

BRIEF

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Our Elders, Our identity

To the **Secrétariat des Aînés**

As part of the public consultation:

“The Living Conditions of Seniors: A Social Issue that is the Responsibility of All Quebecers”



By

The Assembly of First Nations of Quebec and Labrador (AFNQL)

and

The First Nations of Quebec and Labrador Health and Social Services Commission
(FNQLHSSC)

JOINT BRIEF

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PUBLIC CONSULTATION ON SENIORS' LIVING CONDITIONS

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1. Introduction

It is as a response to Quebec's invitation to the Chief of the Assembly of First Nations of Quebec and Labrador (AFNQL) and on behalf of the latter that this brief is being submitted to the Minister responsible for Seniors within the framework of the current consultation on the living conditions of seniors.

The First Nations of Quebec and Labrador Health and Social Services Commission's mission is to promote the physical, mental, emotional and spiritual well being of First Nation families and communities. It provides technical support and advice to First Nations communities and to the Assembly of First Nations of Quebec and Labrador in the areas of health and social services. The Commission has several objectives, including providing technical support for research, developing and promoting community health and social services systems and models upon request of First Nations communities, ensuring that First Nations Government delivery systems meet the fundamental needs of Aboriginal citizens¹.

Created in 1985, the Assembly of First Nations of Quebec and Labrador serves as a periodic meeting place for the leaders of the 40 Aboriginal communities in Quebec and Labrador. First Nations represented by the Assembly include the Abenakis, the Algonquins, the Atikameks, the Crees, the Hurons-Wendat, the Malecites, the Micmacs, the Mohawks, the Montagnais/Innu and the Naskapis. The AFNQL deals with many issues including Aboriginal title, rights and treaty rights; federal and provincial policies affecting traditional Aboriginal customs and practices, government policies and legislation, funding levels, decision-making and relations with governments; economic development and any other related social, economic and cultural issues; and issues affecting self-government, international relations and government relations. The AFNQL Secretariat coordinates priority areas and the Regional Chief's representation activities. It is also responsible for implementing decisions resulting from resolutions passed by the Chiefs-in-Assembly to improve the lives of First Nations².

It is to be emphasized that this brief focuses primarily on First Nations Elders living on and off the 32 Quebec communities that are not covered by an agreement and excludes Elders living on territories under jurisdiction of the Cree Regional Authority and the Kativik Regional Government.

The brief begins with a general picture of the situation of First Nations Elders. This part is essential to understanding the immense gap between First Nations Elders' living conditions and those of non-Aboriginal seniors in Canada and Quebec. This picture is supported by various socio-economic and demographic statistical data. The three following sections describe specific aspects of First Nations Elders' living conditions based on the topics suggested in the document circulated as part of this consultation process. The final section provides a conclusion followed by a list of recommendations for implementing solutions that meet the specific needs of First Nations Elders. Those recommendations are intended to improve the situation of First Nations Elders so they can enjoy the same living conditions as Quebec seniors in general.

¹ FNQLHSSC, *Charter & General By-Laws*, June 1997, s. 3, 4 & 5.

² See: http://www.affairesautochtones.com/contenu/gouvernements/gouvernements_apnql.html (French only)

2. Overview of the Current Situation

a. Current Situation of First Nations Elders in Quebec

By the end of 2006, the First Nations population in Quebec numbered 69,749³ people and accounted for approximately 1% of the total population. Made up of 10 distinct First Nations, a majority (70%) of this population lives in some forty communities, with the rest living off reserves⁴. Demographic data collected in 2001 showed that the Aboriginal population in Quebec was young, with a median age of 27.6 years compared to 39.7 years for Quebec's population in general⁵. In Canada, Elders account for 4% of the Aboriginal population compared with 12.6% in the general Canadian population⁶. Furthermore, life expectancy at birth is estimated at 71.1 years for First Nations males and 76.7 years for First Nations females compared to 77 and 82.2 years respectively in the general Canadian population⁷. Such discrepancies provide a better understanding of the gap between the living conditions of Aboriginal Elders and those of seniors generally.

Education

While, according to a study conducted by the Institut national de santé publique du Québec (INSPQ), about 50% of Quebec Seniors aged 65 or older reported not having completed high school⁸, the *First Nations of Quebec Regional Longitudinal Health Survey* (hereafter referred to as RHS) reveals that this proportion is 68.6% for First Nations Elders⁹. This discrepancy is all the more significant as the data from RHS include adults aged 55 and older.

Income

In Canada, the median income of Aboriginal seniors (age 65 and over) is 83% that of non-Aboriginal seniors¹⁰. In addition, the unemployment rate for Aboriginal seniors is more than double that of non-Aboriginal seniors – 13% compared to 5%¹¹. The situation is even worse for the next generation: the unemployment rate of the Aboriginal population aged 45 to 64 years is 15%, compared to 5% for the non-Aboriginal population in the same age group¹². In addition to creating tensions within families and communities, such a context prevents many adults from improving their financial and material situation when they retire in the decades ahead.

Housing

A recent survey showed that the average household size in the First Nations communities of Quebec and Labrador was 4.3 people per housing unit (excluding non-Aboriginals living in First Nations households). In some communities, the average household size is more than 5 people. For comparison purposes, the average household size for the Quebec population in general is 2.5 people per housing unit¹³. Crowded living conditions can lead to the transmission of infectious diseases such as tuberculosis and hepatitis A, and can also increase psychological stress and risk for violence. In addition, only 54% of housing units are considered to be in good condition, 28% need minor or major repair, and 5% are simply

³ Source: INDIAN AND NORTHERN AFFAIRS CANADA: Number of Status Indians in Quebec as of December 31, 2006. Online: INAC: <http://www.ainc-inac.gc.ca/index-eng.asp>.

⁴ *Id.*

⁵ Online: Statistics Canada: <http://www12.statcan.ca/english/census01/Products/Analytic/companion/abor/tables/total/medianage.cfm> Results include the Inuit.

⁶ STATISTICS CANADA, *A Portrait of Seniors in Canada – 2006*, Minister of Industry, 2007, p. 223. Online: Statistics Canada: <http://www.statcan.ca/english/freepub/89-519-XIE/89-519-XIE2006001.pdf>.

⁷ *Id.*

⁸ LEFEBVRE, Chantal, «Un portrait de la santé des Québécois de 65 ans et plus», Feuillet d'information, Institut national de santé publique du Québec, 2003, p. 5.

⁹ FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION, *Quebec Region First Nations Longitudinal Health Survey 2002 – Report on First Nations Living in Communities*, FNQLHSSC, Wendake, 2006 [hereafter referred to as RHS].

¹⁰ STATISTICS CANADA, *A Portrait of Seniors in Canada – 2006*, *op.cit.*, note 6, p. 238. The data provided is for 2001.

¹¹ *Id.*, p. 235.

¹² *Id.*

¹³ ASSEMBLY OF FIRST NATIONS OF QUEBEC AND LABRADOR SECRETARIAT, *The Housing Needs of First Nations in Quebec and Labrador*, a survey conducted by Gaston St-Pierre et associés inc., urban planning consultants, for the AFNQL, October 2003, p. 13.

run down¹⁴. In 2001, around 9% of Aboriginal seniors were living in overcrowded homes, compared to 2% of non-Aboriginal seniors. On reserve, 15% of Aboriginal seniors were living in overcrowded homes¹⁵.

Health

The table below compares data collected in 2001 during the *Quebec Region First Nations Longitudinal Health Survey 2002* to data provided by the Institut national de santé publique du Québec. Note health status differences between First Nations Elders and their non-Aboriginal counterparts.

Proportion of seniors with various health problems in Quebec First Nations communities compared with Quebec seniors in general.

Medical conditions	Quebec First Nations ¹⁶ People age 55 and older (%)	Quebec population ¹⁷ People age 65 and older (%)
Cardiovascular	49.1	20.0
Musculo-skeletal	44.2	35.0
Visual and hearing problems	35.9	24.0
Diabetes	33.0	13.0
Respiratory	23.5	19.0

The table shows that even though the data from the Regional Longitudinal Health Survey include people 10 years younger than seniors of the general population, First Nations Elders age 55 and older do not enjoy better health. On the contrary, the decline in health status is even sharper among First Nations adults living on reserves compared to their non-Aboriginal counterparts, which suggests that poor housing conditions in First Nations communities have negative consequences on the health of their inhabitants.

Another useful tool that further illustrates the disparities between Aboriginals and non-Aboriginals in Canada is the Human Development Index (HDI) introduced by the United Nations Development Programme (UNDP). The Index is used to rank countries around the world based on indicators such as life expectancy, education, and standard of living. In 2003, while Canada ranked 8th¹⁸ on the United Nations Human Development Index, this ranking would drop to 78th¹⁹ if it were recalculated solely for Canada's First Nations communities, with an HDI score similar to that of the Philippines and Kazakhstan!

In the current context of a low life expectancy and of a rapidly declining health status in Aboriginal adults, it seems appropriate to lower from 65 to 55 the age at which Aboriginal adults can be considered seniors, as suggested by the Assembly of First Nations in a report to the federal government's Special Senate Committee on Aging²⁰, which uses the example of the *Regional Longitudinal Health Survey* (RHS).

¹⁴ *Id.*, p. 18.

¹⁵ STATISTICS CANADA, *A Portrait of Seniors in Canada – 2006*, *op. cit.*, note 6, p. 243.

¹⁶ RHS, *op. cit.*, note 9, p. 189.

¹⁷ LEFEBVRE, Chantal, *op. cit.*, note 8, p. 9.

¹⁸ Online: United Nations Capital Development Fund: [http://www.uncdf.org/english/news_%20and_events/archive/hdr2003-lauzon.php]

¹⁹ POWER Elaine, *Food Security for First Nations and Inuit in Canada – Background Paper*, Prepared for Health Canada, First Nations and Inuit Health Branch, March 30, 2007, p.11; COOKE, Martin et al., *Measuring Well-Being of Aboriginal People: An Application of the United Nations' Human Development Index to Registered Indians in Canada, 1981-2001*, Strategic Research and Analysis Directorate, INAC, October 2004, 28 p.

²⁰ ASSEMBLY OF FIRST NATIONS, *Sustaining the Caregiving Cycle: First Nations People and Aging*, A Report from the AFN to the Special Senate Committee on Aging, AFN, Ottawa, May 2007, p.6. [hereafter referred to as the AFN]

b. The Respective Responsibilities of the Federal and Quebec Governments Concerning First Nations Elders — An Overview

No discussion of First Nations Elders' living conditions would be complete without mentioning the respective responsibilities of the federal and provincial governments in relation to Aboriginal matters.

The *Constitution Act, 1867* provides that the federal parliament has jurisdiction over Indians and lands reserved for the Indians²¹. This is why the federal government works directly with First Nations communities in all areas of activity such as basic health and social services, in conjunction with Quebec. Provincial laws of general application (pertaining to health and social services, building safety, etc.) apply of their own force to Indians and lands reserved for the Indians so long as they are not inconsistent with any federal laws or Band Council by-laws²². As regards health and social services, the *Indian Act* provides that Band Councils may make “by-laws to provide for the health of residents on the reserve and to prevent the spreading of contagious and infectious diseases”²³. In order to exercise the powers granted to them under the *Indian Act*, Band Councils have created a number of services in areas such as health, social services, public infrastructure and housing, public safety, etc. Timely access to health care, psychosocial and home care services (including personal and household care) is a central aspect of creating healthy living conditions for Elders. Since the introduction in 1986 of the *Health Transfer Initiative* by the federal government, administrative authority for community health services has been transferred over time to First Nations Band Councils²⁴. However, the federal government continues to provide funding for elder care services through two complementary programs.

On the one hand, Health Canada created the *First Nations and Inuit Home and Community Care* (FNIHCC) Program which provides funding for essential Home and Community Care (HCC) services, including case management, nursing care, respite care, home support, personal care and medical care. On the other hand, Indian and Northern Affairs Canada (INAC) created the *Assisted Living Program*. The program, through various kinds of funding arrangements, provides continuing care services including home support services, adult placement services and institutional care. Services funded under this program²⁵ are designed to provide non-medical social support programs that meet the special needs of infirm, chronically ill and disabled people.

Under the *Canada Health Act*²⁶, the *Canada Health Transfer* and the *Canada Social Transfer*²⁷ provide part of the per capita funding allocated by the federal government for health care services delivered in the province, which fall under provincial jurisdiction. In order to receive the full federal cash contribution under the *Canada Health Transfer* and the *Canada Social Transfer*, the province must fulfill five criteria and conditions, including universality and accessibility for all citizens of the province²⁸. Federal transfer payments take Aboriginals living on reserves into account.

In Québec, the *Act Respecting Health Services and Social Services*²⁹ regulates the provision of physical and psychosocial health care services. In the communities, physicians' fees are reimbursed by the Régie de l'assurance maladie du Québec, whereas complementary services (such as nutrition, rehabilitation,

²¹ *Constitution Act, 1867*, R.S.C. 1985, Appendix II, No. 5, s. 91(24).

²² See: GRAMMOND Sébastien, *Aménager la coexistence – Les peuples autochtones et le droit canadien*, Établissement Émile Bruylant, Bruxelles et Éditions Yvon Blais, Cowansville, 2003, p. 361 to 377 ; also, DESCHÊNES, Michel, «Les pouvoirs d'urgence et le partage des compétences au Canada» (1992) 33 *Les Cahiers de Droit*, 1181, p. 1203 to 1205.

²³ R.S.C., c. I-5, s. 81(1) a). Although the term “community” is preferred, the term “reserve” is used in the *Indian Act*. However, it is to be specified that the notion of “community” referred to in this brief is not limited to reserve lands but also includes Aboriginal people living off reserves – and who are involved in community life – and communities that are not classified as reserves under the *Indian Act*.

²⁴ FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION, *Assessing Continuing Care in First Nations and Inuit Communities – Quebec Regional Report*, FNQLHSSC, Wendake, 2006, p. 16. [hereafter referred to as “Assessing Continuing Care...”]. Transfer of these services could not be achieved in only three Quebec communities, where the federal government is still responsible for service delivery.

²⁵ *Id.*, p. 17 - 23. Based on 1999 rates, home care services reimbursements are calculated on the basis of \$ 9 per hour up to a maximum of 40 hours per week for people with a net annual income of less than \$ 47,001. However a 10 to 90% financial contribution is required from clients with incomes between \$19,000 and \$47,000. Non medical care services provided by a provincially-accredited institution are reimbursed at 100%, except for contributions normally required from users by the province.

²⁶ R.S.C., c. C-6, s. 5.

²⁷ Online: Department of Finance Canada: [<http://www.fin.gc.ca/access/fedprove.html>]

²⁸ R.S.C., c. C-6, s. 7, 10 & 12.

²⁹ R.S.C., c. S-4.2.

respiratory therapy, etc.) depend on each community's service delivery plan. In this organizational context, specialized services often require institutionalization outside the community unless they are offered in remote communities by itinerant workers.

c. Quebec Must Contribute More Significantly to the Well-Being of First Nations Elders

Even if the federal government has a central role to play in addressing Aboriginal issues, structural and cyclical factors require that Quebec become more involved in addressing First Nations Elders' living conditions over the next decades.

As regards cyclical factors, they are the result of the specific demographic profile of the Aboriginal population. As mentioned above, the median age of the total Aboriginal population is almost 12 years lower than that of the Canadian population and the proportion of Elders among Aboriginals is three times lower. These demographic characteristics result in increased demand being placed on services for youth ages 14 and under, who represent one third of the Aboriginal population in Canada³⁰. Consequently, First Nations communities must prioritize the development of child and youth services. For example, troubled youth require ongoing intervention from social workers who find themselves unable to provide adequate psychosocial support to the community's elders.

In addition to cyclical factors are structural factors resulting from the specific status given to First Nations people under the *Indian Act*. Among them is the fact that reserves constitute basic territorial units that are too small to accommodate population growth. Another factor is the federal government's policy of determining First Nations program funding based on the number of registered Indians living on reserve lands without taking into account off-reserve community members. The combination of both factors is particularly detrimental to Elders who naturally turn to their communities to obtain the health and social services they need. This is also true for Elders who, after having lived away from their communities, decide to return to retire.

By 2027, the number of First Nations seniors age 55 and older is expected to increase by 236% and the 65+ age group by 229%³¹. Without appropriate preventive measures in First Nations communities, the Quebec health and social services network will have to meet increasing demand from a growing number of dependent First Nations seniors in institutions in all Quebec regions. It should be reminded that in accordance with the provisions of the *Act Respecting Health Services and Social Services*³² applying to the Quebec population as a whole, the organizational structure must ensure that services are accessible on a continuous basis to respond to the physical, mental and social needs of individuals, families and groups. In addition, it must take account of the distinctive geographical, linguistic, sociocultural, ethnocultural and socioeconomic characteristics of each region³³.

Our goal is to raise the Quebec government's awareness of the current and future needs of First Nations seniors. This document provides recommendations which are intended to guide the actions of the ministère de la Famille et des Aînés in accordance with its mission, while respecting the rights of First Nations seniors (see Recommendations 1 to 6 at the end of the document).

The following sections address the various topics identified by the Quebec government for the purposes of this consultation³⁴.

³⁰ Statistics Canada, *Projection of the Aboriginal populations, Canada, provinces and territories – 2001 to 2017*, Minister of Industry, 2005, p.33. The data is for 2001. Online: Statistics Canada [<http://www.statcan.ca/english/freepub/91-547-XIE/91-547-XIE2005001.pdf>].

³¹ FNQLHSSC, *Assessing Continuing Care...*, *op. cit.*, note 24, p. 28.

³² R.S.Q., c. S-4.2.

³³ *Id.*, s. 2.4) & 5)

³⁴ QUEBEC, *The Living Conditions of Seniors: A Social Issue that is the Responsibility of All Quebecers*, prepared under the coordination of the Secrétariat aux aînés of the ministère de la Famille et des aînés, 2007, 19 p.

3. Elders and their families – A Growing Divide or Narrowing Gap?

a. Financial Situation of Seniors

One common characteristic of First Nations Elders' financial situation is definitely poverty, which makes many First Nations Elders dependent upon government pension plans and income assistance programs. 42.2% of Elders have an individual annual income of \$10,000 to \$19,999 and 29.8% earn less than \$9,999 per year³⁵. Living in such poverty, nearly 80% of First Nations Elders rely on at least one government income assistance program such as employment insurance, social assistance, the Quebec Pension Plan, Old Age Security and the Guaranteed Income Supplement³⁶.

Not only are First Nations Elders dependent upon government assistance, they also have to deal with specific difficulties in accessing those programs. For example, while only 3% of Canadian seniors do not receive the Guaranteed Income Supplement they are eligible for, this proportion ranges between 10% and 30% among First Nations Elders³⁷. Two reasons account for this: First, lack of access to linguistically appropriate information – many Elders mostly use their native language and have difficulty understanding their second language, that is, English or French. The second reason would be the complexity of, and community workers' lack of familiarity with the application process itself³⁸. According to some Elders, government employees themselves have difficulty with the application process for pension plans due to its complexity³⁹ (see Recommendations 7 to 9).

The *Quebec Region First Nations Longitudinal Health Survey 2002* revealed that 20.2% of adults living on reserves are unemployed and receive employment insurance (EI) benefits while 23.7% receive social assistance through the employment assistance program⁴⁰. This financial situation prevents them from contributing to various pension plans. For the most part, seniors age 60 and older draw their income from old age security programs. In addition to their heavy dependence upon government assistance, First Nations Elders have to deal with the higher cost of living in remote areas, which is not taken into consideration by government assistance programs⁴¹.

For example, according to a survey conducted by the Chair on Aboriginal Condition (Université Laval) the average price of 148 products is 19% higher in the Basse-Côte-Nord region compared to the Quebec City area⁴². This additional financial burden results in lower buying power not only for Elders, but also for their families and informal caregivers. It would therefore be appropriate to compensate for the structural weaknesses of the economy in remote communities through increased assistance to families and informal caregivers on social assistance (see Recommendation 10).

b. Recognition of the Contribution and Needs of Informal/Family Caregivers

Informal or family caregivers play an increasing role in providing homecare services to Elders in First Nations communities. This can be explained by the lack of nursing and paramedical staff available in the communities and the existence of strong family and community ties. In Canada, nearly 60% of people receiving homecare services also receive informal care (preparing meals, personal & medical care)⁴³. In addition, RHS revealed that 30.1% of First Nations Elders requiring homecare received these services in part from family members⁴⁴. However, the survey does not provide any specific data on the proportion of

³⁵ RHS, *op. cit.*, note 9, p. 187.

³⁶ AFN, *op. cit.*, note 20, p.13.

³⁷ *Id.*, p. 20.

³⁸ BARRIEAU, Auguste, *Une étude de l'accès des Sages des Premières Nations au Programme de la sécurité de la vieillesse (SV) et au Supplément de revenu garanti (SRG)*, commissioned by the First Nations Elders, the Assembly of First Nations, Human Resources and Social Development Canada and Indian and Northern Affairs Canada, Chelsea (Qc), December 2006, p.15-16.

³⁹ *Id.*, p.17-18.

⁴⁰ RHS, *op. cit.*, note 9, p. 106.

⁴¹ AFN, *op.cit.*, note 20, p. 21.

⁴² GÉRARD DUHAIME (dir.), *Indices comparatifs des prix du Nunavik – 2006, Complément d'étude*, Québec, Université Laval, Chair on Aboriginal Condition, December 2006, 33p., p. 6.

⁴³ AFN, *op.cit.*, note 20, p. 18.

⁴⁴ RHS, *op. cit.*, note 9, p. 187.

informal caregivers in the community and does not allow for comparison between First Nations in Canada and Quebec. It would be useful to obtain relevant data.

However, RHS does specify that 46.6% of First Nations Elders age 55 and older in Quebec reported receiving support from 2 or 3 family members and friends. In addition, 58.4% reported they always had someone to take them to the doctor and half said they always had someone they can count on when they need help⁴⁵.

In the communities, long term care should be made more accessible for seniors whose children must stay home as caregivers due to lack of services⁴⁶. The availability of supportive housing or similar facilities would ensure that appropriate care is available to individuals based on assessed needs and would help address overcrowding as well as family and informal caregiver burnout⁴⁷. At this time, only 7 out of 34 communities have a seniors' home, with a total capacity of 30 beds. This aspect will be discussed more specifically later on.

In addition, community respite care services would alleviate the burden of family/informal caregivers. At the present time, only a few communities can afford such services. Providing respite care to seniors a couple of days/nights per week/month would give informal/family caregivers temporary respite from physical and psychological stress (see Recommendation 11).

c. Intergenerational Solidarity

A significant proportion of First Nations parents consider learning their traditional language important. This proportion is higher in remote communities (94.6%) than in communities located near cities (47.2%)⁴⁸. Adolescents aged 12 to 17 consider speaking their First Nation language important since 48.9% of them consider it very important and 35.5% somewhat important. It appears that traditional languages are more widely used in remote/rural communities and that most communities have a strong interest in traditional activities. More than 62.4% of adolescents understand one or several First Nations languages fluently or adequately, and 55.7% speak one or several First Nations languages fluently or adequately. More than half of adolescents mentioned that their grandparents and parents helped them understand their culture (53.9% and 52.7% respectively)⁴⁹.

In this regard, Elders play a central role in the transmission of cultural knowledge both within their families and communities of origin. Some communities have developed primary and secondary school education programs in cooperation with Elders. The central role of Elders in First Nations culture must be reflected in government policies. This can be achieved by amending them so as to provide better support to informal caregivers in the communities, thus allowing Elders to stay close to their families for a longer period of time.

4. Elders in Society – A Special Place in their Community of Origin

a. Elders' Contribution to the Community – Preserving Essential Cultural Landmarks and Social Harmony

A common characteristic for most First Nations is the importance of Elders within the family and community. Elders are considered as guides whose experience and knowledge of traditional values is important to the community. Their role is all the more important as communities are relatively few, have unique cultural characteristics and rely on oral tradition for intergenerational communication of culture. Also, contrary to what can be observed in the Quebec mainstream culture, First Nations cultural values are not transmitted by education institutions since most school teachers are not First Nations themselves and are not familiar with traditional First Nations culture.

⁴⁵ RHS, *op. cit.*, note 9, p. 197.

⁴⁶ *Id.*, p.13.

⁴⁷ *Id.*

⁴⁸ *Id.*, p. 27.

⁴⁹ *Id.*, p.63.

In each community, Elders' contribution is therefore crucial to the preservation of the traditional language, traditional culture and community identity. In addition to ensuring the preservation of First Nations culture in the context of the current mainstream of Quebec culture, Elders also promote social harmony within the community. Elders' contribution to their communities is expected to increase over the next few years as many Elders who had left their communities are now coming back.

Quebec government policies need to take account of the special role of Elders in First Nations culture by promoting the implementation of measures encouraging them to live in their communities of origin. Allowing Elders to contribute to the preservation of such fundamental elements of community cohesion as cultural identity and values for future generations would promote their own well-being and self-esteem.

b. Aging-Related Stereotypes and Myths

The health consequences of aging are closely related to external factors such as the social and economic context (the social and family network, marital status, financial situation, etc.), lifestyle as well as health care quality and accessibility⁵⁰. Since specific social, economic and cultural factors also need to be taken into account, First Nations Elders' health should not be examined only from a biomedical perspective, but rather be viewed from a holistic perspective, which is more consistent with a First Nations approach to health. For First Nations, being happy and satisfied are the most important criteria for good health⁵¹. Given the importance First Nations Elders place on their social network and community environment, solutions to their health problems must focus as much as possible on maintaining them in their families and communities, thus maximizing their physical and psychological well-being.

c. Inevitable Truths

The information kit⁵² circulated for the purposes of this consultation highlights the importance of social issues associated with aging and directly affecting Elders' physical and psychological health. Such issues include all types of abuse such as psychological and physical abuse, family neglect, material and financial exploitation, isolation, etc. Elder abuse is directly linked to specific risk factors such as low family income, overcrowded, inadequate or unsafe homes and lack of privacy⁵³. These risk factors, along with major social issues such as alcohol and substance abuse, verbal abuse and psychological abuse⁵⁴ are present in many First Nations communities.

Once they reach adulthood, and having to cope with a difficult family and social context, Elders' children find themselves having to take care of their aging and increasingly dependent parents. We know that health problems tend to occur at an earlier age among First Nations Elders than among Quebec seniors in general. Role reversal in parent-child relationships may create frustration and result in Elders being abused by their adult children or other informal caregivers. The feeling of guilt that comes with taking care of elderly parents may result in even more frustration on the part of adult children of seniors and caregivers, especially if they receive no support from family, community and health care services⁵⁵. The required support can be provided in the form of financial/material resources or adequate training on how to meet the needs of seniors and ensure their well-being.

As regards family violence, adults who have been abused as children are more likely to abuse their own elderly parents. Nearly 17% of First Nations adults and 1 in 4 First Nations Elders age 55 and older were forced to attend off-reserve residential schools. In addition, more than 65% of residential school survivors reported having experienced physical or verbal violence, which negatively affected their health. Furthermore, 32% of Elders age 55 and older reported experiencing sexual abuse while in residential school⁵⁶. These are additional risk factors that must be taken into account in developing support measures for dependent First Nations Elders.

⁵⁰ LEFEBVRE, Chantal, *op. cit.*, note 8, p. 3.

⁵¹ RHS, *op. cit.*, note 9, p. 114.

⁵² QUÉBEC, *op. cit.*, note 34.

⁵³ CONSEIL DES AÎNÉS, *Avis sur les abus exercés à l'égard des personnes âgées*, Conseil des Aînés, Sillery, 1995, p.24.

⁵⁴ RHS, *op. cit.*, note 9, p. 94.

⁵⁵ CONSEIL DES AÎNÉS, *op. cit.*, note 53, p. 23.

⁵⁶ RHS, *op. cit.*, note 9, p. 96 & 188.

Another reality that cannot be overlooked is racism. The First Nations Longitudinal Health Survey reveals that, generally speaking, adults living on reserves are less subject to racism than those living in large cities like Montreal, Quebec City and Val d'Or (respectively 28.3% and 39.6%). Although they are more subject to racism, only half of Aboriginals living in large cities declared that racism has had a negative impact on their self-esteem, compared to 60.9% of adults living on reserves. The latter are therefore more sensitive to racism. Although Elders tend to stay in their communities and are less likely to go to the city, they, too, experience racism. Nearly 14.2% of Elders age 55 or older living on a reserve declared having experienced racism in the 12 months preceding the survey. Almost 1 in 3 (30.6%) declared that racism has had a negative impact on their self-esteem⁵⁷. This factor needs to be taken into account when considering using the services of off-reserve health institutions or long-term care facilities for First Nations Elders.

As regards suicide, 13% of First Nations Elders age 55 and older in Quebec communities declared having considered suicide at some point in their lives and 6.2% declared having attempted suicide. In addition, 30% of Elders who answered the survey declared feeling blue for a period of 2 weeks or more in the 12 months prior to the survey⁵⁸. A way of preventing depression among First Nations Elders is to create a context that gives them the feeling of being in control of their lives and able to solve their problems themselves without anyone pressuring them. A large majority of Elders in the communities (78.4%) feel they are in control of their lives, which probably accounts for their emotional balance, since 80% of them reported feeling emotionally, mentally and spiritually balanced⁵⁹.

The development of appropriate support structures within the community itself would create a favourable environment for maintaining First Nations Elders' independence. Allowing Elders to stay close to their loved ones in their communities would help them maintain a higher level of physical and psychological well-being than if placed in off-reserve long-term care institutions.

5. Elders' Living Environment – Attachment to their Community of Origin

a. Elders' Local Environment – The Community of Origin

First Nations Elders' attachment to their communities of origin is the result of a strong sense of belonging to the traditional land they grew up on – a land they traveled with their families and fellow community members for fishing, trapping and hunting. These lands, which are shared between different communities of the same Nation, are all the more important to Elders who were born there and whose extended families live there. These lands are a unique place where Elders can speak their traditional language with people sharing the same beliefs, values and culture. In spite of the vast distance between them, Elders from different communities are always looking to get together to share common memories and experiences such as annual events. Non-Aboriginal seniors are generally not aware of these limits since they have the possibility to visit family members and build a network of friends sharing the same culture and values almost anywhere in Quebec.

Since lifestyle and social network play a central role in the promotion of Elders' health and well-being, we need to look for solutions aiming at improving their living conditions to encourage them to stay in, or return to their communities.

As highlighted earlier, and as is the case for Quebec seniors in general, First Nations Elders are also more vulnerable to abuse from family or community members. Several solutions can be implemented to address this issue, as long as they are culturally relevant. They require intervention from the community on the one hand, and from the HSSC and health and social services agency on the other.

⁵⁷ RHS, *op. cit.*, note 9, p. 197 & FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION, *Quebec Region First Nations Longitudinal Health Survey, 2002 – Report on Urban First Nations Living Outside Communities*, FNQLHSSC, Wendake, 2006, p.65.

The report on urban First Nations people does not contain a specific chapter on Elders.

⁵⁸ RHS, *op. cit.*, note 9, p. 197.

⁵⁹ *Id.*, p 196.

i) Community Involvement

In spite of Elders' attachment to their traditional land, Band Councils' extended jurisdiction requires that First Nations interventions focus on the community level to provide concrete support to Elders. A Band Council has the authority to set up an Elder support committee or equivalent to support Elders and promote their independence in all aspects of their lives: family relations, personal finances, access to healthcare and social services, physical and social activities, safety, welfare, etc. Such a committee could be financially and materially supported by the Band Council and community health and social services. Its sphere of activity could include: information, education, dialogue with various workers from within and outside the community, informal/family caregiver support, etc.

As regards Elder abuse prevention, the committee would be responsible for:

- Raising community awareness of Elder abuse and its negative consequences;
- In cooperation with health and social services, public safety services and other relevant stakeholders including HSSC staff, implementing Elder abuse detection tools;
- In cooperation with the same stakeholders, developing elder abuse reporting procedures and an intervention protocol that take into account the severity of cases and ensure protection of the rights of Elders while respecting the community's traditional values and practices.

ii) Involvement of the HSSC and the Health and Social Services Agency

To enable the Elder support committee to implement the measures mentioned above, it will have to rely on the significant support of local and regional organizations in the Quebec health network. The HSSC that serves the community should support First Nations in developing, for committee members, a culturally-appropriate training program that covers all Elder-abuse related issues.

In addition to training, the HSSC should ensure that the Elder abuse intervention team be made aware of the specific cultural characteristics of First Nations communities in their service area. A member of the team should also be able to support community intervention by suggesting an intervention protocol adapted to community workers and supporting them in implementing it. Generally speaking, First Nations communities need the support and expertise of health and social services professionals. It is up to each health and social services agency to establish these support measures (see Recommendation 12).

b. Home Support

On page 5 of its orientation document entitled "*Chez soi : Le premier choix - La politique de soutien à domicile*"⁶⁰ (Home is the Option of Choice – The Home Support Policy), the ministère de la Santé et des Services sociaux states that "*while respecting people's choices, home support shall be **the option of choice at all stages of intervention.***" According to this principle, "*individuals with a significant or persistent disability should be included in community life under the conditions they deem appropriate for themselves and their relatives.*" In addition, according to another orientation document entitled "*Toute personne doit être traitée **équitablement**, quels que soient son statut, son revenu ou toute autre caractéristique*" (Anyone should be treated equally and fairly regardless of status, income or any other characteristic) this right should not be unduly or unreasonably restricted solely on the grounds that the individual does not match the profile of the rest of the population. The document goes on to state that "*home support intervention shall **respect the patient's cultural values** and social and family situation [...]*". Given the deep attachment of First Nations Elders to their communities of origin, home support should be promoted as much as possible.

More often than not, Elders who are admitted to health care institutions away from their communities leave as soon as their health permits, either by choice or because the institution cannot keep them any longer for

⁶⁰ QUEBEC, *Chez soi : Le premier choix - La politique de soutien à domicile*, Sainte-Foy, MSSS, 2003.

lack of beds. However, hospital discharge does not imply full recovery and that there is no risk of complications for the next few days or weeks. In some cases, returning home too early can result in serious complications due to patient health status or inappropriate use of prescription medication. As a matter of fact, First Nations Elders have a low level of education and may have some difficulty understanding instructions in French or English. For this reason, it is crucial that community health and social services, in cooperation with professionals from the relevant HSSC, develop appropriate mechanisms for ensuring close follow-up of elderly patients upon discharge from health care. Implementation of aftercare follow-up protocols between HSSCs and communities should become widespread. Elderly patients could then recover safely at home, at a relative's or in a specialized institution in the community. In this respect, on the occasion of the *First Nations Socio-Economic Forum* held in October 2006, the ministère de la Santé et des Services Sociaux committed to systematize referral to ensure continuity of care for individuals who have received treatment outside the community⁶¹ (see Recommendation 13).

Furthermore, we have already recommended that training be made available to informal/family caregivers in the communities. It would also be useful to allocate more resources to home care professional training to allow for the development of a real home and community care training program in each community. However, training courses accredited by the ministère de l'Éducation require 960 hours (i.e. several months) of training outside communities. For example, in 2002, Health Canada started funding a training program which was offered for three years in training centres across the Quebec City area (in Wendake and Charlesbourg). Only 21 of the 76 students registered in the program obtained a vocational degree in homemaking and home care (*Assistance familiale et sociale aux personnes à domicile*). Many of them dropped the course due to the cost of studying away from their communities and families and because of the language barrier (the training program was given in French only). The training program should be offered by vocational schools located near First Nations communities in English or in the traditional language, if possible⁶² (see Recommendation 14).

c. Public and Private Homes

If measures are not taken by the government to better support service delivery and follow-up within First Nations communities, dependent Elders will leave for long-term care facilities outside their communities in greater numbers. Away from their families and the support they bring, Elders will likely experience a more rapid decline in psychological and physical health. Ultimately, not only will it result in First Nations Elders receiving a lower level of service than other seniors in Quebec, but it will also significantly impact health care costs for all Quebecers.

In terms of community services, Quebec should negotiate with the federal government and First Nations representatives the terms for creating day centres in most communities. Community day centres would provide the services of a physiotherapist, occupational therapist, and other specialists who could work together in defining individualized activity programs for each Elder in the community. The community day centre would provide both home care and long-term care services.

Even if funding the construction of long-term care facilities falls under federal jurisdiction, it would be to the advantage of the Quebec government to join the federal government and communities in developing and supporting this type of project on a permanent basis. At the same time, those initiatives would also create favourable conditions for the development of culturally-appropriate home economics resources such as are available almost everywhere in Quebec.

In order to promote the development of this type of facilities, the ministère de la Santé et des Services sociaux, in cooperation with the First Nations communities' health and social services representatives, should set accreditation standards for community and private facilities in each First Nations community (see Recommendation 15).

⁶¹ ASSEMBLY OF FIRST NATIONS OF QUEBEC AND LABRADOR, *First Nations Socio-Economic Forum Report*, held in Mashteuiaitsh October 25, 26 & 27, 2006, p. 2.49, action 7.6.2.

⁶² FNQLHSSC, *Assessing Continuing Care...*, *op. cit.*, note 24, p. 39.

In addition, due to a lack of qualified Aboriginal nurses, nursing personnel currently working in the communities are mostly non-Aboriginal. Therefore, Quebec should financially support professional training institutions wishing to deliver certified training for nurses, nursing assistants and patient attendants in the communities (see Recommendation 16).

As regards HSSCs, it is crucial to ensure continuity of care and services even when Elders need to seek treatment from a public institution outside the community. In addition, HSSCs' geriatric teams should receive training on the specific cultural characteristics of First Nations Elders, including the psychological impact of residential schools. Furthermore, in order to promote better physical and psychological evaluation of First Nations Elders by health care professionals, the latter should be assisted at all times by a member of the First Nations community to facilitate communication with First Nations patients.

It is quite common among First Nations to organize group visits to Elders hospitalized in off-reserve long-term care facilities. Such groups can be made up of ten to twenty family members, friends, relatives, and other Elders from the community who travel to off-reserve facilities once or twice a month, due to travel constraints. Although such visits may disturb other residents, they often constitute, for First Nations Elders living in long-term care facilities, the only tangible link to their communities and traditional languages, and, as such, constitute a way of preventing cultural and linguistic isolation. More flexible visiting regulations would therefore be necessary in those institutions (see Recommendation 17).

Paradoxically enough, institutions serving English-speaking communities are all French-speaking. Even if they can be understood by staff, the situation is not always easy to cope with since it often results in patients being culturally and linguistically isolated from other residents. Consequently, many of them have to seek treatment in neighbouring English-speaking provinces offering a more familiar environment. Corrective measures should be taken to address the situation (see Recommendation 18).

6. Conclusion

This consultation on seniors' living conditions provides a unique opportunity to raise government awareness of the difficulties facing First Nations Elders in their day to day lives. Although limited in scope, this overall picture of the situation of First Nations Elders accurately illustrates the social, economic, geographic and cultural challenges that confront them. But most importantly, it is the obstacles they face in their relations with government administrations combined with political leaders' lack of interest in addressing them that pose the greatest challenge.

As they become increasingly dependent over time, First Nations Elders' essential needs are no different from those of other seniors. They need a safe and secure environment close to their relatives and friends with all the support and care they need in order to stay independent as long as possible. They also want their experience to be acknowledged and to actively contribute to family and community life through their knowledge and teachings.

In response to First Nations Elders' growing demands for having their fundamental needs met, provincial and federal administrations point to administrative, budget and jurisdictional constraints. However, it should be reminded that First Nations Elders are legitimately entitled to government services and may not be denied access to such services on the grounds that it requires additional or unexpected efforts on the part of the Quebec government.

The time has come for Quebec political leaders to demonstrate leadership by adopting policies aimed at removing barriers preventing Quebec First Nations, and more specifically their Elders, from gaining full access to the services they are entitled to. The ministère de la Famille et des Aînés could assume a leadership role within the scope of its responsibilities by inviting relevant ministries and organizations to open to First Nations while respecting their right to self-government. In addition, given Quebec's jurisdiction over health, social services and education, it is directly responsible for addressing socio-economic issues affecting First Nations communities and urban First Nations. For this reason, it seems appropriate for Quebec to take the lead in working with the federal government to further clarify their respective roles and responsibilities and amend their programs accordingly to ensure First Nations Elders' access to continuing care. Of course, if they are to defend their interests, Quebec First Nations need to be included in the negotiation process.

To conclude, it should be noted that First Nations have long suffered from the non-Aboriginal population's refusal to acknowledge their differences. We need to put an end to this situation. Quebec First Nations constitute one of the most vulnerable groups in Quebec society due to structural factors that have affected them since childhood and that are out of their control. It is now time for First Nations Elders to be allowed to enjoy the same living conditions as Quebec seniors in general. The following recommendations are intended to facilitate the desired changes.

RECOMMENDATIONS

Recommendation No. 1: That First Nations' autonomy be respected through the establishment of dialogue mechanisms allowing First Nations to participate in the design and development of services for their Elders.

Recommendation No. 2: That First Nations' specific cultural characteristics be acknowledged through the implementation of appropriate accommodation measures in the various services offered to Elders.

Recommendation No. 3: That First Nations be consulted on policies affecting Elders and be supported in conducting research projects in accordance with their own protocols.

Recommendation No. 4: That federal and Quebec programs affecting First Nations Elders' living conditions be harmonized to reduce administrative obstacles; that improved continuity of care be achieved between both levels of government, in cooperation with First Nations.

Recommendation No. 5: That cooperation be achieved in implementing prevention programs for Elders within First Nations communities.

Recommendation No. 6: That a First Nations representative be appointed to the Conseil des Aînés (Council of Elders) in accordance with the recommendations of First Nations authorities.

Recommendation No. 7: That government employees be made aware of First Nations eligibility criteria for the various Quebec government pension plans and other programs, including for those First Nations who have worked in the U.S.

Recommendation No. 8: That Quebec provide First Nations communities with adequate administrative support to facilitate Elder access to Quebec government pension and assistance programs. That an awareness campaign be launched to inform First Nations Elders. This campaign will have to be developed in cooperation with the relevant First Nations authorities across Quebec.

Recommendation No. 9: That this government support allow adequate and ongoing training to be provided to community workers and easy access to well-identified resource persons in relevant Quebec ministries.

Recommendation No. 10: That Quebec social assistance benefits be indexed based on the cost of living in remote areas.

Recommendation No. 11: That Quebec support the creation of a training and education program for informal/family caregivers and people willing to provide volunteer respite care. Health and social services centres as well as First Nations organizations must be able to share knowledge and expertise with the network to ensure follow-up of family/informal caregivers and respite care workers' training needs.

Recommendation No. 12: That each relevant health and social services agency include the specific needs of First Nations in their services organization plans (SOPs), and more specifically in relation to Elder abuse prevention. The Régie should include in its service plan a First Nations component that promotes the transfer of knowledge and expertise to First Nations community workers (health and social services, Elder support committee, etc.). Regional activities (committees, discussion groups, etc.) related to Elder issues should always include a First Nations community representative.

Recommendation No. 13: That HSSCs cooperate with the communities they serve in developing protocols between organizations to ensure continuity of care for long-term care patients as well as patients returning to or living in their communities.

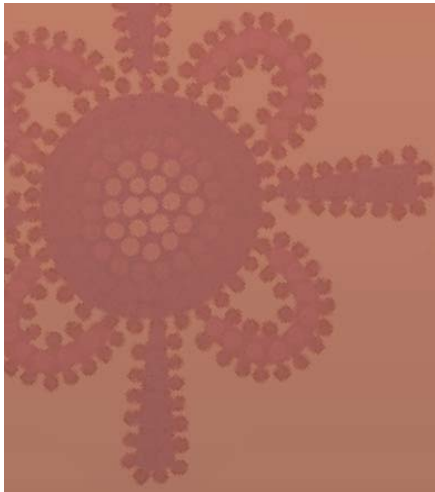
Recommendation No. 14: That Quebec financially support vocational schools wishing to offer the homemaking and home care training program (*Assistance familiale et sociale aux personnes à domicile*) to First Nations informal / family caregivers; that the Quebec government make the necessary arrangements for the training program to be adapted into English and traditional languages for interested communities.

Recommendation No. 15: That Quebec support First Nations communities in negotiating the creation and maintenance of public or private day centres and long-term care facilities in the communities. That accreditation standards be set for these facilities, in conjunction with the MSSS and the communities.

Recommendation No. 16: That Quebec financially support vocational schools wishing to offer accredited training in nursing and attendant care to First Nations caregivers; that the Quebec government make the necessary arrangements for the training program to be adapted into English and traditional languages for interested communities.

Recommendation No. 17: That HSSCs that serve First Nations communities introduce more flexibility in their visiting regulations and/or services to allow group visits to First Nations patients; they may also designate specific areas to accommodate large groups of people for a day.

Recommendation No. 18: That the Quebec government take a more open approach to serving English-speaking First Nations by encouraging them to seek treatment in specific regional facilities that best meet their linguistic needs.



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