



**Living Conditions of the Elders
of the First Nations of Quebec**

Condensed Version



**FIRST NATIONS OF QUEBEC AND LABRADOR
HEALTH AND SOCIAL SERVICES COMMISSION**





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NOTE TO THE READER

The summary presentation of the *Living Conditions of the Elders of the First Nations of Quebec - Final Report* was developed to offer the reader a condensed version of the *Final Report*.

However, the reader is more than welcome to refer to the *Living Conditions of the Elders of the First Nations of Quebec - Final Report* to obtain more detailed information on the various issues.

The complete *Living Conditions of the Elders of the First Nations of Quebec - Final Report* document is available electronically through the First Nations of Quebec and Labrador Health and Social Services Commission's web site located at www.cssspnql.com.

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1. INTRODUCTION

1.1 Study

In 2007, the Ministère de la Famille et des Aînés (MFA) held a public consultation on the living conditions of seniors in the province of Quebec. This consultation was intended to better understand the reality and the needs of its ageing population in order to respond more effectively to their needs. In this exercise, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), in collaboration with the Assembly of First Nations of Quebec and Labrador (AFNQL), submitted a brief entitled "Our Elders, Our identity". This brief presented a portrait of the situation of the First Nations of Quebec Elders and an overview of the challenges faced by them in the different aspects of their lives.

During 2008, representatives of the Secretariat for Elders (MFA), the Secretariat for Aboriginal Affairs (SAA), and the FNQLHSSC met and the parties established an accord on the need for a further consultation on the living conditions of Quebec First Nations Elders. It was agreed that this project was necessary to provide a more in-depth and thorough understanding of the realities of First Nations Elders living in the First Nations communities of Quebec.

The FNQLHSSC organized, with the financial support of the MFA, a tour of regional consultations among the First Nations of Quebec to have all the information required to have a clear and realistic idea of the situation. In addition, the interveners working with First Nations Elders were asked to respond to questions in the form of a survey questionnaire. It was hoped that this information-gathering process would lead to a more informed determination of priorities to improve the living conditions of the Quebec First Nations Elders.










2. METHODOLOGY

2.1 Goal

The overriding goal of the regional meetings was to gather direct information from First Nations communities. This information-gathering was necessary to extend and complete the information documented by the FNQLHSSC, to obtain more specific knowledge of the reality of elders and to enable a determination of the priorities for actions to improve the living conditions of the elders of Quebec First Nations communities.

2.2 Objectives

The specific objectives of the regional study on the Living Conditions of Quebec First Nations Elders were as follows:





-  To identify the unique characteristics of the communities and to discern more information about existing programs;
-  To build up federal and provincial priorities for addressing elders' needs such as abuse and elder abuse, housing, knowledge of rights, health care priorities, etc.;
-  To become informed about the availability and access to on-reserve and off-reserve services in the communities;
-  To emphasize some important factors related to the language and culture of First Nations;
-  To highlight possibilities for the harmonization of certain services funded under the respective jurisdictions of the Federal and Quebec Governments;
-  To exchange ideas and to determine priorities for capacity development and the continuity of services;
-  To submit recommendations and plan a course of action for the improvement of living conditions of First Nations Elders.



2.3 Regional Consultations

Meetings with elders, and professionals or paraprofessionals working with elders, were held in Sept-Îles, Val D’Or, Québec and Montréal. These meetings were facilitated by the FNQLHSSC. To assist with the participation, the travel expenses for one intervener and two elders from each community were defrayed.

A discussion guide was developed and followed as much as possible for each of the four (4) regional meetings. The attendance was as follows:

-  Val-D’Or: 8 participants from Kitcisakik, Pikogan and Lac Simon
-  Montréal: 17 participants from Kahnawake, Wolf Lake, Eagle Village Kipawa, Gesgapegiag, Barriere Lake, Listuguj and Kitigan Zibi
-  Wendake: 26 participants from Wendake, Viger, Opitciwan, Mashteuiatsh, Manawan, Wemotaci, Essipit, as well as representatives from Kanesatake and Timiskaming.
-  Sept-Îles: 17 participants from Betsiamites, Unamen Shipu, Natashquan, Ekuanitshit, Uashat mak Mani-Utenam and Pakua Shipi

In addition, there was an opportunity provided to attend the Innu Elders’ Annual Gathering in Unamen Shipu. During the gathering, there was a workshop discussion held with between 15 and 20 Innu elders from the gathering.

2.4 Community Questionnaires for Interveners

A questionnaire was developed and sent out with a letter of request to all of the First Nations communities in Quebec. There were 24 surveys returned. Some communities had more than one survey respondent, and some interveners worked together as a group to complete one survey. The respondents were:

Timiskaming	Kanesatake	Wemotaci
Akwesasne	Mashteuiatsh	Uashat mak Mani Utenam
Natashquan	Eagle Village	Matimekush-Lac John
Wôlinak	Ekuanitshit	Kawawachikamach
Listuguj	Kitcisakik	Kitigan Zibi
Gesgapegiag	Winneway	Wendake

3. PRIORITIZATION OF NEEDS

3.1 Prioritization of Needs

The following is a list of the issues that the respondents agreed that need to be addressed in order of their priority:

1. Elder abuse (particularly monetary)	13. Legal issues such as power of attorney, wills
2. Adaptation of homes to suit elderly needs	14. Family violence
3. Lack of family support	15. Turnover of staff
4. Isolation and loneliness	16. Visits from family members
5. Language barriers	17. Prescription medications
6. Emotional distress	18. No of places in elders' residence
7. Loss of traditional role of elders	19. Elder Suicide
8. Poverty	20. Stereotyping and prejudice
9. Training for caregivers	21. Ageism
10. Housing Conditions	22. Access to specialized medical services
11. Transportation	23. Quality of life
12. Access to information regarding services	24. Level of services in Elders' Residence.

3.2 Additional Comments Added

The following are additional comments that were added at the end by the survey respondents:

"We need a full time community nurse to work with the Elderly. This would be better and would focus on prevention and wellness activities".



"I believe that it is imperative that the Elders have a voice in the community. Someone who can speak on all their behalf and not for a few. We have a lot of elders who stay home, quiet and do not participate in all the activities, meetings that happen in the community. We have elders who stay home and are mindful of their business. These are the elders we find that no one sees – therefore when they need repairs to their homes (a very real concern for them) nothing happens until it's time for election. They are promised many items and all not followed through causing frustration and an over-whelming sense of despair".

"A person who just advocates for the elders (speaks for them, works with them and provides them with the needed support). This would in-still pride and self-worth, feel they are contributors to our community".

It has already been a year that I have been trying to have a center for the elders. The Band Council has given me a place to modify but I am missing the money and the resources to do this. The elders need a place, and they have asked me not to abandon them! Where do we find the money for their center?

"One of the main issues is the cross border services (professional). Because of language we must cross the border for services. An elder does not want to go to Montreal when North Bay or Sudbury provides the same services and you can be there the same day. The Quebec government does not pay the same rate and the payment is delayed or in some cases doctors rather not take patient. Elders rather not go".

"Discrimination is #1 priority. Because some services offered from the community funding is not at the same level of out-residents who go to the non-native society, where the government would pay the full rate without questioning. Budget is not sufficient to meet the demands".

"A total of 567 elders, aged 65 and more, live out of the community (233 men and 334 women). Several of them have never lived in the community, on the other hand, not being able to correct the housing problems will ensure that even more have to live outside because they have no other choice".

"The elders need an advocate to help them when their own children or families steal food or money from them. There should be laws that protect the elders when they don't want to call the police on their own children. Would like to see council get more involved in assisting our elders, more supportive housing projects that would assist the elders to live on their own (elders apartment with 24hr services) they would have

their own living area with bedroom and sitting area within their apartment. Meals to be served in room or dining room for all the elders. Gives them a chance to remain independent and also monitored and provided with care. Elderly couples could live at ease without the stress of paying for heating, maintenance interior/ exterior, or stairs or non accessible areas in their homes. Restructuring of social and health services and programs would be beneficial for the elders and community members and service providers”.



“I believe that it is imperative to look at the impact of the residential school experience and how this trauma began the splitting of families, loss of culture, language. We should also consider how this experience further led communities to abuse alcohol and drugs to attempt to dull the loss, pain, and grief. Subsequently, we must look at how these problems further impacted upon the next generation and so on”.

“Elders do not use personal support workers; they would rather use family members to help for their personal care. Elders choose their own home maintenance workers and they are not trained. There is an issue of not having a family doctor but they do not have access to doctors. Through emergency, telehealth, doctors visit the community but the concern is lack of follow-up by same doctor, it is a different doctor each time. Emergency doctors only cover their present situation and don’t have the time to analyze their medical history”.

“Training is needed for employees of Home Care Services. There is a need for an elders’ residence. We need the services of an occupational therapist. Social evenings for the elders”.

“Is it possible to know the results of these surveys?”



4. SUMMARY AND RECOMMENDATIONS

This last section looks at the overall needs and priorities of First Nations Elders, and makes recommendations based on the results of the surveys and the regional meetings, and where appropriate, provides a comparison with the MFA Strategic Action Plan for 2008-2012 which followed the public consultations by the MFA in 2007.

Primarily, the overall strategies of the MFA, through the actions of the Secretariat for Elders, are designed to promote the participation and the social, civic, economic and professional contribution of older persons in the overall development of Quebec. Secondly, these measures will help to create conditions for active ageing by establishing partnerships with public and para-public stakeholders, regional and local institutions, community and private sector associations as well as research and academic circles.

The MFA will accomplish these strategies through the following actions supported by \$238M annual funding from Government of Quebec:

1. Develop and continuously adapt public policies, services, programs and infrastructure to the realities of older persons.
2. Promote attitudes and positive behaviors towards ageing.
3. Building partnerships and ensure the consultation of all stakeholders.
4. Support organisms by supporting community-based projects.

4.1 General Living Conditions

The living conditions of First Nations Elders vary from elder to elder, from community to community, and from region to region within Quebec. Some elders live in acceptable conditions, while others live in abject poverty. Most live in isolation. Almost 52% of elders, as reported by the surveys, live in substandard housing. Those who live in acceptable housing still do not have the needed adaptations to their homes. However, most elders want to stay in their homes.

It is often their children and grandchildren who make their lives difficult. In many communities they are left alone, there are no activities organized for them. Sometimes this is due to their precarious health situations. Safety and security are major

issues. Most Elders are poor in comparison to other members in their communities. Many traditional elders still live on the land and eat traditional food. They state that they feel better when they eat traditional food and stay on the land.

The winters are seen to be extremely difficult for many elders as the isolation increases, and most elders need help during the winter, some not being able to afford the increased costs of wood and heating. Some elders in more isolated communities live in extreme conditions, some without even electricity and running water, many live with financial abuse when their cheque comes in.

Those living in families are most often in overcrowded homes and are responsible for looking after the children. Sometimes the home life is further aggravated because of the presence of drugs and alcohol. They are always in danger of falling because of toys and other things scattered everywhere. In fact, there is always a risk of a fall as most of the homes are not adapted. Many of the elders who have lost their autonomy refuse to leave their homes even if they can no longer cope at home. They do not want to go to a residence, because in many cases, this means going outside the community to an urban center.

RECOMMENDATION 1

Factors that determine and improve the health and well-being of elders need urgent investigation and a detailed strategic plan with the aim to develop, plan and implement integrated community based interventions. A Strategic Plan should be developed by the FNQLHSSC in concert with the First Nations communities of Quebec, and with funding support in the same manner as provided to the MFA by the provincial government of Quebec.

Further it should be stated that failure to address the legitimate health concerns of elders by tolerating inadequate social and economic circumstances (determinants of health) will likely be reflected in higher costs for medical interventions.



4.2 Elder Abuse

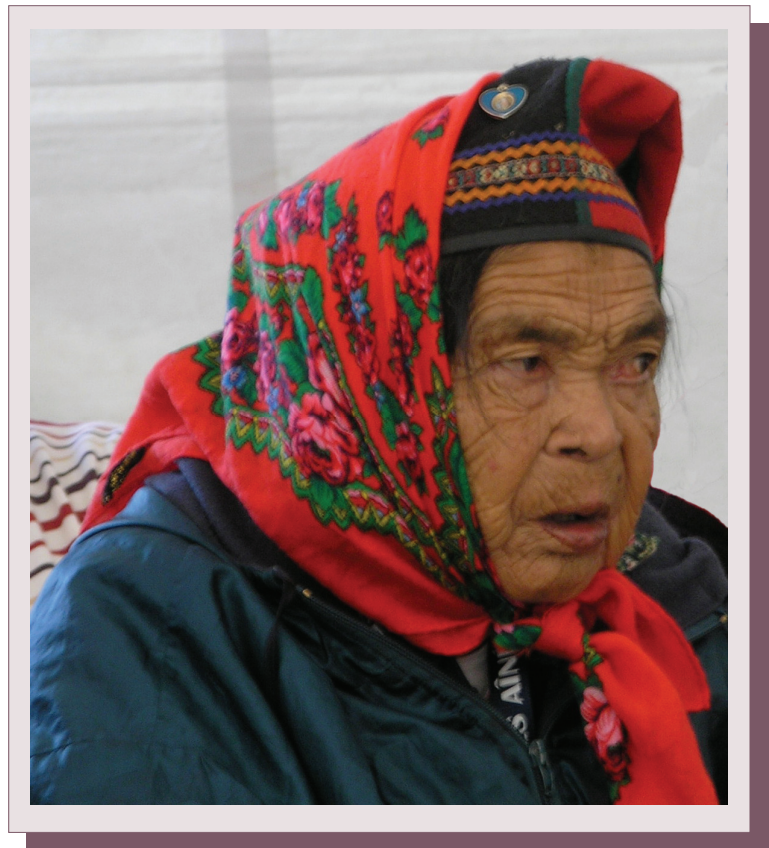
This is considered to be a top priority by the interveners working with elders. Elder abuse in First Nations communities most often takes the form of neglect and isolation or financial “taxing” through threat, coercion or deceit. Negligence is easier to address at a community level through community services. The second is more difficult because the elders either do not want to get their family members in trouble, or are afraid of retribution.

It has been suggested to address this in a similar way to Youth Protection, but this will require working at a higher level with the province to bring about relevant changes in provincial legislation for Quebec. It will also imply that community Chief and Council take a stand on elder neglect and abuse. They can also implement community by-laws to address this issue as well.

In the meantime, working with elders on their rights, building up their self-esteem, teaching them what to expect in behaviors and providing explicit training to police officers, health workers and social interveners may assist in reducing the situations of abuse.

Some of the recommendations in further sections such as putting in place an Elders Advocacy program, and re-instilling the traditional role and respect for elders will also help to mitigate the instances of abuse.

The Quebec Government Action Plan to Combat Elder Abuse will inspire us so that similar actions are taken based on the three principles of prevention, evaluation and intervention.



RECOMMENDATION 2

The FNQLHSSC and the AFNQL should develop a strategy using different tools to create an awareness of the situation of First Nations elders and the importance to adopt appropriate behaviors with elders.

This should parallel the Quebec strategy by making visible, using various media, the signs and symptoms of elder abuse.

In addition to this, there should be a campaign in each community to inform elders of their rights, and provide them with information on the services available, and the choices open to them.

Community police officers, as well as community interveners who work with elders and their families, should be better trained to prevent, evaluate and intervene for elder abuse. This type of training should be included in relevant postsecondary programs such as for police officers, social workers, community health workers.

4.3 Housing and Adaptations for Elders

Most elders want to stay in their homes, however many are caught between the shortcomings of the physical structure of their homes and the limitations of federal support programs. The inclusions of certain criteria, such as the need for an approval by an occupational therapist, make housing adaptation unrealistic especially for remote communities.

Almost 52% of elders, as reported by the surveys, live in substandard housing. Many have difficulty in finding affordable housing. Those who live in acceptable housing still do not have the needed adaptations to their homes. However, most elders want to stay in their homes. Further, if housing is to contribute to well-being of communities, it must be sustainable.

The MFA Quebec Strategic Plan calls for \$12.5M dollars to be spent over the next 5 years to adapt services and infrastructure for elders based on regional planning. The strategic orientations also call for elders to stay in their homes as long as possible supported by a safe and secure environment.



RECOMMENDATION 3

There should be a review of existing programs such as the "Residential Rehabilitation Assistance Program (RRAP)" or the "Home Adaptations for Seniors Independence Program" to develop more suitable eligibility criteria for elders. Other special incentives should be developed between INAC and CHMC to create an overall "Housing Initiative Fund for Elders" that would provide more options and support to First Nations communities to deliver:

- 1. Newly revised incentives for Minor Adaptations to Elders Homes*
- 2. Housing Subventions for Elder Repairs and Major Adaptations*
- 3. Mortgage/Grant Incentives to Communities for Construction of Elders' Low Income Apartments (with specific adaptations for elders)*
- 4. Program for Construction and Maintenance of Elders' Residences (that will include autonomous, semi-autonomous and long-term care clients).*

4.4 Lack of family support

Many elders live without family support as stated in the regional meetings and the surveys. There are natural caregivers that do provide care but without support or training. Where feasible, families must be implicated in the services that are provided and not left to feel that it is being taken care of for them. This requires a community strategy but also the ability to provide training and respite care. If families are to be asked to provide care and support to their elders, they should have access to appropriate training and respite care services.



On his part, the provincial government will provide funding for projects that will provide respite and natural caregiver services for families that look after elders through the Strategic Action Plan of the MFA (2008-2012).

RECOMMENDATION 4

Community service workers and social interveners should strategize to work with the families of elders to ensure that they provide support as family members. Policies and funding from agencies such as Health Canada and INAC (Social Development) should address the need for respite care and the training of natural caregivers.

4.5 Elder Advocacy

The surveys have suggested that the elders require an advocate who can provide information and assistance to them, seek out services on their behalf, and assist them to speak out. This person must have a certain level of training to work in this capacity. The advocate would work with or establish an Elders' Committee to seek services to influence policy changes and to improve the quality of life for community elders.

Therefore, it would be important to have an Elder Advocacy Program in each community funded by the government. Some of the needs that the advocate would work to address would be: lack of family support, isolation and loneliness, language barriers, emotional distress, access to information regarding services, information on legal rights of elders, working to increase the participation of elders in community activities and programs, preparing wills, ageism, stereotyping and prejudice and elder suicide prevention.

RECOMMENDATION 5

It is recommended to have an Elder Advocacy Program implemented in each First Nations community. This could be jointly funded by Health Canada and INAC Social Development programs. This program would provide the resources for an Elder Advocate and funding for an Elders' Committee.



4.6 Legal issues

Many of the respondents have suggested that the question regarding Elders' legal rights be clarified and to ask for the Chiefs' support so that their rights are respected in the communities. The issues surrounding will and legal succession should also be addressed.

RECOMMENDATION 6

As stated in Recommendation 2, it is necessary that elders be informed of their rights. It is also recommended that the Chiefs of Quebec support Elders' rights, as well as with the administration of the followings: power of attorney, wills and legal succession in First Nations communities. This should lead to the development of measures to clarify these issues.



4.7 Loss of traditional role of elders

First Nations often fulfill their spiritual needs by going back to their traditional ceremonies. Therefore communities should put in place programs that touch on culture, draw ideas from old practices and traditional cultural ways to reorganize health care and special services intended for the elders. For those who have other beliefs, there should be common approaches to well-being that still respect basic traditional beliefs, and the role of elders.

Community services should develop more opportunities for the elders to help the younger population know who they are and their history. Today's generation are too involved with technology and forget their roots. Communities should have activities that center around both tradition and non-traditional teachings, reinforce culture and allow all generations to be included.

Some respondents suggested that the formation of an Elders' Council in each community would provide the elders with a decisional role that could reaffirm their traditional role. It could provide an opportunity for the elders to work with the youth on various projects. One example that was given was to work together on a civil code for the community.

The strategic orientations of the MFA (2008-2012) call for a more active participation of elders both in the workplace, and as citizens, as community volunteers.

RECOMMENDATION 7

It is recommended that each community be encouraged to form, if it wishes to do so, an Elders' Council that would have an advisory role and would also oversee the affairs of elders in their community and the transmission of culture and traditions.

It is also suggested that community services could develop more opportunities for the elders to help the younger population learn about their identity and their history. Communities should reorganize health care and special services intended for the elders based on common approaches to well-being that still respect basic traditional beliefs, and the role of elders.

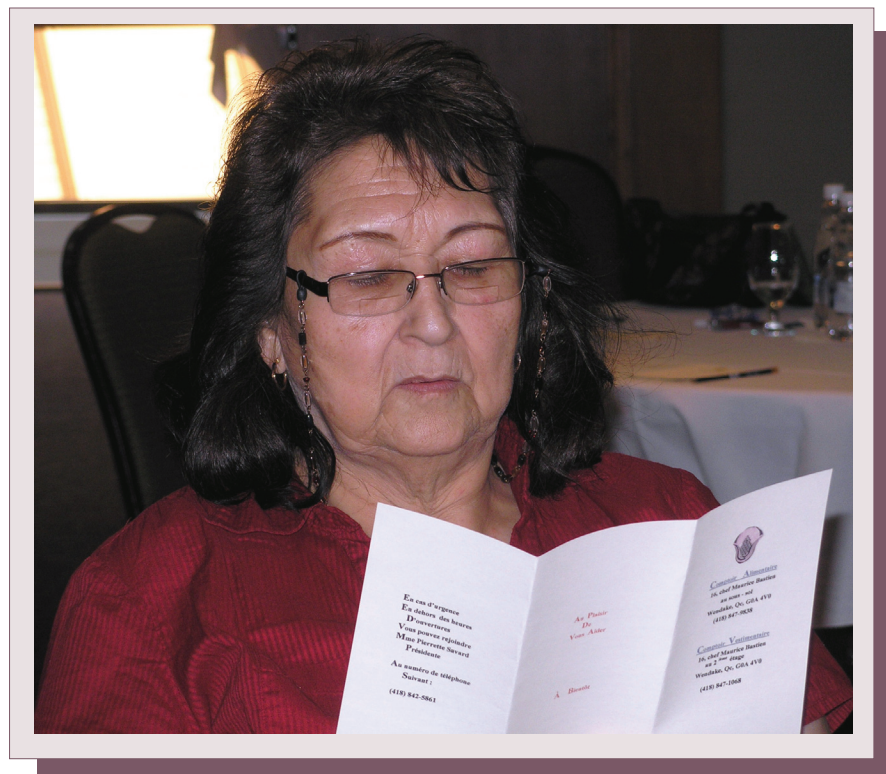


4.8 Poverty

Many elders find it difficult to meet their financial obligations. Added to this is the fact that certain medications that they need are not always covered through Non Insured Health Benefits (NIHB). Some don't know how to budget their money and give it away to their children, and others suffer from financial abuse by their children or grandchildren. Most find that the cost of living is very high, and they can just manage to live by the month.

It is important to ensure that all elders are provided with full information and assistance to access the pensions and subsidies to which they are entitled. This should be monitored by community services. In addition, the federal government (INAC) should extend its Food Mail Program to ensure that more isolated communities, such as some Innu communities, receive subsidies for food purchases. It was suggested in the consultations that rental and hydro rates be adjusted or subsidized for elders just as they do other "seniors" benefits as advertised outside for example in banking services, restaurants, movie theatres, etc.

The strategic orientations (2008-2012) of the MFA also call for actions against poverty and the social exclusion lived by many elders.



RECOMMENDATION 8

To mitigate many of the underlying causes of poverty, the following issues should be addressed:

- 1. FNIB must ensure that all necessary measures are put in place in order to eliminate additional costs of prescription medication.*
- 2. Elders (Possibly through the Elder Advocacy Program as recommended above) should be provided with full information and assistance with forms to access and maintain pensions and other subsidies.*
- 3. Communities should work towards subsidized rental and hydro rates for elders.*
- 4. Community services should ensure that elders do not have to pay exorbitant costs for transportation to purchase food.*
- 5. Some traditional elders are dependent on a supply of traditional foods which either they hunt or receive through community hunts. To assist with this nutritional need, the government should provide funding to communities for the development of measures aimed at encouraging hunters living in more remote communities much as it does for farmers.*

4.9 Health and Community Services

Cultural care practices are required in all aspects of the care process given to First Nations elders in Quebec: assessment and intervention, staff selection and training, policy and procedure implementation, and facility location and design. Culturally sensitive care requires accommodation and negotiation with clients as partners in the process.

All communities offer Home and Community Care (HCC) and Assisted Living home-maker and residential care services, health clinics and many provide additional services such as medical transportation, escort and information services, elders' activities and meal services.

Community level care management, prevention, rehabilitation services and specialized services specifically targeted to the special needs of elders is an urgent need that will only become more pressing in the future.



Adequate and appropriate medical transportation and access to medical escort and language services are an important and critical health service for elders. These services should be reviewed at the community level, and then regionally with the funding agencies.

RECOMMENDATION 9

Community planning is required to address many of the needs outlined in this report, including the surveillance of prescription medications, the use of prevention workers to address the abuse of medications and other substances, appropriate medical transportation and escort services, training programs for caregivers, reduction of staff turnover, and staff training.

Each community should receive a non-recurrent allocation to conduct an Assessment of Capacity for Elders Services that would include an Implementation Plan. The results of the assessments would be discussed regionally with the funding agencies to see what support can be provided, as needed.

4.10 Elders Residence

Just over 48% of the survey respondents stated that there are elders from their communities that are housed in residences outside. There are many difficulties which this brings to the elders: loneliness, isolation and language barriers, type of food (not being able to eat traditional foods they were use to), loss of culture and traditions, distance from family members and community, depression and loneliness, and losing the continuum of care from the community.

An Elders' Day Center is an important need in each community to bring the elders together for activities and socialization. Sending Elders away



to urban centers for care and housing takes an enormous toll on cultural strength, and may damage links between youth and Elders. Housing for Elders, including residences within remote communities, and Elders' Day Centers is definitely needed in order to sustain community and individual well-being.

RECOMMENDATION 10

Each elder is entitled to receive the same level of services and quality of life no matter where they live. On that basis, each community should receive funding for the construction or enlargement of an Elders Residence that would include a facility for an Elders Day Program.

4.11 Harmonization with Provincial Services

While there are gaps in services between the two jurisdictions, almost 90% of the communities reported that there are barriers for the elders to access provincial services. The most frequently cited barrier was language. Others involved policy implications, the ability to travel there, and some were related to their reluctance to leave the community for fear of being institutionalized outside.

There are disparities in services between what the federal system provides and what provincial norms are. As well, there are differences in the services provided in First Nations communities and in the province.

Discussions that could lead to the harmonization of services through tripartite agreements could alleviate many of these gaps or deficiencies. One example could be for long-term care. If an elder is sent to a residence outside, the province must cover all of the costs with the exception of the user's (elder) financial contribution. If the elder were to stay in the community residence and receive funding for the additional nursing care above the 2.5 hours paid by INAC from the province, it would be less costly for the province and 100% more beneficial for the elder.



Further, at the First Nations Socioeconomic Forum held in October 2006, the MSSS committed to systematize the referral function to make it easier to ensure continuity of care for individuals who have received treatment outside the community and then return to continue treatment within their own community. This would allow for faster and better convalescence.

Nevertheless, it should be highlighted that the suggestion for the harmonization of services in no way reduces the fiduciary responsibilities of the federal government and its funding agencies.

RECOMMENDATION 11

It is suggested that the FNQLHSSC, in collaboration with the First Nations communities of Quebec, work at improving a complete continuum of care for First Nations elders, taking into account both federal and provincial jurisdictions and responsibilities. This could be achieved through the harmonization of services using tripartite agreements could alleviate many of these gaps or deficiencies that are indicated throughout this report.

