reasons why child is not using regular child care, by Indigenous identity, Canada, 2022**

Reasons <sup>1</sup>	First Nations children living off reserve		Métis children		Inuit children	
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval
Child care not available	39.1	(33.4-45.2)	47.6 <sup>E</sup>	(39.2-56.1)	56.9 <sup>E</sup>	(44.9-68.2)
On a waiting list	30.9	(24.9-37.7)	23.1	(17.1-30.6)	20.8 <sup>E</sup>	(12.1-33.4)
Cost is too high	46.4	(40.0-53.0)	62.0 <sup>E</sup>	(53.4-69.9)	29.6 <sup>E</sup>	(20.0-41.4)
Transportation is a problem	8.0	(5.2-12.1)	9.6	(5.5-16.1)	F	...
Quality of care available is poor	3.5	(1.9-6.4)	6.6	(3.5-12.1)	F	...
Parent works shiftwork, or irregular daycare is used	3.1	(1.6-5.9)	10.2	(5.9-16.9)	F	...

... not applicable

<sup>E</sup> use with caution

F too unreliable to be published

1. Question is asked only of parents who did not have regular child care but wanted to have child care.

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

### Close to one-in-five Indigenous parents would prefer a different type of child care arrangement for their children

Parents of children currently in child care were asked if they would prefer a different type of child care arrangement (other than the parent or spouse caring for the child). In this case, 18% of parents of Indigenous children responded they would prefer a different type of child care arrangement. The proportions were 21% among First Nations children living off reserve, 19% for Inuit children, and 15% for Métis children.

The most common type of care that parents would prefer is an Indigenous-specific program (41%), followed by a daycare centre, nursery school, preschool or CPE (32%). An additional 8% responded that they would prefer care by a relative. However, Indigenous parents also responded that many barriers existed to using their preferred child



care arrangement. For example, a quarter of parents mentioned Indigenous-specific child care not being available as the main barrier. Other responses included being on a waitlist (25%), arrangement not fitting into their schedule (15%) and transportation being a problem (13%).

## Socioeconomic Conditions

In 2022, the Consumer Price Index (CPI) rose 6.8%, the highest increase since 1982. Prices for goods and services such as transportation, food and shelter rose the most.<sup>27</sup> All Canadians felt the impact of rising prices, and this led to an increase in people experiencing financial difficulty. However, financial difficulties were not felt equally across all segments of the population, with existing data showing that Indigenous people were more likely to experience financial difficulty compared with the non-Indigenous population.<sup>28</sup>

This section of the paper focuses on the socioeconomic conditions that affect Indigenous children and their families, including household income challenges as well as food insecurity.

### About three-in-ten parents of Indigenous children report their household income is not enough to meet their household needs

Among parents of Indigenous children aged 1 to 14 (excluding those living on reserve), 31% reported their household income was not enough to meet their household needs for transportation, housing, food, clothing and other necessary expenses in 2022. Conversely, 52% reported their household income was enough while 17% said it was more than enough. There were no differences by age group of the child.

Among parents of First Nations children living off reserve, almost a third (32%) reported their household income was not enough to meet their needs. Specifically, the proportion of parents of First Nations children living off reserve who reported their income was not enough was significantly higher for those living in urban areas (34%) compared with 25% in rural areas.

Just over a quarter (27%) of parents of Métis children reported their household income was not enough to meet their needs. In terms of geographic differences, parents of Métis children living in Quebec were significantly less likely than those in Ontario to report their household income was not enough (18% versus 35%). Proportions were 27% in both the Prairies and Atlantic provinces and 25% in British Columbia (these differences were not significant).

Among parents of Inuit children, 43% reported their household income was not enough. In addition, there were differences for families of Inuit children depending on where they lived. Specifically, families of Inuit children living inside Inuit Nunangat were nearly twice as likely as those outside of Inuit Nunangat to report that their household income did not meet their needs (50% versus 26%<sup>E</sup>, respectively). Across Inuit regions, the proportions varied from 25% in Nunatsiavut, 41% in Nunavik, 43% in the Inuvialuit region and 55% in Nunavut.

### More than four-in-ten parents of Indigenous children report their household income could not cover an unexpected expense of \$500

In 2022, 45% of parents of Indigenous children aged 1 to 14 (excluding those living on reserve) reported that their household income could not cover an unexpected expense of \$500.

Among First Nations children living off reserve, 47% of parents could not cover such an expense. In addition, parents of First Nations children living in urban areas (50%) were significantly more likely to report they could not cover an unexpected expense of \$500 compared to 39% of those living in rural areas. Also, the proportions were 53% in the Prairies and 46% in both Ontario and British Columbia. In Quebec, 32% of parents of First Nations children reported they could not cover an unexpected expense of \$500.

27. Statistics Canada. (2023). [Consumer Price Index: Annual review, 2022](#).

28. Statistics Canada. (2023). [More Canadians are finding it difficult to meet food, shelter and other necessary expenses](#).

About four-in-ten (39%) parents of Métis children reported they could not cover an unexpected expense of \$500. There was not much variation across the country. For example, the figures were 44%<sup>E</sup> in the Atlantic provinces, 42% in Ontario, 40% in the Prairies, and slightly lower at 33% in British Columbia.

Among parents of Inuit children, 53% reported they could not cover an unexpected expense. The proportion was significantly higher for parents of Inuit children living inside Inuit Nunangat with 62% reporting they could not cover an unexpected expense of \$500 versus 30% among parents living outside Inuit Nunangat.

## Four-in-ten Indigenous children aged 1 to 14 live in food insecure households

Food insecurity is “the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” often due to financial constraints.<sup>29</sup> Food insecurity is a serious concern as it has been shown to contribute to poor physical and mental health.<sup>30</sup>

In 2022, 41% of Indigenous children aged 1 to 14 lived in households that experienced some level of food insecurity during the previous 12 months (Table 3). Specifically, 9% of Indigenous children lived in households that were marginally food insecure; that is, families worried about running out of food and/or experienced limited food selection due to a lack of money for food. Another 19% lived in households that were moderately food insecure, where the quality and/or quantity of food was compromised. A further 14% lived in severely food insecure households, meaning missing meals, reducing food intake and, at the most extreme, going days without food.

Among the non-Indigenous population, a much lower proportion of children aged 1 to 14 (16%) lived in food insecure households (CHSCH 2019). Specifically, 5% lived in marginally food insecure households, 8% in moderately food insecure households, and 3% in households that were severely food insecure.<sup>31</sup>

**Table 3**  
**Household food security among children aged 1 to 14 by Indigenous identity, Canada, 2022**

	Total Indigenous (excluding those living on reserve)		First Nations living off reserve		Métis		Inuit	
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval
<b>Food secure<sup>1</sup></b>	<b>58.6</b>	<b>(57.2-60.1)</b>	<b>56.6</b>	<b>(54.6-58.7)</b>	<b>65.0</b>	<b>(62.7-67.3)</b>	<b>35.3</b>	<b>(31.7-39.1)</b>
<b>Food insecure</b>	<b>41.4</b>	<b>(39.9-42.8)</b>	<b>43.4</b>	<b>(41.3-45.4)</b>	<b>35.0</b>	<b>(32.7-37.3)</b>	<b>64.7</b>	<b>(60.9-68.3)</b>
Food insecure, marginal <sup>2</sup>	8.8	(8.1-9.7)	8.9	(7.8-10.1)	8.7	(7.5-10.2)	7.9	(6.1-10.1)
Food insecure, moderate <sup>3</sup>	18.5	(17.4-19.6)	20.2	(18.6-21.9)	14.6	(13.1-16.3)	27.6	(24.3-31.1)
Food insecure, severe <sup>4</sup>	14.1	(13.0-15.2)	14.3	(12.7-15.9)	11.6	(9.9-13.5)	29.3	(26.0-32.8)

1. No indication of difficulty with income-related food access.

2. Exactly one indication of difficulty with income-related food access.

3. Indication of compromise in quality and/or quantity of food consumed.

4. Indication of reduced food intake and disrupted eating patterns.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

Among First Nations children aged 1 to 14 and living off reserve, 43% lived in food insecure households, with over a third experiencing moderate or severe food insecurity. In addition, First Nations children living in urban areas were significantly more likely to experience food insecurity than those living in rural areas (46% versus 33%). The differences across the country were not significant; the prevalence of food insecurity among First Nations children living off reserve was 49% in the Prairies, followed by the Territories (43%), Ontario (42%), British Columbia (38%) and Quebec (28%<sup>E</sup>).

29. Health Canada. (2020). [Household food insecurity in Canada: Overview](#).

30. Li, T., Fafard St-Germain A.A. and Tarasak, V. (2023). Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF).

31. Although these data on non-Indigenous children are from 2019 (before high inflation), the results are consistent with current research on food insecurity. Please see Uppal, S. (2023). Food insecurity among Canadian Families. Insights on Canadian Society. Statistics Canada Catalogue no. 75-006-X.

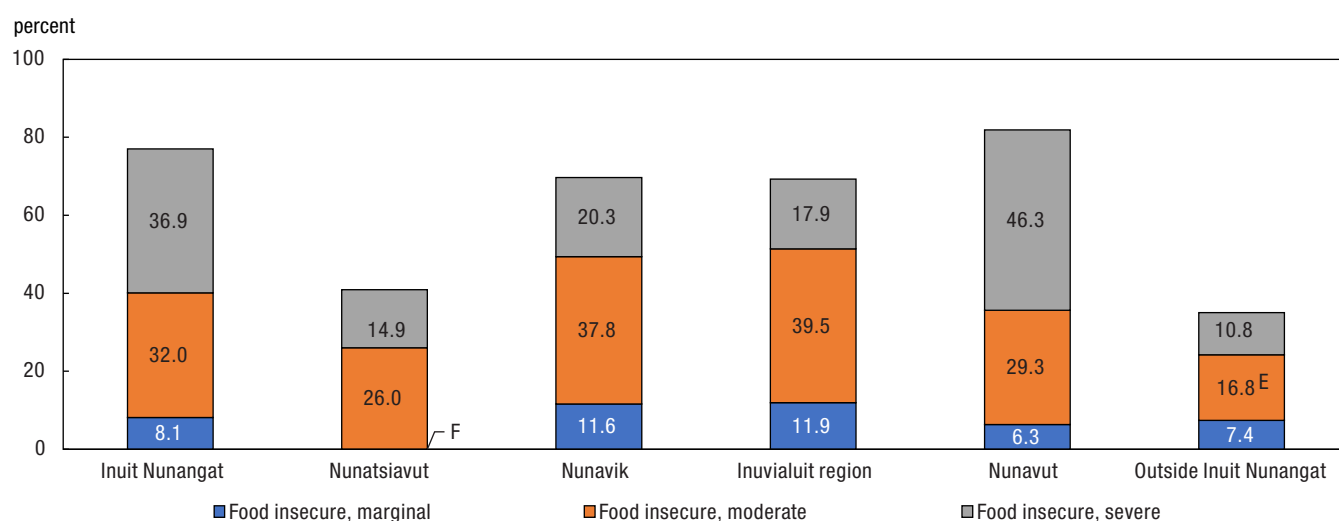
Just over a third (35%) of Métis children lived in food insecure households. However, more than one-in-ten (12%) Métis children lived in severely food insecure homes. In terms of food insecurity across the country, prevalence among Métis children was 40% in Ontario, 35% in the Prairies, 30% in British Columbia and 22%<sup>E</sup> in the Territories. Again, these differences were not significant.

Inuit children experienced high levels of food insecurity with 65% living in food insecure households. More than a quarter (28%) of Inuit children experienced moderate food insecurity while almost three-in-ten (29%) lived in severely food insecure households.

Food insecurity is a well-documented problem among Inuit, especially for those living in Inuit Nunangat due to the challenges of food access, high food costs and climate change.<sup>32,33</sup> In 2022, more than three-quarters (77%) of Inuit children in Inuit Nunangat lived in households that experienced food insecurity, compared with 35% of their counterparts living outside Inuit Nunangat.

The prevalence of food insecurity also varied by Inuit region (Chart 6). Specifically, more than eight-in-ten (82%) of children aged 1 to 14 in Nunavut lived in a household that had experienced food insecurity, compared with 70% for Nunavik, 69% for the Inuvialuit region, and 50% in Nunatsiavut.

**Chart 6**  
**Proportion of Inuit children aged 1 to 14 who experienced household food insecurity in the previous 12 months, by Inuit region, 2022**



<sup>E</sup> use with caution

<sup>F</sup> too unreliable to be published

**Notes:** Marginal food insecurity refers to exactly one indication of difficulty with income-related food access. Moderate food insecurity is an indication of compromise in quality and/or quantity of food consumed. Severe food insecurity refers to reduced food intake and disrupted eating patterns.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

32. Arriagada, P. (2017). Food insecurity among Inuit living in Inuit Nunangat. Insights on Canadian Society. Statistics Canada Catalogue no. 75-006-X.

33. Little, M., Hagar, H., Zivot, C. et al. (2021). Drivers and health implications of the dietary transition among Inuit in the Canadian Arctic: a scoping review. Public Health Nutrition, 24(9):2650-2668. doi:10.1017/S1368980020002402.

## Health

Indigenous children experience health disparities and inequities, which can influence health outcomes in adulthood. This inequity is rooted in social determinants of health with documented disparities prevailing among Indigenous peoples that have been shaped by many historical and contemporary factors (including the unequal distribution of resources and various policies).<sup>34</sup> This section examines several key health indicators for Indigenous children to highlight their experiences.

### Most Indigenous children aged 1 to 14 have excellent or very good health

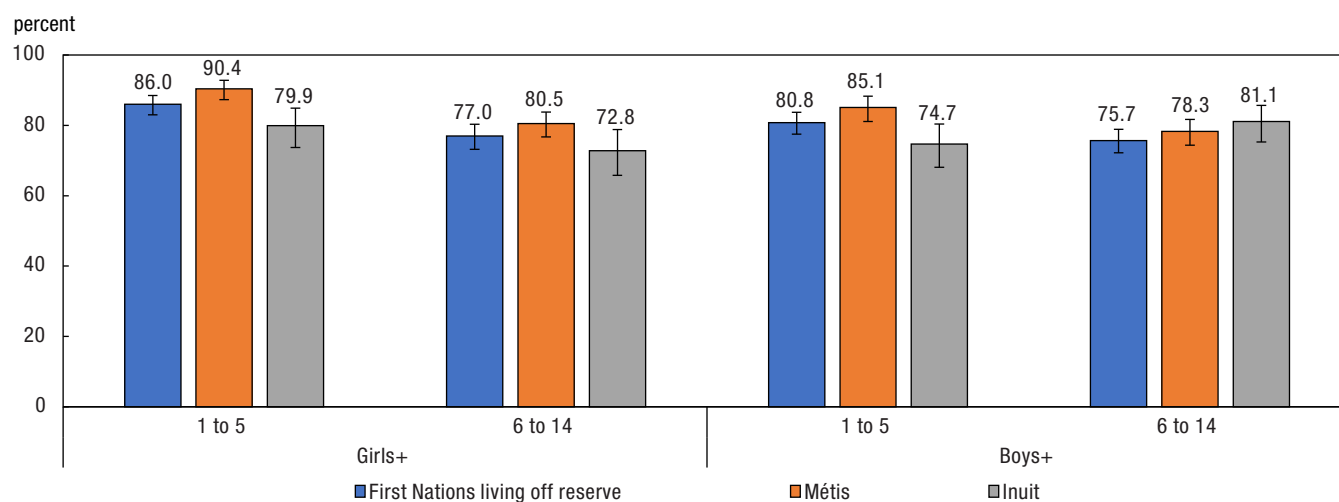
In 2022, the majority (80%) of Indigenous children aged 1 to 14 (excluding those living on reserve) were reported by their parent to have excellent or very good health. More specifically, the proportions were 79% among First Nations children living off reserve, 77% among Inuit children, and 82% for Métis children. The corresponding proportion for non-Indigenous children was 90% (CHSCY 2019).

Additionally, the data generally show that excellent or very good health decreases with age. For example, 85% of Indigenous children aged 1 to 5 were reported by their parents to have excellent or very good health compared to 78% among children aged 6 to 14. However, among non-Indigenous children, the drop in excellent or very good health is much smaller: 92% for those aged 1 to 5 compared with 89% among children aged 6 to 14 (CHSCY 2019).

Results also show that the proportion of Indigenous children aged 6 to 14 who are reported to be in excellent or very good health has decreased over time. Specifically, it dropped from 83% in 2006 to 78% in 2022. However, there was no change among children aged 1 to 5 (86% in 2006 and 85% in 2022).

Chart 7 shows the proportion reporting excellent and very good health for younger and older girls and boys separately, as well as by Indigenous identity. Among First Nations children aged 1 to 5 living off reserve, 86% of girls were reported as having excellent or very good health, compared with 81% of boys. Among those aged 6 to 14, the proportions were lower: 77% for First Nations girls compared with 76% for First Nations boys. The pattern was similar for Métis and Inuit children except for Inuit boys aged 6 to 14.

**Chart 7**  
**Excellent or very good health, by Indigenous identity, age group and gender, Canada, 2022**



**Notes:** Error bars represent 95% confidence intervals. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. The category "Boys+" includes boys as well as some non-binary persons, while the category "Girls+" includes girls as well as some non-binary persons.  
**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

34. See Greenwood, M.L. and de Leeuw, S.N. (2012). Social determinants of health and the future well-being of Aboriginal children in Canada. *Paediatr Child Health*. 17(7): 381-4. PMID: 23904782; PMCID: PMC3448539.

## Most prevalent chronic conditions vary by age

Previous research has shown that Indigenous people experience higher incidences of chronic conditions and related risk factors. This is due to many factors that include environmental contaminants (i.e., both indoor and outdoor), housing conditions (i.e., overcrowding), as well as access to health and related services that begin in childhood.<sup>35</sup>

The 2022 IPS defines chronic conditions as long-term conditions that are expected to last or have already lasted at least six months and have been diagnosed by a health professional. The results show that the specific types of chronic conditions reported for Indigenous children varied by age (Table 4). In 2022, speech or language difficulties were the most common chronic conditions among Indigenous children aged 1 to 5 (20%), followed by lactose intolerance or trouble digesting milk (11%) and ear infections or problems (11%). Other commonly reported chronic conditions were emotional, psychological, or nervous difficulties (10%) and asthma (9%).

**Table 4**  
**Prevalence of selected chronic conditions diagnosed by health professional, by Indigenous identity and age group Canada, 2022**

Chronic conditions	First Nations living off reserve		Métis		Inuit	
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval
<b>Children aged 1 to 5</b>						
Speech or language difficulties	21.6	(19.5-23.8)	18.7	(16.4-21.3)	13.2	(10.1-17.1)
Lactose intolerance or trouble digesting milk	11.3	(9.7-13.0)	11.5	(9.6-13.7)	6.0	(4.3-8.5)
Ear infections or ear problems	12.0	(10.2-14.0)	8.2	(6.7-10.1)	12.9	(10.0-16.5)
Emotional, psychological or nervous difficulties	10.5	(9.0-12.3)	10.0	(8.1-12.3)	4.3	(2.8-6.8)
Asthma	9.4	(8.0-11.2)	9.7	(7.8-12.0)	5.1	(3.4-7.8)
<b>Children aged 6 to 14</b>						
Emotional, psychological or nervous difficulties	29.7	(27.2-32.3)	30.4	(27.5-33.4)	15.4	(12.3-19.1)
Visual impairment	26.1	(23.7-28.6)	23.3	(20.7-26.2)	18.2	(13.4-24.1)
Learning disability	21.8	(19.5-24.2)	20.0	(17.6-22.7)	10.2	(7.4-13.8)
ADD or ADHD	20.8	(18.8-23.0)	20.2	(18.0-22.7)	12.9	(8.5-19.0)
Speech or language difficulties	17.7	(15.7-20.0)	14.2	(12.1-16.6)	13.1	(8.8-19.1)

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Among older Indigenous children, the most reported chronic conditions were emotional, psychological, or nervous difficulties (29%), visual impairment (24%), learning disabilities (20%) and ADD or ADHD (20%), followed by speech or language difficulties (16%).

## Respiratory infections more common among young Indigenous children

Some respiratory infections are common childhood illnesses. However, in some cases, they can lead to complications and hospitalizations.<sup>36,37</sup> In 2022, 8% of Indigenous children aged 1 to 14 (excluding those living on reserve) reported being diagnosed with a respiratory infection such as tuberculosis, pneumonia, respiratory syncytial virus (RSV) or bronchiolitis in the past 12 months. The reporting of respiratory infections was similar across all Indigenous groups; 7% among First Nations children living off reserve and Inuit children, and 8% among Métis children.

Younger children were significantly more likely to be diagnosed with a respiratory infection. Specifically, 13% of Indigenous children aged 1 to 5 were diagnosed with such an infection in 2022 compared with 5% among those aged 6 to 14. There were no significant differences by gender or by geography in either age group.

35. See Loppie, C. and Wien, F. (2022). Understanding Indigenous health inequalities through a social determinants model. National Collaborating Centre for Indigenous Health.

36. Canadian Institute for Health Information. (2024). [Hospital stays in respiratory illness increase among Canadian children](#). Accessed April 24, 2024.

37. Abrams, E. et al. (2024). Burden of disease of respiratory syncytial virus in infants, young children and pregnant women and people. Canada Communicable Disease Report, 50(1/2): 1-15.

## About four in ten Indigenous children diagnosed or tested positive for COVID-19

In 2022, two years after the pandemic began, about four in ten (42%) Indigenous children aged 1 to 14 had tested positive for COVID-19. The proportion was slightly higher among older children: 43% for those aged 6 to 14 compared with 40% among those aged 1 to 5. There were no differences between Indigenous boys and girls.

Among First Nations children aged 1 to 14 living off reserve, 43% had tested positive for COVID-19. There were some variations across the country. For example, the proportion in British Columbia was significantly lower than in Ontario (32% versus 45%). The figures were 50% in the Atlantic provinces, 49% in both Quebec and the Territories, and 43% in the Prairies.

The proportion of Métis children aged 1 to 14 who tested positive for COVID-19 was 42%. There were some geographic differences, with Métis children in British Columbia reporting the lowest proportion diagnosed with COVID-19 at 30%. This was significantly lower than the proportion in any other province in Canada. The figures varied from 42% in the Prairies and 44% in Ontario to 58%<sup>E</sup> in Quebec.

Among Inuit children, the proportion diagnosed with COVID-19 was 34%. Across the Inuit regions, the proportions were significantly lower in Nunavut (26%) and Nunavik (34%) compared to 49%<sup>E</sup> in Nunatsiavut and 64% in the Inuvialuit region.

## Most Indigenous children are up to date on their routine vaccinations

In Canada, publicly funded, routine vaccinations for children are recommended against several diseases.<sup>38</sup> The results from the 2022 IPS show that nearly all Indigenous children between the ages of 1 and 14 had received their routine (regular) vaccinations (94%), with the proportions similar for children aged 1 to 5 (93%) and those aged 6 to 14 (95%).<sup>39</sup>

Additionally, the results show there were no significant differences in routine vaccination rates across Indigenous groups as well as no gender differences. There were also no geographic differences for routine vaccinations.

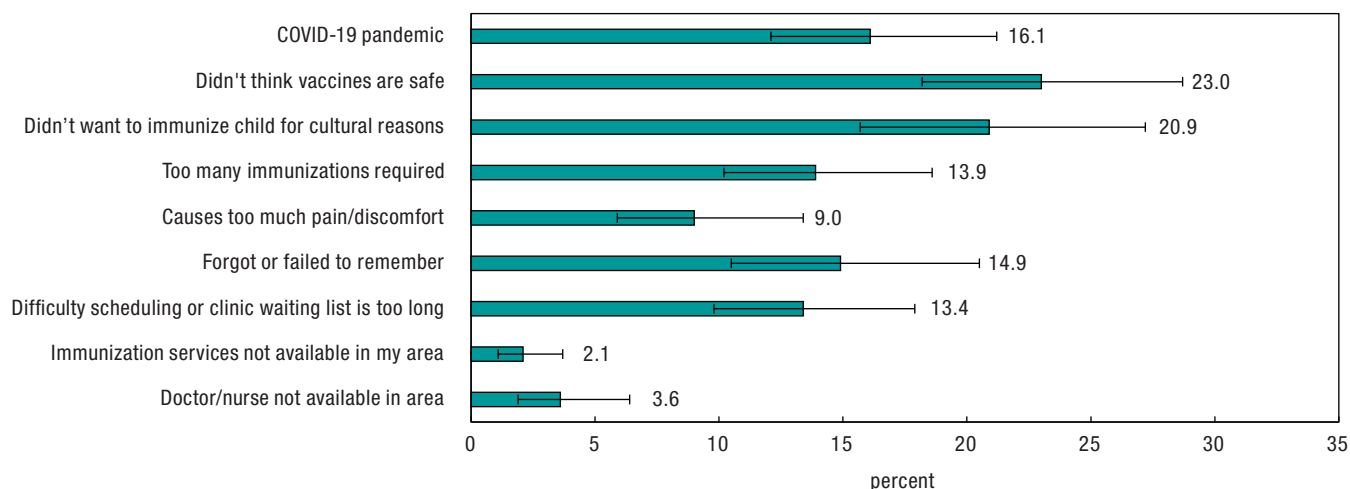
Parents whose children aged 1 to 14 were not up to date on routine vaccinations were asked the reasons for not vaccinating their children (Chart 8). The most common answers were: did not think vaccines were safe (23%) and did not want to immunize their child for cultural reasons (21%). In addition, 16% reported the COVID-19 pandemic as a reason for not vaccinating their child. Other reasons commonly reported were that they forgot (15%), too many immunizations were required (14%) and there was difficulty scheduling/clinic waiting list was too long (13%).

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38. See [Benefits of Immunization: Canadian Immunization Guide](#) for additional information.

39. For additional information on immunization rates in Canada, please see [Childhood National Immunization Coverage Survey, 2021](#).

**Chart 8**  
**Selected reasons for not vaccinating Indigenous children aged 1 to 14 among those who were not up to date on routine vaccinations, Canada 2022**



**Note:** Error bars represent 95% confidence intervals.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

## Just over one-in-ten Indigenous children experience unmet health care needs

The health disparities experienced by Indigenous people, such as access to health care, have likely worsened due to severe shortages of primary care physicians<sup>40</sup> as well as the COVID-19 pandemic.<sup>41</sup>

In 2022, 11% of Indigenous children aged 1 to 14 (excluding those living on reserve) experienced a time in the past 12 months when they needed health care but did not receive it. The proportions reporting unmet health care needs were similar for younger children aged 1 to 5 (12%) and older children (11%).

Among First Nations children aged 1 to 14 and living off reserve, 12% of parents reported unmet health care needs. The prevalence of unmet health care needs was not significantly different between First Nations children with registered Indian status and those without. There were some geographic differences with those in Quebec reporting the highest proportion of unmet needs at 18%<sup>E</sup>. This was significantly higher than the proportion in the Prairies (10%). The proportions varied across other parts of the country from 12% in the Atlantic provinces and Ontario, and 14% in British Columbia.

In addition, 11% of Métis children experienced a time when they needed health care but did not receive it. The proportions ranged from highest in the Atlantic provinces (18%<sup>E</sup>) and British Columbia (16%) to lowest in Quebec and the Prairies (7% and 8%, respectively).

Furthermore, 12% of parents of Inuit children reported unmet health care needs. Although the proportion was higher for those living inside Inuit Nunangat compared to those outside (13% and 10%), the difference was not significant. Across the Inuit regions, the proportions varied from 8% in Nunavik, 13% in Nunatsiavut, 15% in Nunavut, and 16% in the Inuvialuit region.

Among those who did not receive care, the most common reasons given for First Nations children living off reserve and Métis children were: waiting time was too long (38% and 42%<sup>E</sup>, respectively) as well as care was not available at the time required (32% and 34%<sup>E</sup>, respectively). Among Inuit children, the most common reasons were that care was not available in the area (63%<sup>E</sup>), followed by care not being available at the time required (41%<sup>E</sup>). The COVID-19 pandemic was cited as a reason for 32% of off-reserve First Nations children, 30%<sup>E</sup> of Métis children and 23%<sup>E</sup> of Inuit children.

40. See Yangzom, K., Masoud, H. and Hahmann, T. (2023). Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2022. Statistics Canada Catalogue no. 41-20-0002.

41. Hahmann, T. and Kumar, M. (2022). Unmet health care needs during the pandemic and resulting impacts among First Nations people living of reserve, Métis and Inuit. Statistics Canada Catalogue no. 45-28.0001.

## More than two-thirds of Indigenous children aged 1 to 14 have excellent or very good mental health

It is important to examine the mental health status of children, as the emotional and social development in early years can lay the foundation for mental health throughout the life span. In addition, the COVID-19 pandemic, which had a negative impact on the mental health of many Canadians,<sup>42</sup> has reinforced the need for additional information on the health of children and youth.

It is also important to note that questions on mental health are based on parents' perception of their child's mental health.<sup>43</sup> Previous research has found discrepancies between parents' and youth's perceptions, with youth often rating their own mental health less positively than their parents.<sup>44</sup> Thus, results should be interpreted with caution.

Based on the results from the 2022 IPS, 69% of Indigenous children aged 1 to 14 (excluding those living on reserve) were reported by their parent to have excellent or very good mental health. Specifically, the proportions were 68% for First Nations children living off reserve, 70% for Métis children and 72% for Inuit children. The corresponding proportion for non-Indigenous children was 86% (CHSCY 2019).

Table 5 shows that parents of younger children were more likely than parents of older children to report that their child's mental health was excellent or very good. For example, the proportion reporting excellent or very good mental health was 82% for Indigenous boys aged 1 to 5 compared with 62% for boys aged 6 to 14. Among Indigenous girls, the proportion reporting excellent or very good mental health dropped from 86% for girls aged 1 to 5 to 62% for those aged 6 to 14.

Across all Indigenous groups, the proportion reporting excellent or very good mental health dropped for older children. The same pattern was evident for non-Indigenous children, with 93% of parents of children aged 1 to 5 rating the child's mental health as excellent or very good compared with 82% among children aged 6 to 14 (CHSCY 2019).

**Table 5**  
**Excellent or very good mental health by Indigenous identity group, age group and gender<sup>1</sup>, Canada, 2022**

	First Nations living off reserve		Métis		Inuit							
	Boys+	Girls+	Boys+	Girls+	Boys+	Girls+						
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval						
Children aged 1 to 14	66.3	(63.5-69.0)	69.1	(66.1-71.9)	69.8	(66.6-72.8)	69.9	(66.5-73.1)	73.5	(68.5-77.9)	70.9	(65.6-75.6)
Children aged 1 to 5	79.4	(75.9-82.4)	86.7	(83.8-89.2)	84.9	(81.2-88.0)	88.2	(84.6-91.0)	78.8	(72.9-83.7)	77.3	(70.8-82.7)
Children aged 6 to 14	60.2	(56.4-63.9)	60.5	(56.4-64.4)	62.9	(58.8-66.9)	61.4	(56.9-65.6)	70.5	(63.3-76.9)	67.1	(59.7-73.6)

1. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. The category "Boys+" includes boys as well as some non-binary persons, while the category "Girls+" includes girls as well as some non-binary persons.

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

In addition, the results show some gender differences in the mental health of young Indigenous children (Table 5). For example, among First Nations children living off reserve aged 1 to 5, parents of girls were more likely to report that their mental health was excellent or very good compared to First Nations boys (87% versus 79%). There were no gender differences among children aged 6 to 14.

42. See [Youth mental health in the spotlight again, as pandemic drags on \(May 2022\)](#) for more information.

43. Parental perceptions of their children's mental health may be related to the chronic conditions reported by parents. As seen earlier in the report, 10% of parents of Indigenous children aged 1 to 5 reported their children had been diagnosed with emotional, psychological or nervous difficulties. The proportion was 29% among parents of children aged 6 to 14.

44. See [Canadian Health Survey on Children and Youth, 2019](#) for additional information.



## Among Indigenous parents, more than four-in-ten report having seen or talked to someone about their child's emotions, behaviour, mental or spiritual health

Many Indigenous parents seek support for their children's well-being. In 2022, more than four-in-ten (43%) parents of Indigenous children aged 6 to 14 and living off reserve, reported that in the past 12 months they had seen or talked to someone about their child's emotions, behaviour, mental or spiritual health.<sup>45</sup> Specifically, the proportion was 46% among off-reserve First Nations children, 43% for Métis children and 28% for Inuit children.

The results showed no differences by gender or by geography except for Inuit children. In this case, a higher proportion of parents of Inuit children living outside Inuit Nunangat reported they had seen or talked to someone about their child's emotions, behaviour, mental or spiritual health (52%). The proportion for children living inside Inuit Nunangat was 17%.

Among parents who reported there was a time when the child needed help with problems with emotional, behavioural, mental or spiritual health, about a third (34%) reported the child did not receive such help. The proportions were similar for First Nations children living off reserve and Métis children (34% and 35%, respectively). However, the proportion was significantly higher for Inuit children with more than half (52%) of parents reporting the child did not receive the help they needed.

## Most Indigenous children aged 1 to 14 have seen a dental professional

Oral health is a key component of overall health, and it can affect functional capacities, well-being and self-image.<sup>46,47</sup> In addition, oral health behaviours established in childhood can influence oral health in adulthood.<sup>48</sup> It is also important to note that Indigenous children face significant oral health disparities in terms of early childhood cavities, barriers in oral health care access and the lack of culturally appropriate oral health promotion.<sup>49</sup>

In 2022, the majority (87%) of all Indigenous children aged 1 to 14 (excluding those living on reserve), were reported to have ever seen a dental professional such as a dentist or dental hygienist. The proportion of ever having seen a dental professional increased with age. Specifically, Indigenous children aged 6 to 14 were significantly more likely to have seen a dental professional than those aged 1 to 5 (97% versus 65%). The proportions were similar for non-Indigenous children with 85% having seen a dental professional – 97% among older children and 62% among younger children (CHSCY 2019).

Table 6 shows different types of access to oral health services by Indigenous group and age group. The results showed that the proportion of children who had ever seen a dental professional was similar among Métis and First Nations children living off reserve aged 1 to 5 (66% and 65%, respectively). Among children who had ever seen a dental professional, the majority had done so for a check up or cleaning (86% for First Nations children and 88% for Métis children), while the proportions were lower for seeing a dental professional for toothaches, tooth decay or cavities.

Among Inuit children, 60% of those aged 1 to 5 had ever seen a dental professional, while the proportion was 91% among older Inuit children. In terms of seeing a dental professional for toothaches, tooth decay or cavities, about half of Inuit children had done so (51% for those aged 1 to 5 and 47% for older Inuit children).

45. This may include friends or family, an Elder, a mental health professional or a teacher.

46. Murphy, K., Gondro, J., and Moharrami, M. (2024). Factors associated with the use of oral health care services among Canadian children and youth. Statistics Canada Catalogue no. 82-003-X.

47. Kyoon-Achan, G. et al. (2021a). Early childhood oral health promotion for First Nations and Métis communities and caregivers in Manitoba. Health Promotion and Chronic Disease Prevention in Canada: Research and Policy and Practice: 41(1).

48. See Murphy, K., Gondro, J. and Moharrami, M. (2024). Factors associated with the use of oral health care services among Canadian children and youth. Statistics Canada Catalogue no. 82-003-X.

49. See Kyoon-Achan, G. et al. (2021a). Early childhood oral health promotion for First Nations and Métis communities and caregivers in Manitoba. Health Promotion and Chronic Disease Prevention in Canada: Research and Policy and Practice: 41(1).

**Table 6**  
**Access to oral health services, by Indigenous identity and age group Canada, 2022**

	First Nations living off reserve									
	Total First Nations		First Nations with registered Indian status		First Nations without registered Indian status		Métis		Inuit	
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval
<b>Children aged 1 to 5</b>										
Ever seen a dental professional	64.8	(62.3-67.2)	70.8	(67.4-74.0)	60.1	(56.4-63.7)	66.2	(63.1-69.1)	59.7	(54.4-64.8)
Past 12 months, seen a dental professional for a check up or cleaning <sup>1</sup>	86.2	(84.0-88.2)	86.7	(83.5-89.3)	85.8	(82.4-88.6)	87.7	(84.9-90.1)	75.2	(69.1-80.4)
Past 12 months, seen a dental professional for toothaches, tooth decay or cavities <sup>1</sup>	35.7	(32.6-38.9)	39.1	(34.9-43.5)	32.5	(28.0-37.4)	23.5	(20.4-27.0)	50.9	(44.4-57.3)
<b>Children aged 6 to 14</b>										
Ever seen a dental professional	97.3	(96.2-98.1)	97.6	(96.1-98.5)	96.9	(95.1-98.0)	97.0	(95.5-98.1)	91.4	(88.3-93.8)
Past 12 months, seen a dental professional for a check up or cleaning <sup>1</sup>	86.1	(84.0-87.9)	88.5	(85.9-90.7)	82.8	(79.4-85.8)	89.2	(86.9-91.1)	80.0	(75.4-83.8)
Past 12 months, seen a dental professional for toothaches, tooth decay or cavities <sup>1</sup>	42.8	(40.1-45.5)	46.2	(42.7-49.8)	38.3	(34.1-42.6)	41.5	(38.5-44.6)	46.5	(41.0-52.2)

1. Question is asked of those who said yes to ever seeing a dental professional

Source: Statistics Canada, Indigenous Peoples Survey, 2022.

Among First Nations children living off reserve, there were some differences in accessing oral health services by registered Indian status. Specifically, First Nations children aged 1 to 5 with registered Indian status were more likely to have seen a dental professional (71%) than those without registered Indian status (60%). Among older children, those with registered Indian status were more likely to have seen a dental professional for a check up or cleaning as well as for toothaches, tooth decay or cavities.

There were also some geographic differences among Inuit children. Inuit children aged 1 to 14 living inside Inuit Nunangat were significantly less likely to have ever seen a dental professional (78%) than those living outside Inuit Nunangat (86%). The same was true for seeing a dental professional for a check up or cleaning (72% versus 93%, respectively). However, when it comes to seeing a dental professional for toothaches, tooth decay or cavities, the proportion was higher for Inuit children living inside Inuit Nunangat (51%) than for those outside Inuit Nunangat (39%).

### About three-in-ten Indigenous children affected by early childhood cavities

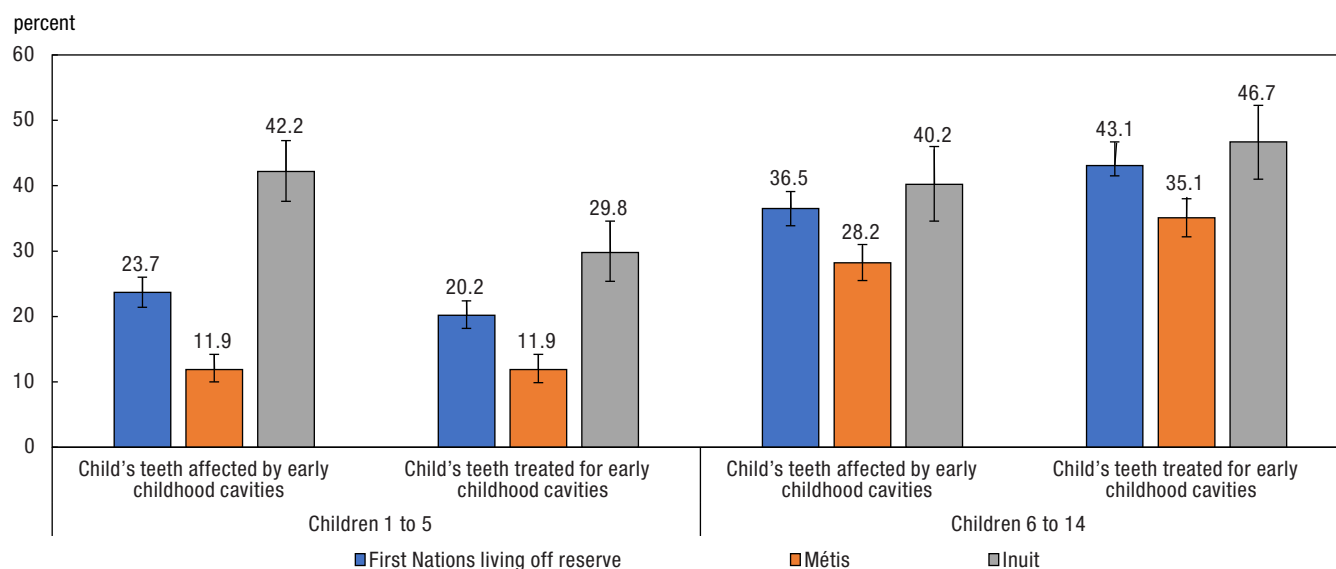
Existing research has found that Indigenous children in Canada experience higher rates of early childhood cavities<sup>50</sup> compared to the rest of the population.<sup>51</sup> According to the 2022 IPS, 29% of Indigenous children aged 1 to 14 (excluding those living on reserve) had been affected by early childhood cavities. The proportion was higher among older children, with 33% of those aged 6 to 14 reporting early childhood cavities compared with 20% among those aged 1 to 5.

Chart 9 shows the prevalence of early childhood cavities and treatment of early childhood cavities by Indigenous group and age. The results showed that four-in-ten Inuit children have been affected by early childhood cavities (42% for children aged 1 to 5 and 40% among older children). In addition, 30% of Inuit children aged 1 to 5 have been treated for early childhood cavities while the proportion was 47% among Inuit children aged 6 to 14. Additionally, Inuit children living inside Inuit Nunangat were more likely than those living outside Inuit Nunangat to report having been affected and treated for early childhood cavities (data not shown).

50. Early childhood cavities are commonly known as early childhood caries. This is a chronic condition that occurs in children under the age of 6, where one or more of the primary teeth are decayed, missing or have filled teeth surfaces. Bottle tooth decay is an example of early childhood caries.

51. Kyoon-Achan, G. et al. (2021b). First Nations and Métis peoples' access and equity challenges with early childhood oral health: a qualitative study. *International Journal for Equity in Health*: 20 (134).

**Chart 9**  
**Early childhood cavities, by Indigenous identity and age group, Canada, 2022**



**Note:** Error bars represent 95% confidence intervals.  
**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

Among First Nations children aged 1 to 5 and living off reserve, the results showed that almost a quarter (24%) reported being affected by early childhood cavities while 20% reported being treated. The proportions were higher among children aged 6 to 14. Moreover, First Nations children with registered Indian status were more likely to report being affected and treated for early childhood cavities than First Nations children without registered Indian status (data not shown).

The prevalence of being affected or treated for early childhood cavities was similar for Métis children aged 1 to 5 (12% for both). However, the proportions increased significantly with age. Among Métis children aged 6 to 14, more than a quarter (28%) reported being affected by cavities while over a third (35%) were treated for early childhood cavities.

### Proportion reporting unmet oral health needs vary by Indigenous group

In 2022, 16% of Inuit children aged 1 to 14 reported that they needed dental care in the past 12 months but did not receive it. This proportion was significantly higher for Inuit children living inside Inuit Nunangat at 20% compared with 4% for Inuit children living outside of Inuit Nunangat. The proportions for Métis and First Nations children living off reserve were 6%.

Among Indigenous children who experienced unmet oral health needs, the main reasons given why the child did not receive the care needed were: the cost (45%), the care was not available at the time requested or at all in the area (31%), the COVID-19 pandemic (28%) and they have not gotten around to it (9%).

### Type of payment used to cover costs of dental care visits for children vary across Indigenous groups

During their most recent visit to a dental care professional, government programs including Non-Insured Health Benefits (NIHB) were the most used by parents of First Nations children living off reserve (57%) and Inuit children (82%) to cover costs. Since Métis are not eligible for NIHB, the proportion reporting they used a government program to pay for dental visits was much lower among parents of Métis children at 22%.<sup>52</sup>

52. For additional information on NIHB including eligibility, please see [About the Non-Insured Health Benefits program](#).

Other forms of payment include private insurance. In this case, parents of 43% for First Nations children living off reserve, 70% for Métis children and 19% for Inuit children used private insurance. Out of pocket was an option used by 22% of off-reserve First Nations children, 33% for Métis children and 9% for Inuit children.

Among First Nations children living off reserve, there were significant differences between those with and without registered Indian status. Specifically, three-quarters of parents of First Nations children with registered Indian status used a government program to pay for a visit while 34% without registered status used a government program. Parents of First Nations children without registered status were more likely to use private insurance (56% versus 33% for those with registered Indian status) and pay out of pocket (33% versus 12%).

## Eight-in-ten Indigenous children aged 6 to 14 eat breakfast always or almost always

Existing research has found that eating breakfast may contribute to both the health and well-being of children and adolescents.<sup>53</sup> In the 2022 IPS, parents of Indigenous children aged 6 to 14 (excluding those living on reserve) were asked about how often their child ate breakfast in the past 12 months. Most Indigenous children (81%) reported eating breakfast always or almost always. Another 18% reported eating breakfast sometimes or rarely while only 1% reported never eating breakfast. Among non-Indigenous children, 85% reported eating breakfast most of the time<sup>54</sup> (CHSCY 2019).

The proportions of children reporting they ate breakfast always or almost always were similar for First Nations and Métis children (80% and 83%, respectively). Among Inuit children, almost three-quarters (74%) reported eating breakfast always or almost always.

There were also differences depending on where Inuit children lived. Specifically, 69% of Inuit children living inside Inuit Nunangat ate breakfast always or almost always, which was significantly lower than the proportion for children living outside Inuit Nunangat (84%<sup>E</sup>). As mentioned earlier in this paper, the prevalence of food insecurity is much higher inside Inuit Nunangat, which may impact the availability and access to food, including breakfast.

## Among Indigenous children aged 1 to 5, more than seven-in-ten were breastfed, similar to the proportion that were bottle-fed

Existing research has shown that breastfeeding is associated with better general health and a lower prevalence of health problems such as asthma, respiratory tract infections, and ear infections.<sup>55</sup> Health Canada recommends that infants should be breastfed exclusively for the first six months of their lives.<sup>56</sup>

In 2022, 77% of Indigenous children aged 1 to 5 (excluding those living on reserve) were breastfed. The proportions in 2022 varied by Indigenous group: 82% among Métis children, 74% among First Nations children living off reserve, and 64% among Inuit children. It is important to note that cultural practices among Inuit, such as traditional adoption, play a role in breastfeeding initiation and practices.<sup>57</sup>

Chart 10 shows that more than half of all Indigenous children were breastfed for longer than six months. Among First Nations children, 28% were breastfed between 7 and 12 months, and another 30% for over a year. Among Métis children, the proportions were 36% for 7 to 12 months, and 27% for more than a year. Finally, almost a quarter (24%) of Inuit children were breastfed for 7 to 12 months, with another 35%<sup>F</sup> having breastfed for over a year. This is consistent with findings which show that although Inuit children have lower breastfeeding rates than the other Indigenous groups, they tend to be breastfed for longer periods of time.<sup>58</sup>

53. Rampersaud, G.C. (2009). Benefits of Breakfast for Children and Adolescents: Update and Recommendations for Practitioners. *American Journal of Lifestyle Medicine*, 3(2): 86-103.

54. Most of the time refers to having breakfast 6 to 7 times per week.

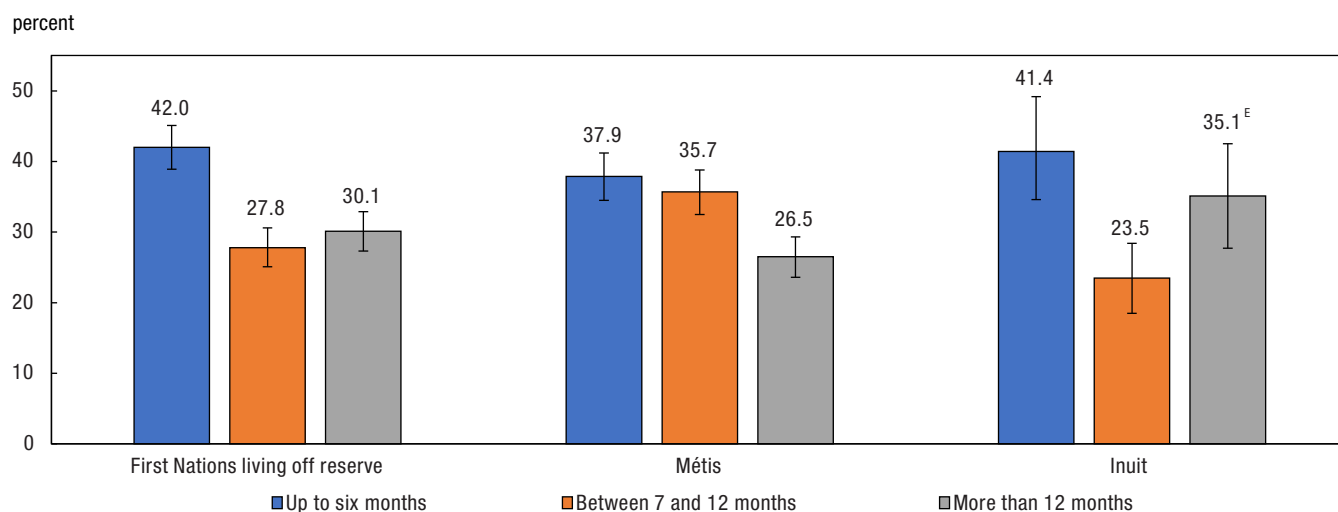
55. Badets, N., Hudon, T. and Wendt, M. (2017). Association between breastfeeding and select chronic conditions among off-reserve First Nations, Métis and Inuit children in Canada. *Insights on Canadian Society*. Statistics Canada Catalogue no. 75-006-X.

56. See [Breastfeeding your baby](#) for additional information.

57. Molsaac, K.E. et al. (2015b). "Prevalence and characteristics associated with breastfeeding initiation among Canadian Inuit from the 2007-2008 Nunavut Inuit Child Health Survey." *Maternal Child Health Journal*. September. Vol. 19, no. 9. p. 2003-2011.

58. See Badets, N., Hudon, T. and Wendt, M. (2017). Association between breastfeeding and select chronic conditions among off-reserve First Nations, Métis and Inuit children in Canada. *Insights on Canadian Society*. Statistics Canada Catalogue no. 75-006-X.

**Chart 10**  
**Length of breastfeeding in months among children aged 1 to 5, by Indigenous identity, Canada, 2022**



<sup>E</sup> use with caution

**Note:** Error bars represent 95% confidence intervals.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

The overall proportion of Indigenous children aged 1 to 5 who were ever bottle-fed is similar to ever being breastfed at 78%. Specifically, 83% of Inuit children, 75% of Métis children and 78% of First Nations children living off reserve were ever bottle-fed.

Parents were asked what they fed their children in their bottles. Milk products (except breastmilk) was the most common response across all Indigenous groups (Table 7). Breastmilk was the second most common response for Métis children (65%). However, just under a third (32%) of Inuit children were fed breastmilk in their bottle. More than half of off-reserve First Nations, Métis and Inuit children were also given water in their bottles, while over a third (36%) of Inuit children were given fruit juice. The proportions drinking fruit juice were 29% for First Nations children and 20% for Métis children.

**Table 7**  
**Proportion of children aged 1 to 5 who were ever fed the following in their bottle, by Indigenous identity, Canada, 2022**

	First Nations living off reserve		Métis		Inuit	
	percent	95% confidence interval	percent	95% confidence interval	percent	95% confidence interval
Breastmilk	53.1	(50.1-56.1)	64.9	(61.3-68.3)	31.8	(27.1-36.9)
Milk products (except breastmilk)	93.4	(91.7-94.7)	91.5	(89.5-93.2)	91.3	(87.6-93.9)
Water	58.2	(55.1-61.2)	55.0	(51.5-58.5)	61.2	(55.8-66.3)
100% fruit juice	28.9	(26.1-31.8)	20.4	(17.3-23.9)	35.6	(30.8-40.8)

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

There were some geographic differences. For example, among First Nations children living off reserve, a greater proportion of those in rural areas reported drinking milk products in their bottles (97%) versus 93% in urban areas. Among Inuit children, those living inside Inuit Nunangat were less likely to have breastmilk in their bottles than those living outside Inuit Nunangat (25% versus 55%<sup>E</sup>). In addition, the proportion drinking fruit juice in their bottle was higher inside Inuit Nunangat (40%) than outside Inuit Nunangat (20%<sup>E</sup>).

The parents of Indigenous children aged 1 to 5 were also asked about taking a bottle to bed (excluding drinking water). This is an important issue because babies may experience early childhood tooth decay from going to bed with a bottle of milk, formula or juice.<sup>59</sup> However, it is important to note that early childhood cavities is a complex disease which can be caused by multiple factors, not only sugary foods and beverages consumption.<sup>60</sup>

The results showed that 41% of Métis children and 54% of First Nations children living off reserve reported ever taking a bottle to bed. Among Inuit children, the proportion was 68%. This was significantly higher among Inuit children living inside Inuit Nunangat compared to those outside (75% versus 45%<sup>†</sup>).

In terms of how often children took a bottle to bed, just over a quarter of off-reserve First Nations children and Métis children did so more than once a day (26% for each). Among Inuit children, 38% reported taking a bottle to bed more than once a day.

## More than six-in-ten Indigenous children meet the physical activity target

Regular physical activity among children and youth is important as it is linked with better physical and mental health outcomes, and overall well-being.<sup>61</sup> In Canada, guidelines on physical activity recommend that children and youth (5 to 17 years old) get at least 60 minutes per day of moderate to vigorous physical activity. The recommendations for younger children vary but include time spent in energetic play.<sup>62</sup>

In 2022, more than six-in-ten (63%) Indigenous children aged 1 to 14 (excluding those living on reserve) spent at least 60 minutes on physical activity every day.<sup>63</sup> In addition, 21% spent 30 to 59 minutes on physical activity every day while the remaining 16% spent less than 30 minutes every day. The proportions were similar among the three Indigenous groups.

The results also showed that among Indigenous children, girls reported slightly lower levels of daily physical activity than boys in both age groups; however, these differences were not significant except for First Nations children aged 6 to 14 (Chart 11). Specifically, 63% of First Nations boys reported 60 minutes of daily physical activity while the proportion for girls was 51%.

Additionally, Chart 11 shows that moderate physical activity decreased with age for all Indigenous groups and for boys and girls. For example, among Métis boys, the proportion decreased from 75% for those aged 1 to 5 to 57% in the older age group. Among Inuit girls, the proportion decreased from 68% to 59%.

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59. See [Early Childhood Tooth Decay](#) for more information.

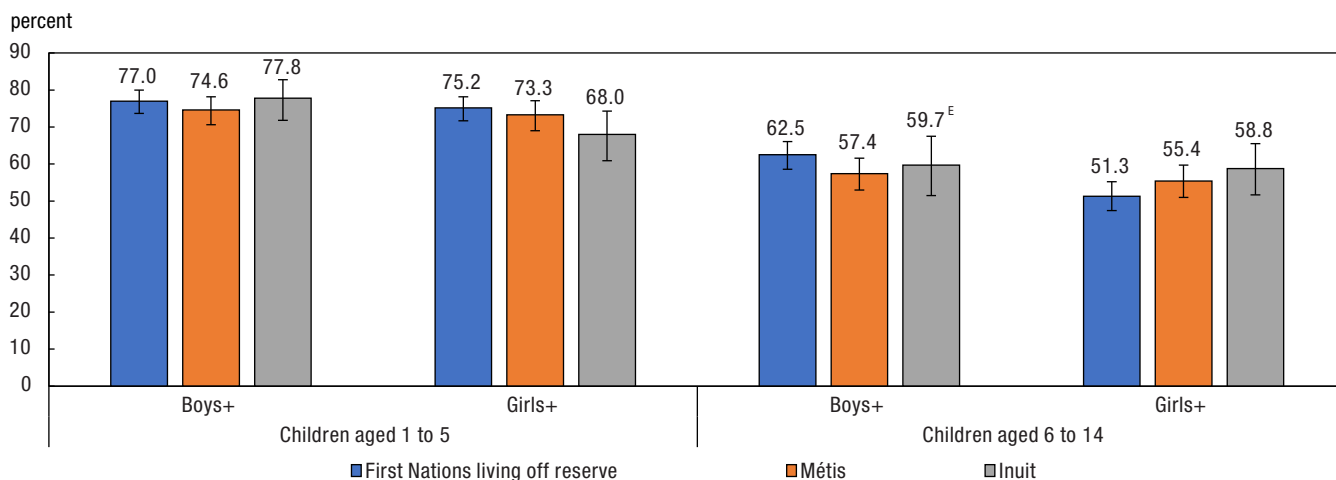
60. Meyer, F. and Enax, J. (2018). Early childhood caries: epidemiology, aetiology, and prevention. *International journal of dentistry*, 2018(1), 1415873.

61. For more information, see [Children and physical activity](#).

62. See Canadian Society for Exercise Physiology: [Canadian 24-Hour Movement Guidelines](#).

63. Physical activity refers to activity that is at least moderate intensity. It may include any activities the child does as part of their every day life – at daycare or school, helping around the house, to get from place to place, and for recreation, exercise, or sport.

**Chart 11**  
**Proportion reporting at least 60 minutes of daily physical activity, by Indigenous identity, age group and gender, Canada, 2022**



<sup>‡</sup> use with caution

**Notes:** Error bars represent 95% confidence intervals. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category “non-binary persons” are distributed into the other two gender categories and are denoted by the “+” symbol. The category “Boys+” includes boys as well as some non-binary persons, while the category “Girls+” includes girls as well as some non-binary persons.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

## More than one-in-ten Indigenous children aged 1 to 14 has been injured in the past twelve months

In 2022, 14% of Indigenous children aged 1 to 14 and living off reserve, had been injured in the past 12 months. The proportions reporting they had been injured were similar for First Nations children living off reserve and Métis children (14% and 15%, respectively). Among Inuit children, 7% reported they had been injured in the past 12 months.

There were no differences in being injured by age group, with 15% among those aged 6 to 14 and 13% among those aged 1 to 5. In addition, there were no differences by gender or by geography.

The most common types of injuries among children were scrapes, bruises or blisters, including multiple minor injuries (37%), followed by broken or fractured bones (18%), strains or sprains (16%), cuts, punctures, or bites (12%), and concussions or other brain injuries (5%).

## Jordan's Principle and the Inuit Child First Initiative

Indigenous children in Canada have long faced inadequate access to health care, education, and social services, resulting in inequalities and delays, brought on by factors including jurisdictional disputes around service payments. This section will examine the awareness of and perceived accessibility to services under Jordan's Principle and the Inuit Child First Initiative, which are legal requirements and policies that aim to eliminate these inequalities in service provision.

### Jordan's Principle

#### Among First Nations children aged to 1 to 14 and living off reserve, half of parents have heard about Jordan's Principle

Jordan's Principle ensures that all First Nations children living in Canada, whether they are residing on or off reserve, can access the products, services, and supports they need, when they need them. It is not limited to children with disabilities or those with short-term issues that affect their activities of daily living. A child under the age of majority in their province or territory is eligible if they meet one of the following criteria: is registered or eligible to be registered under the *Indian Act*; has one parent or guardian who is registered or eligible to be registered under the *Indian Act*; is recognized by their nation for the purposes of Jordan's Principle; or is ordinarily a resident on reserve.<sup>64</sup>

According to the 2022 IPS, half (49%) of parents responding for their off-reserve, First Nations children aged 1 to 14 reported they had heard about Jordan's Principle. The proportion was significantly higher among First Nations with registered Indian status (68%) than those without registered Indian status (29%).

The proportion of parents who were aware of Jordan's Principle varied across the country. Specifically, 87% of parents in the Territories reported having heard of Jordan's Principle. This was followed by 63% in the Prairies, and 43% in British Columbia. The proportions were lower in Ontario (37%), the Atlantic provinces (36%), and Quebec (34%).<sup>65</sup> In addition, those living in urban areas were significantly more likely to have heard about Jordan's Principle than those living in rural areas (79% versus 21%).

Parents who were aware of Jordan's Principle were also asked if they had ever applied for any services. Among off-reserve First Nations children aged 1 to 14, a third (34%) of parents had ever applied. The proportion was significantly higher among those with registered Indian status than those without (38% versus 22%).

Chart 12 presents selected reasons why parents (who have heard of Jordan's Principle) did not apply for services. The most reported answer was that their child did not need any services (54%), followed by they did not believe the child would be approved at 14%. Other responses included the child not being eligible (11%), and having difficulty contacting, accessing, or navigating the system (10%). The proportion responding that their child was not eligible was significantly higher among off-reserve First Nations without registered Indian status (19%) than those with registered Indian status (7%).

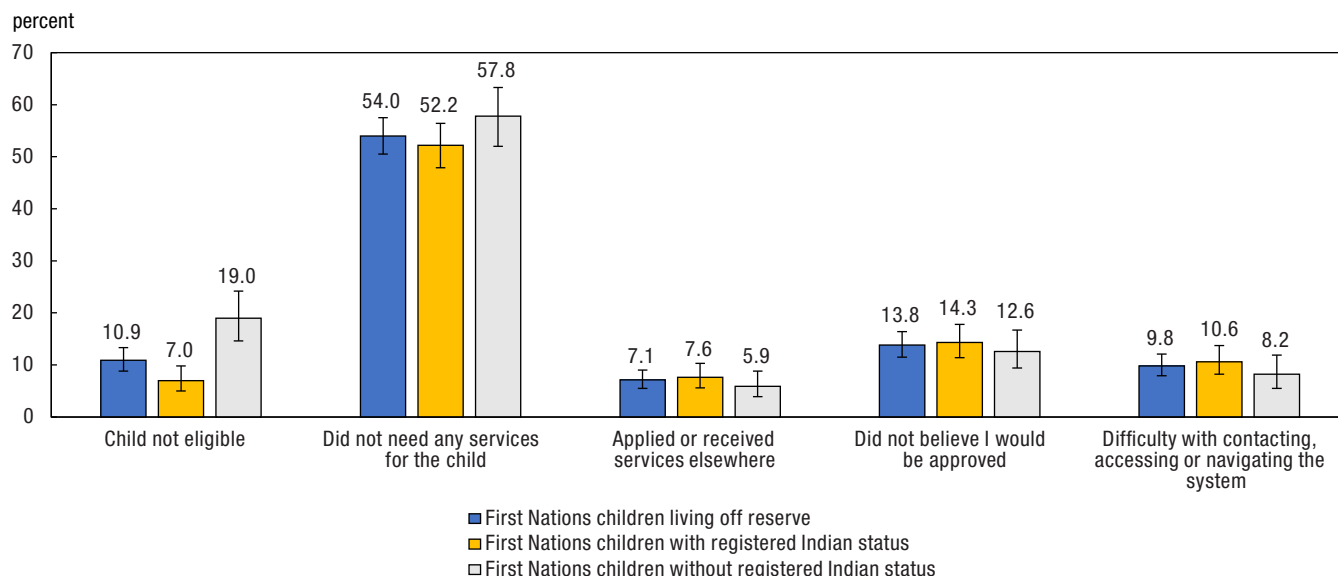
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64. See [Definition of Jordan's Principle from the Canadian Human Rights Tribunal](#) and [Submit a request under Jordan's Principle](#) for additional information.



**Chart 12**

**Selected reasons for not applying for services under Jordan's Principle among parents of First Nations children aged 1 to 14 and living off reserve, Canada, 2022**



**Note:** Error bars represent 95% confidence intervals.  
**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

Among those parents who applied for services under Jordan’s principle, more than four-in-ten (42%) applied for education supports such as tutoring, school supplies or school transportation. A similar proportion (40%) applied for medical supports, which includes medical supplies, hearing aids, and mobility aids, long-term care for children with specialized needs or dental services. In addition, 20% applied for mental health services as well as allied health supports (speech-language therapy, occupational therapy, assessments, or screenings).

## Inuit Child First Initiative

### A quarter of parents of Inuit children aged 1 to 14 are familiar with the Inuit Child First Initiative

The Inuit Child First Initiative is a federal initiative created to ensure that Inuit children have access to the essential government funded health, social and educational products, services and supports they need and when they need them. All Inuit children, no matter where they live in Canada, are eligible as long as they are recognized by an Inuit land claim organization and are under the age of majority in their province or territory of residence.<sup>65</sup>

Among Inuit children aged 1 to 14, a quarter (24%) of parents reported they had heard about the Inuit Child First Initiative. The proportions varied by Inuit region, with more than six-in-ten (62%<sup>E</sup>) of those in Nunatsiavut responding they were familiar with this initiative, followed by half in the Inuvialuit region, 29% in Nunavut and 9% in Nunavik. Outside of Inuit Nunangat, 21% of parents of Inuit children aged 1 to 14 responded they had heard of the Inuit Child First Initiative.

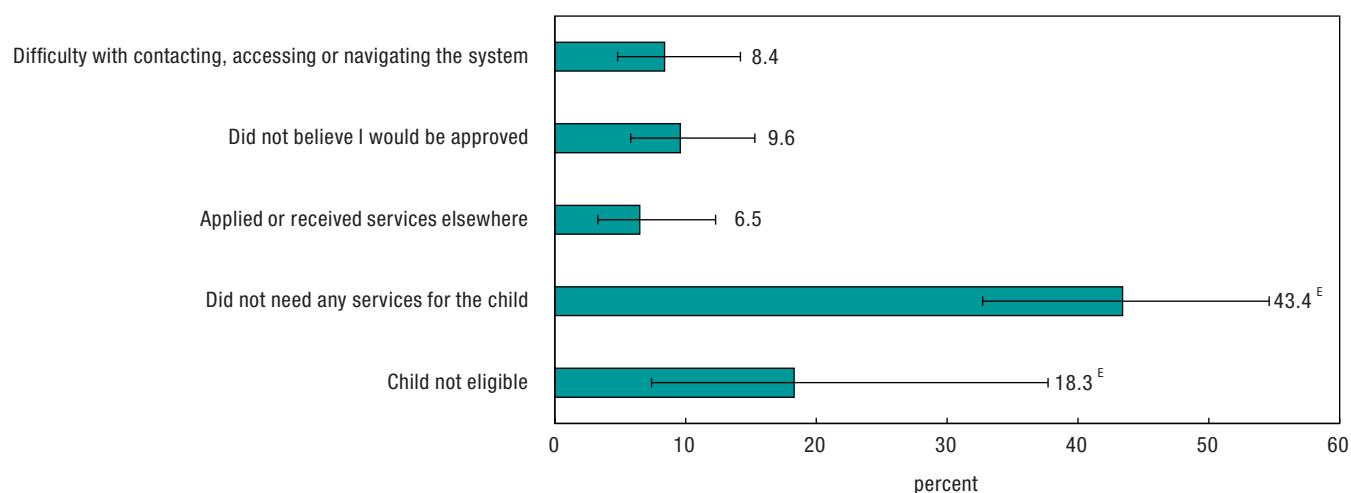
Furthermore, among parents of Inuit children who were aware of this program, 29% reported they had ever applied for services under the Inuit Child First Initiative. There were no differences in ever applying based on whether they lived inside or outside Inuit Nunangat.

65. See [Supporting Inuit children](#) for additional information.

Among those who applied for services under the Inuit Child First Initiative, almost four-in-ten (39%<sup>E</sup>) applied for education supports such as tutoring, school supplies or school transportation, while 19%<sup>E</sup> applied for medical supports, which includes medical supplies, hearing aids, mobility aids and long-term care for children with specialized needs or dental services. In addition, the same proportion (15%<sup>E</sup>) applied for mental health services or allied health supports (speech-language therapy, occupational therapy, assessments or screenings).

Selected reasons why parents who knew about the program did not apply for services under the Inuit Child First Initiative are presented in Chart 13. The most commonly reported reason was that their child did not need any services (43%<sup>E</sup>), followed by 18%<sup>E</sup> reporting their child was not eligible. Other responses included not believing they would be approved (10%), having difficulty contacting, accessing or navigating the system (8%), and having applied or received services elsewhere (7%).

**Chart 13**  
**Selected reasons for not applying for services under the Inuit Child First Initiative among parents of Inuit children aged 1 to 14, Canada, 2022**



<sup>E</sup> use with caution

**Note:** Error bars represent 95% confidence intervals.

**Source:** Statistics Canada, Indigenous Peoples Survey, 2022.

## Summary

The objective of this report was to examine a broad range of well-being and health indicators that affect First Nations children living off reserve, Métis and Inuit children aged 1 to 14 and their families. There has been a lack of recent and culturally relevant data for Indigenous children at Statistics Canada, but the 2022 Indigenous Peoples Survey can help fill this significant gap.

Research has found that social determinants affect well-being across different stages of the life cycle starting with childhood, thus, it is important to gain insight into the experiences of Indigenous children and their families. This is particularly important since the well-being and health of Indigenous children is vital to the health and future success of Indigenous families, communities, and peoples.

This report presented an overview of many factors affecting Indigenous children and their families. However, not all topics included in the 2022 IPS were covered. More in-depth research will be necessary to fully explore the multifaceted health and well-being of First Nations children living off reserve, Métis and Inuit children in Canada.