



Health and Social Services

a renewed approach to governance fostering self-determination

April 2016 – 2nd edition



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION

Health and Social Services

**a renewed approach to
governance fostering
self-determination**

April 2016 – 2nd edition

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Governance

“The traditions (norms, values, culture, language) and institutions (formal structures, organizations, practices) that a community or nation uses to make decisions and accomplish its goals. At the heart of the concept of government is the creation of effective, accountable and legitimate systems and processes where citizens can articulate their interests, exercise their rights and responsibilities and reconcile their differences.”

Adapted from a definition from the
National Centre for First Nations Governance ¹

¹ Original definition found in: National Centre for First Nations Governance, Governance Best Practices Report, 2009, vii.



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A renewed approach to governance fostering self-determination



**Overview
of the health
and social services
governance project**



The health and social services governance project was created to make strides towards improving the offer of and access to services, both locally and regionally, by implementing a model of governance that is adapted to the needs and realities of Quebec First Nations.²

To that end, the project has two objectives:

- Reinforce the local and regional decision-making capacity of First Nations communities and organizations with respect to the governance of health and social services in terms of existing programs, sectors and initiatives
- Renew the partnerships between First Nations and government institutions, in accordance with a model of governance adapted to the needs and realities of Quebec First Nations

Governance in health and social services has been a key, long-held concern for First Nations, whether in Quebec, in the other regions and territories in Canada or elsewhere in the world. It also forms an integral part of the mission of the Assembly of First Nations Quebec-Labrador (AFNQL), to which the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) reports to. In addition, governance in health and social services is the first of five strategic orientations set out in the *Quebec First Nations Health and Social Services Blueprint, 2007–2017: Closing the gaps... Accelerating change*.



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Source: Library and Archives Canada/Department of Health Fund/e010969025

2. The project particularly targets non-agreement First Nations in Quebec.

Historical Background

1763

Royal Proclamation – Document that laid the foundation for the relationship between the Aboriginals of America and the British. The nations are viewed as autonomous political entities, but are placed under the Crown's protection.

1876

Indian Act – Main Canadian law through which the government exercises its powers with respect to “registered Indians.” Its ultimate objective was the assimilation of First Nations.

1965

Creation of the *Quebec Association of Indians* – Organization founded to defend the rights of Indians. It was later replaced by the Assembly of the First Nations of Quebec and Labrador.



Quebec Association of Indians Congress, 1973. Source: http://www.banq.qc.ca/collections/collection_numerique/coll_arthur-lamothe/politique.html?categorie=10

1968

Creation of the *National Indian Brotherhood* – Organization founded to represent the interests of registered Indians to the federal government.

The project has three focus areas:

Focus **1** **Information gathering and research**

Fuel the reflection of First Nations communities and organizations by providing a theoretical framework.

Focus **2** **Consultation, coordination and experience sharing**

Mobilize local leaders to build a model that is acceptable to all parties.

Focus **3** **Communication, monitoring and evaluation**

Ensure the project makes good progress and that knowledge is passed on to First Nations communities and organizations.



1969

White Paper – Proposal to abolish the Indian status and eliminate the special services protected by law, with a view to further the assimilation of First Nations.

1970

Red Paper – The First Nations' response to the White Paper. The document reminds the federal government of its responsibilities and the legislative and constitutional framework that governs Indian status and rights, which must be upheld until such a time as when Aboriginals choose to negotiate.



Source: <http://www.encyclopediecanadienne.ca/fr/article/harold-cardinal/>

1972

Indian Control of Indian Education – Document laying out the National Indian Brotherhood's vision of education through an affirmation of the principles of parental responsibility and local control.

1973

Federal education policy – New policy incorporating the orientations set forth in Indian Control of Indian Education, with the objective of allowing First Nations to progressively take over the administrative responsibility of their education systems.

Vision statement

In February 2014, the Chiefs of the Assembly of First Nations Quebec-Labrador adopted a vision statement during a special assembly. This vision will guide the health and social services governance project.

Through our self-determination, a global and concerted approach, individual and collective commitment, we will be healthy people connected to Mother Earth and our physical, mental, emotional and spiritual well-being will be balanced.

Values

Six values were chosen during the FNQLHSSC's Pre-Annual General Assembly in July 2014 and retained to guide this project.

- 1 Honesty**
To be sincere when facing a situation³
- 2 Respect**
Is to honour all of the Creation³
- 3 Autonomy**
Capacity of someone not to be dependent on others
- 4 Community**
First Nations group whose members live overall, whether or not on a land base



- 5 Solidarity**
Feeling of moral duty to support other community members
- 6 Assistance**
Help that you wear to the members of the community

3. From the seven sacred teachings.

1975

The Canadian Government/ The Canadian Indian Relationships Paper – Policy framework to strengthen Aboriginal control of program and services.

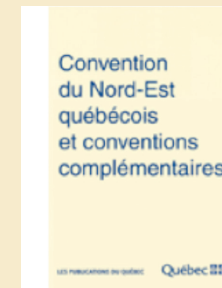
1975

James Bay and Northern Quebec Agreement – Agreement signed with the Quebec government providing for the political and administrative autonomy of the Cree and Inuit and granting them exclusive hunting, fishing and trapping rights in exchange for rights to develop the territory's national resources.



1978

Northeastern Quebec Agreement – Agreement signed between Quebec and the Naskapi nation, similar to the agreement signed with the Cree and Inuit.



Principles

Eight principles were formulated and adopted by the Chiefs during a special assembly in February 2014.



- 1 We affirm that our ceremonies, values, languages, teachings and traditional medicines, are an integral part of our way of living healthy life.
- 2 We affirm that the First Nations healing journey will be strengthened when considering the person and the environment as a whole.
- 3 We affirm that the social determinants of health to First Nations are unavoidable to address health issues.
- 4 We affirm our right to self-determination and our inherent right to have and to freely pursue our own health, economic, social and cultural development.
- 5 We affirm that the ten Nations are responsible for First Nations health.
- 6 We affirm that responsibilities of the local and regional institutions are to manage, protect and enhance health and social services programs according to the mandates they received from Nations and First Nations communities.
- 7 We affirm that our regional institution supports First Nations in their autonomy quest in supporting strategic alliance building between First Nations with governments in their organisation of health care and services, development of expertise as well as knowledge transfer.
- 8 We affirm that the federal government has a legal and fiduciary duty and constitutional responsibility to provide adequate, sufficient and sustainable financial resources for the development, implementation, management and delivery of quality health programs and services that respond to our needs and taking into account the determinants of health.

1978

Summit meeting in Quebec – Meeting between the Quebec government, the Chiefs and other community representatives to renew dialogue between the Quebec government and First Nations.

1979

Federal Indian Health Policy – Policy to improve health status in Indian communities by building on community development, the traditional relationship of trust between Indian people and the federal government and the multipartite Canadian health system.

1980

Berger Report – Recommendation to ensure the participation of First Nations in the management and control of health services in their communities.

1981

Consultation of Atikamekw-Montagnais Council member communities – Consultation led to validate the communities' interest in taking charge of their health and social services.



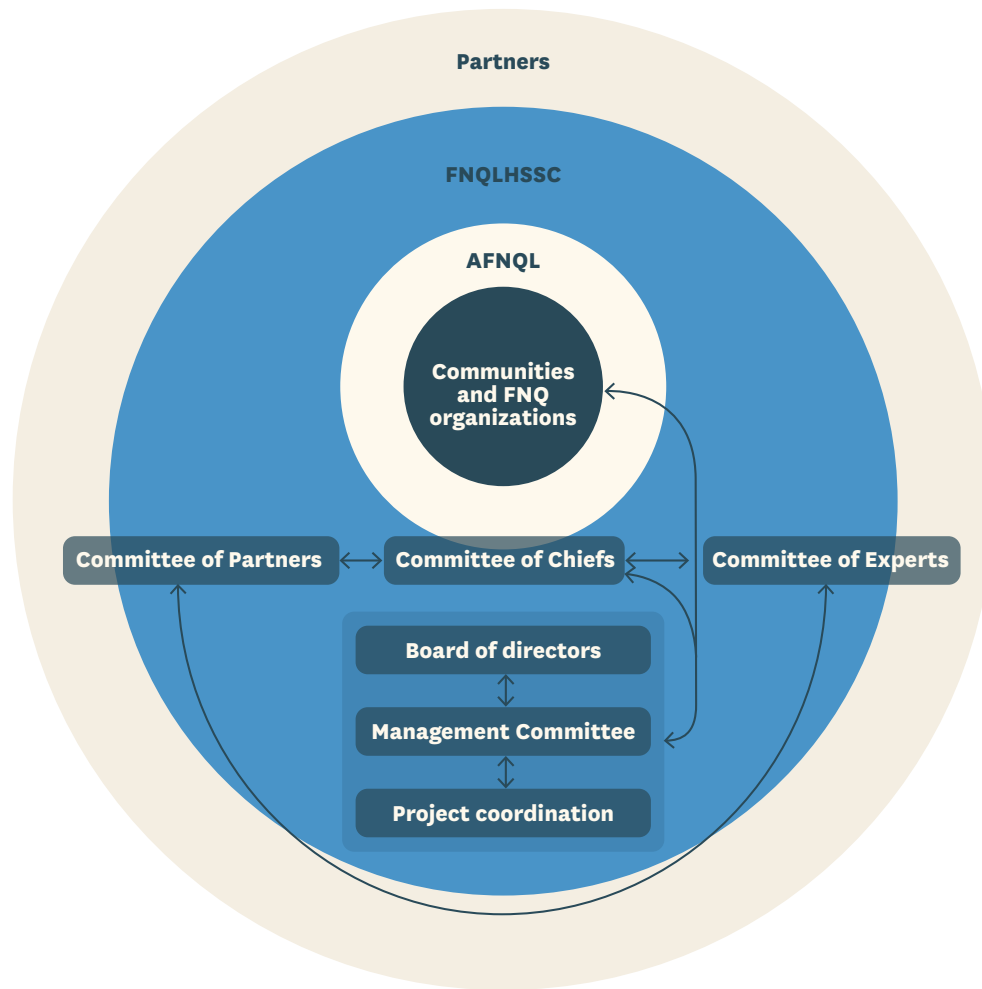
Source: http://www.atikamekwsiipi.com/fichiers/File/Guide_archives_cna_2011-01-19.pdf.

Project phases

The project's three focus areas have been translated into a four-phased process that will end on March 31, 2016.

		<i>Completed activities</i>	<i>Upcoming activities</i>
Portrait of the situation <i>2014</i>	<p>The FNQLHSSC takes an inventory and conducts an analysis of the approaches taken to effect change in health and social services governance elsewhere in the world in recent years.</p>	<ul style="list-style-type: none"> — Creation of new partnerships — Inventory of existing models — Analysis of the legal situation of Quebec First Nations 	
Your opinion <i>2014–2015</i>	<p>Community decision-makers are called on to formulate their opinion on the current governance structure.</p>	<ul style="list-style-type: none"> — Meetings: <ul style="list-style-type: none"> > February 2014 > July 2014 > January 2015 > July 2015 — Formulation of the vision, values and principles to guide the project 	
The options <i>Fall 2015</i>	<p>One or more governance models are developed, based on the information collected. The Chiefs, local managers and health and social services workers are consulted during the elaboration of the models.</p>		<ul style="list-style-type: none"> — Development of proposed models and meetings with the health and social services directors and directors general
The choice <i>Winter 2016</i>	<p>The First Nations speak, and choose one of the models developed. The First Nations will select, in their way, the governance model that is best adapted to their needs.</p>		<ul style="list-style-type: none"> — Finalization of the chosen model and meeting with the Chiefs to proceed with the model's adoption in principle

In keeping with the governance model chosen and according to the interests expressed by the First Nations, other actions could be taken, such as performing a feasibility study, undertaking negotiations with the federal and provincial governments and drafting a transition plan.



Project coordination

The FNQLHSSC will oversee the project's coordination. In order to support and fuel the reflection of First Nations, several committees have been created to bring different sets of expertise to the table and help collect the necessary information and knowledge to develop the relevant governance model.

Historical Background

1982

Creation of the *Assembly of First Nations* – Political organization that replaced the National Indian Brotherhood and represents more than 630 First Nations communities in Canada. Its mandate is to advocate on behalf of First Nations through their leaders in a range of policy areas.



1982

Constitution Act of 1982 – Recognition and confirmation of the ancestral and treaty rights of Aboriginal people in the Canadian Constitution.

1983

Adoption of 15 principles on Aboriginal status and rights – The Quebec government adopted 15 principles through which it recognizes the Aboriginal nations and the necessity of establishing harmonious relationships with them.

1983

Penner Report – Recommendation issued to the federal government to establish a new relationship with First Nations on the basis of Indian self-government.



**Why renew
health and
social services
governance?**



First Nations health is a source of concern, and self-government is a social determinant of the population's health status. Better governance in health and social services, whether at the regional or local level, has the potential of expanding self-government within the current legislative framework.

The current processes in place to deliver health and social services to Quebec First Nations have several shortcomings that stem from a system that cannot make optimal use of its resources or provide programs and services at the desired level of effectiveness. The results obtained for health and well-being, using the data available, show that First Nations are at a significant disadvantage with respect to the rest of the Quebec population.

As recommended by the First Nations, the solution to this problem lies in the fundamental transformation of the health and social services governance structure. Better governance, which would require a transfer of powers to First Nations leaders, would result in more effective programs and services for First Nations.

It has been recognized that policies and programs are better structured when based on an in-depth knowledge of its targeted clientele; indeed, in such cases, better information is available throughout the planning process and service providers can be accountable directly to the beneficiaries of these services.

It is crucial that new agreements be signed to return control to First Nations over all the health and social services to which they are entitled and require access, to thus ensure better governance and to help improve the well-being of Quebec First Nations populations.

The First Nations in Quebec have a choice to make. They must decide the road to borrow and the shape their new governance model must take to achieve better results for their population.

*Article 23 of the United Nations Declaration on the Rights of Indigenous Peoples (UN, 2007)*⁴

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own infrastructure.

4. The *United Nations Declaration on the Rights of Indigenous Peoples* can be found on the United Nations website at: www.un.org.

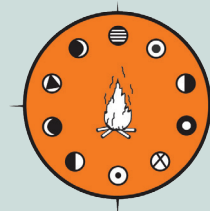
Historical Background

1985

Quebec National Assembly Resolution – Recognition by the Quebec government of ten Aboriginal nations as well as their ancestral rights and right to self-government.

1985

Creation of the *Assembly of the First Nations of Quebec and Labrador* – Political organization founded to represent the First Nations of Quebec and defend the interests of the communities.



1986

Sechelt Indian Band Self-Government Act – First Act to authorize an Indian band to exercise and maintain self-government. Within the purview of this Act, the community has the authority to create its own constitution and establish its own government, membership code, legislative powers and system of financial accountability.



Source: <http://www.shishalh.com/>

Origin of the project



In 2006, the First Nations in Quebec collectively launched a reflection process and made the decision to introduce a blueprint for health and social services. A large-scale, far-ranging consultation took place across Quebec, which led to the development of the Quebec First Nations Health and Social Services Blueprint, 2007-2017: Closing the gaps... Accelerating change.

In 2007, this blueprint was presented to the AFNQL Chiefs, who adopted it by means of resolution.

The health and social services governance project emanates from the conclusion reached by the First Nations that it is necessary to renew the current structure in order to move forward with their plans for self-determination.

In 2014, the Chiefs once again reiterated their support to revise the current governance structure. This new motion, adopted in February 2014 (see Appendix 2) reaffirmed the interest of First Nations to put in place a consultation and reflection process to develop a new governance model to meet their needs and special requirements.

1989

Indian Health Transfer Policy (Health Canada) – Framework to transfer the control of health services to First Nations and define the progressive approach through which to transfer these services inspired by the principle of self-determination in health.

1994

Creation of the First Nations of Quebec and Labrador Health and Social Services Commission – Regional organization with a mission to promote and monitor the physical, mental, emotional and spiritual well-being of First Nations and Inuit people, families and communities while improving access to comprehensive and culturally sensitive health and social services programs.



1994

Memorandum of understanding for the transfer of responsibilities from the Department of Indian Affairs to the First Nations of Manitoba – Protocol signed between Canada and the Assembly of Manitoba Chiefs to dismantle and transfer over the responsibilities of the Department of Indian Affairs' regional office.





**Existing models
of First Nations
health and social services
governance in Canada**



The situation in Quebec

In Quebec, as in the rest of Canada, government responsibility for the delivery and funding of health and social services for the First Nations and Inuit rests on a variety of legislative and political provisions that stem from the areas of jurisdiction defined in the Canadian Constitution. While the provinces have the duty to structure the organization of health and social services for their entire population, the federal government must ensure the delivery and funding of services provided to the First Nations and Inuit. However, the federal government's duty in that respect varies according to the agreements signed with specific nations.

The Quebec government offers to the entire population—including to First Nations and Inuit, regardless of their place of residence—complete coverage of services that are insured and offered by the Quebec health and social services system in its institutions.

Generally speaking, in First Nations communities, two federal departments—Health Canada's First Nations and Inuit Health Branch (FNIHB) and the Department of Aboriginal Affairs and Northern Development Canada (AANDC)—share the responsibility for ensuring the delivery and funding of health and social services. Most band and tribal councils have taken over the planning and operationalization of these services, thereby assuming those responsibilities. However, the federal government continues to oversee services for the communities that have not concluded agreements to take over services.

Over the years, the First Nations in Quebec have made progress in terms of self-government. In addition to the creation of the Assembly of First Nations Quebec-Labrador and regional commissions and organizations, several actions have been taken to improve child and family services:

— *Section 37.5 of the Youth Protection Act:*

In June 2001, the government added section 37.5 to the *Youth Protection Act*. This provision allows communities to establish their own youth protection program, which allows for the application of different rules that are adapted to the local culture.

1994

Yukon First Nations Self-Government Act – Framework agreement signed with each of Yukon's fourteen First Nations granting them legislative powers to enact laws in areas including language, culture, health services and education.



Council of Yukon First Nations

Source: <http://cyfn.ca/>

1995

Policy respecting the inherent right of Aboriginal self-government – Recognition of the constitutional right of First Nations and Inuit to adopt a form of governance that is adapted to their historic, cultural, political and economic circumstances.

1996

Report of the *Royal Commission on Aboriginal Peoples* – Recommendations to improve relations between the federal and provincial governments and the First Nations, founded on the recognition of Aboriginal peoples as nations.

1996

Proclamation declaring National Aboriginal Day – Declaration establishing June 21 of each year as National Aboriginal Day, upon the recommendation of the Minister of Indian and Northern Affairs Canada.

— **Income Security Framework Policy:**

This framework policy establishes an income security system adapted to the cultural and socioeconomic contexts of communities. It provides greater flexibility in terms of the services offers, the establishment of local regulations and the recognition of clientele who are often overlooked by government regulations.

— **Implementation of preventive frontline social services:**

Some communities currently offer frontline services for parents, youths and families to help them with their difficulties. Communities have the possibility of mobilizing their resources and developing their own prevention programs.

— **Agreement with the Ministère de la Famille du Québec:**

The FNQLHSSC has entered into a transfer of authority agreement with the ministry that will allow it to better support the development and improvement of child care services in non-agreement First Nations communities.



Signature of the agreement between the FNQLHSSC and Avenir d'enfants

— **Agreement with Avenir d'enfants:**

The FNQLHSSC and Avenir d'enfants formed a partnership in August 2012 to mobilize First Nations communities and organizations around the development of children between the ages of 0 and 5.

1996

Co-Management Agreement with Alberta First Nations – Co-management agreement concluded between the First Nations and Health Canada, granting Alberta Chiefs a shared decision-making power with Health Canada.

1998

Partnership, development, achievement – Québec government guidelines with a view to establishing a new dynamic with the Aboriginal nations. Three objectives are targeted: developing harmonious relationships, increasing self-government and increasing the financial autonomy of Aboriginal people.



1998

The First Nations in Quebec reaffirm the fundamental principles of peaceful co-existence – The Chiefs of the AFNQL adopted 26 principles in response to the Quebec government's document entitled Partnership, development, achievement. These 26 principles are based on the right to self-determination.

1998

Gathering Strength: Canada's Aboriginal Action Plan – Federal government's response to the Report of the Royal Commission on Aboriginal Peoples, expressing a desire to establish a meaningful partnership with Aboriginal people and redefine their relationships.

Issues associated with the current governance structure

First Nations must contend with a complex political and legal context that has several repercussions on the administration of health and social services in the communities—repercussions that are reflected in the health status of the populations. The issues presented below have been reported by community representatives and will be taken into account when developing the new governance model.

Decision making

Although several communities have taken over their health and social services, the fact remains that they have little freedom to develop and manage their own services to meet the needs of their population. Communities are therefore restricted to offering services that are subjected to external laws, which involves legal conflicts, grey areas and heavy administrative burdens. They have to implement programs that are imposed on them. Often, these programs are not culturally adapted, they are developed in silo and require complex accountability.

Funding

First Nations do not have independent financial resources to adequately meet their specific needs. Services must be offered in keeping with the allocated funding and based on pre-established criteria. The sources of funding are far-ranging and uncertain, and many funds are nonrecurrent. In addition, all funding is tied to exaggerated reporting requirements that meet the needs of the financial backers and not those of the First Nations. There are also inconsistencies in the allocation of resources, such as decreases in the allocated funding despite rising needs, or funding that ignores the social determinants of health.

Access to human and material resources

Few professional resources operate in First Nations communities, which hinders the cultural adaptation of services. There are also problems with personnel retention in the communities as a result of the non-competitive work conditions, which creates its own set of problems in terms of human and

1998

Nisga'a Final Agreement – Agreement signed in British Columbia recognizing the land rights of the Nisga'a and awarding them constitutional protection of their Aboriginal right to self-government.



Source: <http://www.nisgaanation.ca/>

2002

Agreement Respecting a New Relationship Between the Cree Nation and the Government of Quebec (La paix des braves) – Political and economic agreement between the Quebec government and the Cree nation granting greater self-government and control to the Cree in exchange for the hydroelectric, mining and forestry development of James Bay.

2003

First Nations of Quebec Income Security Agreement in Principle – Agreement concluded between the Assembly of the First Nations of Quebec and Labrador and the Department of Indian and Northern Affairs Canada. The agreement concluded in 2005 led to the adoption of the *First Nations of Quebec Income Security Policy Framework*, to establish an income security system adapted to the cultural and socioeconomic contexts of communities.



professional resources, such as a high turnover rate and an ad hoc physician presence in several communities. Material and operational resources are also limited, as there is insufficient funding to invest in infrastructure and develop new services such as residential care facilities for seniors.

Access to services

First Nations living in remote communities have to travel significant distances to access the services offered by the Quebec health and social services system in urban centres. Even though First Nations have access to specialized provincial care, the continuum of services between community care and the Quebec system is often lacking and varies from one community to the next, according to organization-specific agreements. Language is yet another barrier to service access.

Communication and Information management

There is a mutual lack of understanding between First Nations and the Quebec system workers. Among other things, this misunderstanding or ignorance leads to confusion in the roles and responsibilities each must play. It also results in poor information and data sharing and insufficient consultation of First Nations. There is also little available funding for First Nations-led research that meets First Nations priorities.

2003

Creation of the *Joint Council of Elected Representatives* – Political discussion forum entered into by the Quebec government and the AFNQL to promote socioeconomic development and maintain harmonious relations.

2004

Agreement in principle with the First Nations of Mamuitun and Nutashkuan – Agreement providing the framework for a future treaty and addressing the recognition of their rights, the exercise of self-government and the promotion of the development of the communities of Mamuitun and Nutashkuan.



Source: <http://www.mamuitun.com/contexte-negotiation.asp>

2006

Mashteuiatsh socioeconomic forum – Event bringing together representatives from First Nations, levels of government and civil society, and leading to the governments' formal commitment to improve the living conditions of Quebec First Nations.

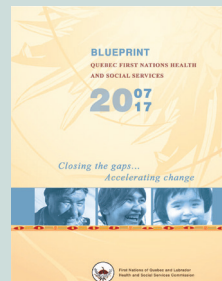


Integration of culture

It is often mentioned that First Nations have difficulty adopting a holistic and culturally appropriate approach given the way the programs and services are presently conceived. First Nations postulate that by factoring in culture and integrating it into the health system, the services will be more effective and more widely used as they will better reflect the communities' values and principles. In terms of the services offered outside of the communities, First Nations want to reinforce ties with Quebec health and social services system workers to foster the development of more culturally sensitive services.

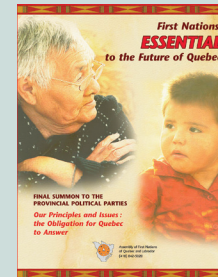
2007

Quebec First Nations Health and Social Services Blueprint, 2007-2017: Closing the gaps... Accelerating change – A First Nations blueprint defining five strategic orientations, including an orientation on a renewed approach to governance fostering self-determination.



2007

First Nations: Essential to the Future of Quebec – Final Summit to the Provincial Political Parties – Principles and issues the AFNQL wanted to bring up during the Quebec electoral campaign.



2007

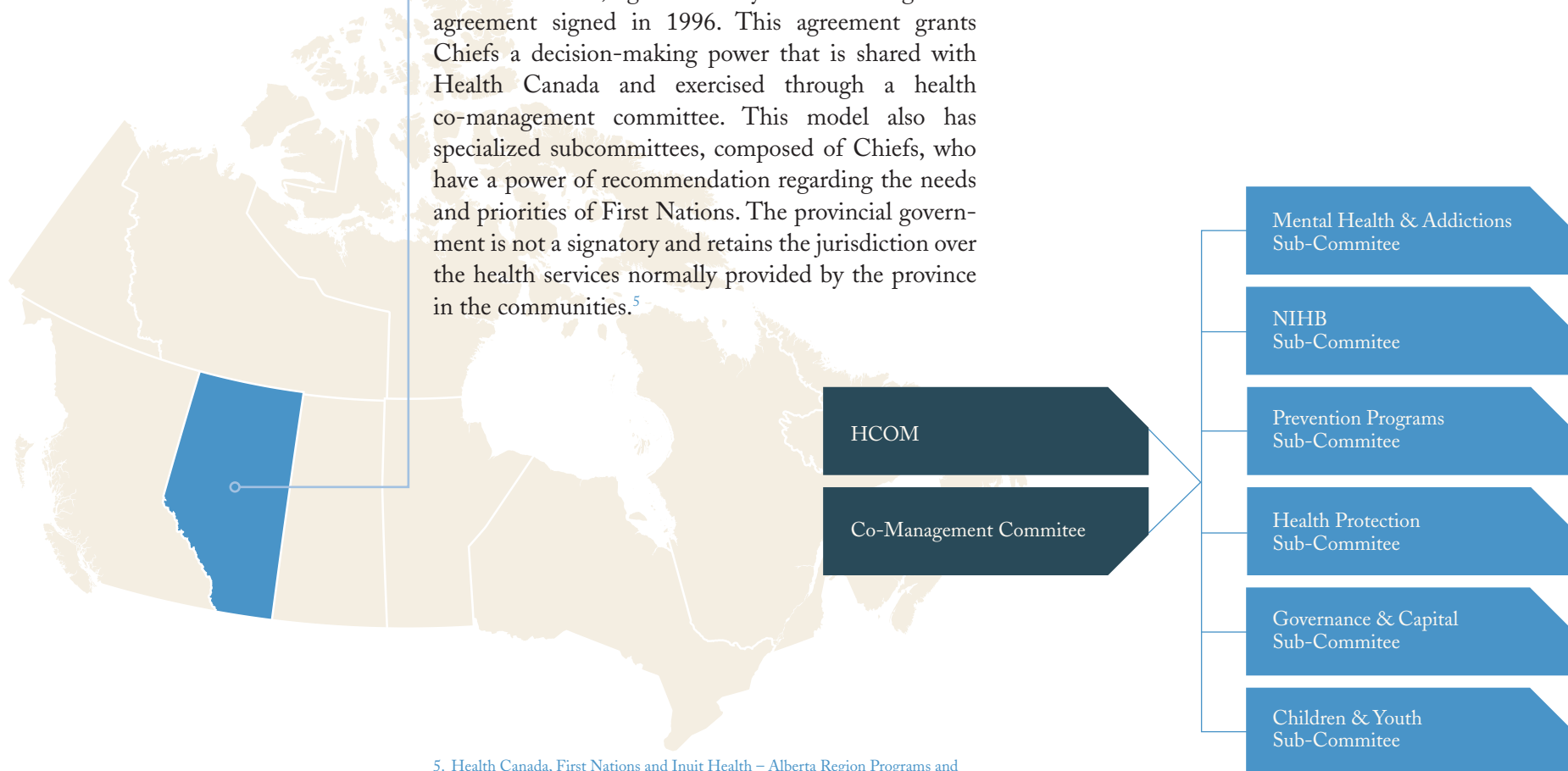
United Nations Declaration on the Rights of Indigenous Peoples – This declaration states that indigenous peoples have the right to self-determination and that they can freely determine their political status and their economic, social and cultural development. Four countries, including Canada, did not adhere to the Declaration in 2007. On November 12, 2010, Canada officially announced its support for the Declaration.

Models adopted elsewhere in Canada

Different health governance models exist in Canada, subscribing to a range of contexts that may be characterized by anything from limited authority to self-government.

Alberta: Co-management agreement with Health Canada

Health governance for the Alberta First Nations is essentially based on a cooperative relationship with Health Canada, governed by a co-management agreement signed in 1996. This agreement grants Chiefs a decision-making power that is shared with Health Canada and exercised through a health co-management committee. This model also has specialized subcommittees, composed of Chiefs, who have a power of recommendation regarding the needs and priorities of First Nations. The provincial government is not a signatory and retains the jurisdiction over the health services normally provided by the province in the communities.⁵



5. Health Canada, First Nations and Inuit Health – Alberta Region Programs and Services, 2010.

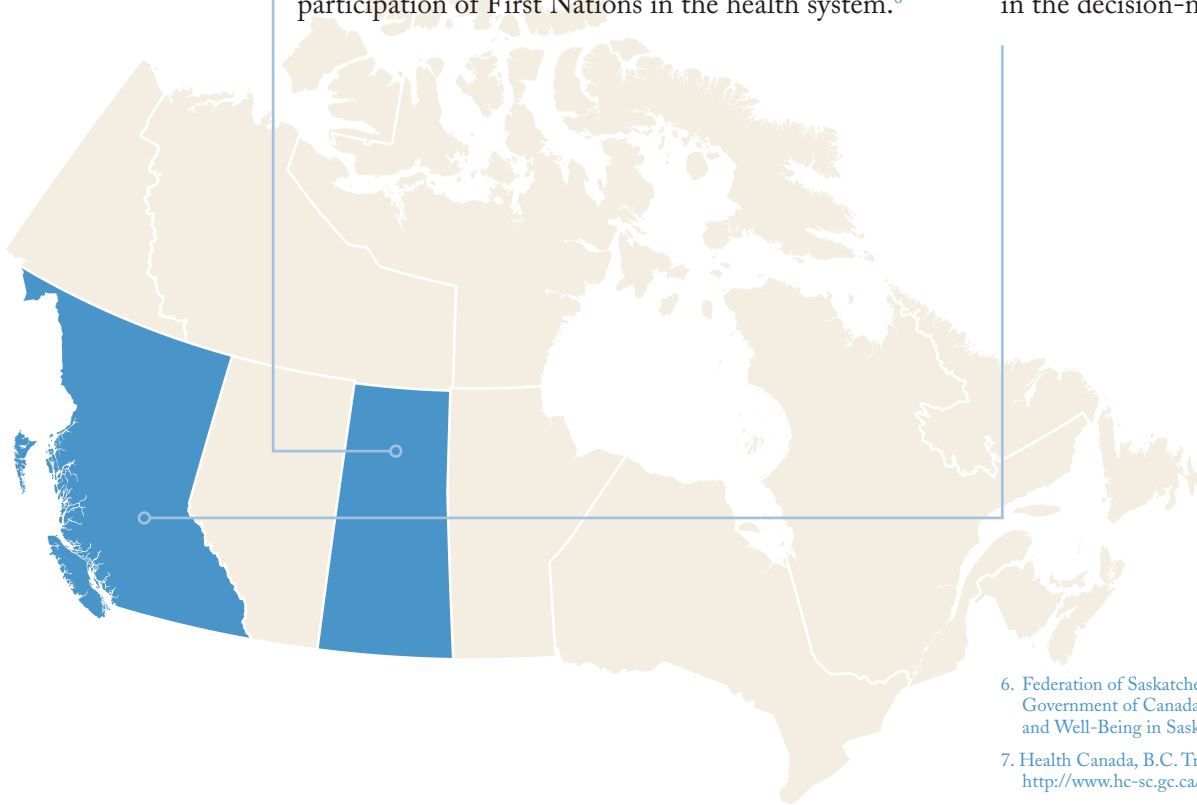


Saskatchewan: Tripartite agreement to increase First Nations participation

In 2008, the *Federation of Saskatchewan Indian Nations* signed a tripartite protocol agreement with the Saskatchewan Ministry of Health and Health Canada. As per this protocol, Health Canada retains the responsibility for services and the Saskatchewan Ministry of Health retains the responsibility for offering health services to its entire population, including members living in First Nations communities. However, all three parties agree to collaborate to improve the health and well-being of First Nations by sharing in the decision making in matters of health and by reducing the duplication of services. The goal is to establish a ten-year health plan that incorporates First Nations priorities and targets the increased recruitment and participation of First Nations in the health system.⁶

British Columbia: Health Canada transfer of responsibilities to First Nations

In British Columbia, the First Nations and federal and provincial governments signed a framework agreement that established a new health governance structure for First Nations. Implemented in the fall of 2013, this governance structure has transferred responsibility—responsibilities which had previously been assumed by Health Canada—to the First Nations Health Authority over the planning, management, service delivery and funding of health programs offered to the province's First Nations. The provincial government has committed to providing more health services to First Nations communities, and aligning the planning and management of services with First Nations priorities. This model posits First Nations as equal partners in the decision-making process.⁷



6. Federation of Saskatchewan Indian Nations, Government of Saskatchewan, Government of Canada, Memorandum of Understanding on First Nations Health and Well-Being in Saskatchewan, 2008.

7. Health Canada, B.C. Tripartite Health Transfer, 2013. Available online at: http://www.hc-sc.gc.ca/ahe-asc/media/nr-cp/_2013/2013-149fs-eng.php.

Yukon: Self-government for fourteen communities

A self-government framework agreement was concluded in Yukon between the First Nations and the Canadian authorities. As per the framework agreement, each of the fourteen First Nations of Yukon had to sign a self-government agreement with the federal and provincial governments. These agreements recognized the status of government of these communities and established the framework for their relationships with the provincial and federal governments. In concrete terms, it resulted in a transfer of powers to First Nations over the development, management, administration and funding of health care in their communities. The agreements also gave these First Nations the power to enter into contracts and enact laws in the interest of their population.⁸

Cree, Inuit and Naskapi of Quebec: Agreements with the provincial government

In 1975, the Cree and Inuit signed the *James Bay and Northern Quebec Agreement* with, among other signatories, the Quebec government, thus achieving an increased degree of self-determination in health. The Agreement is first and foremost a treaty that represents a compromise between the parties. It defined the Cree's territorial hunting and fishing rights and granted them various advantages such as the creation of their own local and regional administrative bodies to govern education, health and social services.⁹ In 1978, the Naskapi signed a similar agreement with the Quebec government: the *Northeastern Quebec Agreement*.

8. Department of Indian and Northern Affairs Canada, *Building the Future: Yukon First Nation Self-Government*, 2008.

9. Les Publications du Québec, *Convention de la Baie-James et du Nord québécois et conventions complémentaires*, 1998.

2009

Creation of the *First Nations Information Governance Centre* – National organization with a mission to build capacity and provide credible and relevant information on First Nations while respecting the rights of First Nations self-determination for research and information management.



2010

Settlement Agreement with Bigstone Cree Nation – Regulation governing the historical land claims of the Bigstone and Peerless Trout First Nations in Alberta.



Source: <http://www.bigstone.ca/>

2011

Framework agreement between the Crees and the Government of Quebec – Framework policy on governance in the Eeyou Istchee James Bay territory and the modernization of the governance regime.



2012

First Nations and Inuit Health Branch Strategic Plan – A strategic plan designed to promote collaborative models of health and health care that support individuals, families and communities from a holistic perspective, while respecting the partners' respective jurisdictional roles and responsibilities, as well as to advance strategic goals by maintaining effective relationships with First Nations.

2013

Health Canada transfer to First Nations of British Columbia – On October 1, 2013, Health Canada transferred over to the First Nations Health Authority its responsibility over the design, management and delivery of health programs and services for the First Nations of British Columbia.



Source: <http://fnbc.info/about-us>



**Considerations
for the elaboration
of the proposed
health and social services
governance model**



The project's focus has thus far been on the necessary points of consideration for the development of a governance model: culture, regulations, accountability, participation, transparency, effectiveness and fairness.

The discussions with community representatives have shed light on how each of these different elements should be treated during the development of the new Quebec First Nations health and social services governance model.

Culture	<ul style="list-style-type: none"> — First Nations want to institute a governance model that integrates their culture and understanding of health. — First Nations lay claim to the right to offer their population health and social services that are culturally adapted.
Regulations	<ul style="list-style-type: none"> — Predetermined regulations and statements in the agreements concluded with the governments during a partial or full transfer of authority to the First Nations. — Regulations determined by the First Nations to ensure local authority for each community.
Accountability	<ul style="list-style-type: none"> — The roles and responsibilities of all signatories, understood and accepted by all parties. — Expectations respecting reporting requirements that are explicit, understood, agreed upon and determined based on each party's capacities. — Reasonable reporting requirements.
Participation	<ul style="list-style-type: none"> — The inclusion of mechanisms to mobilize stakeholders and the population to take part in the decision-making process. — Stakeholder commitment, bolstered by relevant, targeted goals.
Transparency	<ul style="list-style-type: none"> — A detailed and accessible description of each party's powers and responsibilities. — The implementation of a process to ensure the free flow of information.
Effectiveness	<ul style="list-style-type: none"> — Capacity reinforcement for the development and delivery of programs and services. — Strengthening of First Nations institutions.
Fairness	<ul style="list-style-type: none"> — The implementation of management processes to guide the application of regulations, signatory autonomy and conflict resolution.

Other aspects of the potential model must also be considered by the First Nations.

The unique characteristics of each community

The Quebec First Nations communities have varying degrees of organizational capacity, which could condition the transfer of new responsibilities. In addition, communities have a wide diversity of needs and priorities. As such, the new governance model must take the unique characteristics of each community into account.

Economies of scale

One of the greatest benefits of uniting the First Nations communities under a shared governance structure is the opportunity to achieve economies of scale. At the present time, it would be impossible for each community to have the necessary human resources to fill every position, whether medical or administrative in nature, to improve the health and well-being of its population. So long as it is warranted by the situation, equipment and human resources should be shared to optimize potential services and reduce associated costs.

Historical Background

2014

Adoption of the vision, principles and values of the health and social services governance project of the First Nations in Quebec – One vision, eight principles and six values were ratified by the Chiefs of the AFNQL in order to guide the overall approach being taken by First Nations.



2015

Agreement with the Ministère de la Famille du Québec – The FNQL-HSSC concluded a transfer of authority agreement with the ministry that will allow it to better support the development and improvement of child care services in non-agreement First Nations communities and for the Naskapi nation.

“C’est le moment de rallier nos forces [...], d’adapter à nos cultures, d’adapter à nos besoins [...], de s’appropriier notre gouvernance en matière de santé et de services sociaux. Cela veut dire d’octroyer aux communautés plus de pouvoirs, plus de responsabilités.”

“Nous devons prendre nos responsabilités, nous devons aller de l’avant [...] afin de servir nos communautés, de donner les meilleurs services pour nos membres, à nos parents, à nos grands-parents, à nos adultes, à nos enfants, à nos petits-enfants.”

“The status quo is safe but all of us are here to try to create change in our community.”

“Qu’on se mette tous ensemble pour aller de l’avant vers un but commun [...], c’est de mettre en place des scénarios pour prendre en charge les services de santé et les services sociaux [...] pour qu’on puisse déterminer nous autres-mêmes nos priorités et non se les faire dicter par des institutions extérieures à nos communautés.”

“Governance is a gift and we have the opportunity to accept it.”

“We are looking for a better [...] a brighter future.”

“Let’s focus on the positive, on how we can deal with the challenges rather than say that the challenges are too big.”



“We have to become co-creators of that system, we have to create our own system that will work in today’s realities because what works for our people doesn’t exist [...].”

“Joindre nos actions pour obtenir des résultats et qu’on puisse être au centre des décisions qui concernent la santé de nos frères, de nos sœurs, de nos peuples.”

“C’est un projet rassembleur qui nous amène à réfléchir de quelle façon on peut tout le monde ensemble travailler.”

“We have to be able to tell government this is our vision in terms of where we want to go.”

“It’s a long road that we are travelling together, stay on the journey with all of us.”

“We have to work collectively with one another, we have to support one another.”

“Pourquoi on ne serait pas au centre des décisions et qu’on ne paramétrait pas les différents programmes pour lesquels du financement est octroyé? Pourquoi on ne définirait pas, nous, ce qu’on souhaite [...] comme orientation?”

Note: These testimonials were made during the regional meeting held in Quebec City on January 27 to 28, 2015.

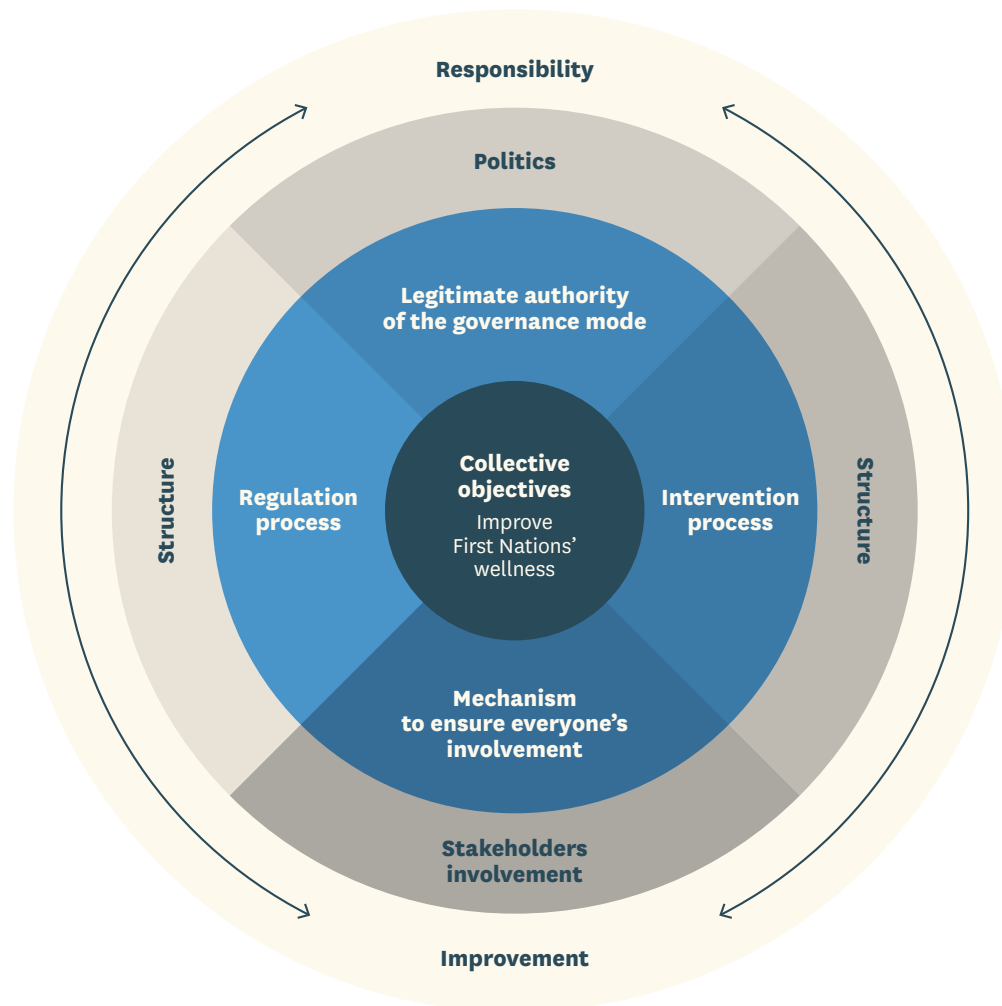


**Proposed concept of
effective governance**



What is effective governance?

Effective governance focuses on the achievement of results to evaluate all policies originating from the regulatory process and the intervention process. To be effective, governance must involve all social stakeholders, thereby contributing to a better understanding of the achievement of goals. Accountability in effective governance concerns the use of powers and resources in view of achieving the collective objectives.



The adoption of a new governance mode will lead to many changes that will allow First Nations to be at the heart of the decisions. Effective governance in the area of health and social services must allow the First Nations to:

- Have a greater ability to influence governments;
- Strengthen solidarity between the communities while respecting the autonomy of each;
- Better control resources in order to implement programs and services that meet the needs of the population;
- Integrate the First Nations specific culture into the management, planning, delivery and evaluation of the services.

What distinguishes effective governance from the current governance?

The current health and social services governance of the First Nations in Quebec is based on an approach referred to as government and good governance. A government is a hierarchical form wherein power is exercised in a top-down manner. Good governance is an accounting approach to accountability that seeks to control expenditures based on criteria that are defined by an authority, in this case the provincial and federal governments.

The establishment of an effective governance mode will ensure that all stakeholders will work together towards a common goal: improving the wellness of First Nations.

A governance mode in three dimensions

Effective governance includes three dimensions: the political dimension, the structural dimension which includes regulation and intervention and the stakeholders involvement dimension.

Political dimension

The creation of a health and social services governance mode is based on an agreement between the various political authorities duly elected to engage First Nations and the other nations. This agreement gives legitimacy to the adopted governance mode.

Dimension of regulation process structure

All the policies, standards, programs and resource allocation methods that are implemented in order to achieve the collective objectives of improving the wellness of First Nations.

Dimension of intervention process structure

That which is implemented in order to ensure the provision of programs and the delivery of services to the population.

Stakeholders involvement dimension

To be effective, the governance mode must include mechanisms to ensure the involvement of all social stakeholders, which allows for a better understanding of the achievement of the collective objectives.

Finally, the schematic representation of effective governance highlights that the governance mode is dynamic to the extent that its effectiveness depends on the capacity of the stakeholders to improve their practice and be responsible with respect to the achievement of the collective objectives.



Appendices



Appendix 1

Glossary of frequently used terms

Self-determination

“Philosophically speaking, self-determination designates the possibility for an individual to freely choose his or her behaviour and opinions, that is, free from any outside pressure. In international law, this term is associated with the principle that peoples have the right to govern themselves, that is, to freely choose their State and form of government, to not be compelled to give way or make concessions against their will, and to have the power to secede if needed.”¹⁰ [translation]

Authority

“Authority is the power to command and be obeyed. It involves notions of legitimacy, command and obedience, of another power that imposes authority. The types of legitimacy can vary, and can be expressed through a relationship of force or one of competence.”¹¹ [translation]

Control

“Control is a procedure put in place to ensure the reliability of a record, the proper functioning of a structure, service or system.”¹² [translation]

Accountability

“Accountability is an obligation imposed on a person, to whom a responsibility was delegated, to show proof of the way that responsibility was fulfilled. It consists in reporting on the use of powers and resources attributed to a person or organizational entity to achieve set objectives.”¹³ [translation]

Reporting

“Reporting is a function based on the obligation to show proof, to examine such proof and assume the relevant responsibility for both the results obtained in light of the established expectations and the means employed to that end.”¹⁴ [translation]

Responsibility

“The obligation of an office holder to acquit himself or herself of a task or a category of tasks and to report on this activity to his or her superior or competent authority, according to predetermined criteria that he or she has consented to abide by.”¹⁵ [translation]

Transparency

“The quality of an organization that is open about its operations, practices, intentions, objectives and results.”¹⁶ [translation]

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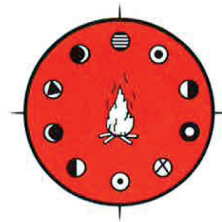
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Appendix 2

Motion adopted by the AFNQL Chiefs in February 2014



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AFNQL SPECIAL CHIEFS ASSEMBLY February 18-20, 2014 Montreal, Quebec

EXCERPT FROM MINUTES

MOTION: HEALTH AND SOCIAL SERVICES GOVERNANCE PROJECT

The Chiefs of AFNQL allow the Health and Social Services Governance Project to proceed and utilize the draft vision, values and principles as their guide. The FNQLHSSC, in collaboration with the Health and Social Services Directors, will fine-tune the document and through the regular course of the work of the project, will come back to the Chiefs' table to provide updates, and to get continuing guidance and direction and will address and resolve any issues that the Chiefs have laid forward on the table during the Assembly.

Proposed by: Chief Gilbert Whiteduck, Kitigan Zibi

Seconded by: Grand Chief Mike Mitchell, Akwesasne

Adopted by consensus on February 19, 2014



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION