

b r i e f

ON RESIDENTIAL AND LONG-TERM CARE RESOURCES FOR QUEBEC FIRST NATIONS

Intend for:

The Committee on Health and Social Services of the National Assembly of Québec

As part of the special consultation on:

The living conditions of adults living in residential and long-term care centres

By:

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"Dramatic differences in the health and life chances of peoples around the world reflect imbalance in the power and prosperity of nations."

(WHO, 2008)

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ON RESIDENTIAL AND LONG-TERM CARE RESOURCES FOR QUEBEC FIRST NATIONS

PRESENTATION

Since 1994, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is an unincorporated non-profit association responsible for supporting the efforts of the First Nations of Quebec and Labrador relating to, among other things, the planning and delivery of culturally-appropriate and preventive health and social services. Its mission is to promote and protect the physical, mental, emotional and spiritual well-being of the First Nations and Inuit individuals, families and communities. It also aims to promote First Nations access to comprehensive health and social services programs that are tailored to their needs while respecting their cultures and local autonomy in addition to being designed by recognised organisations and sanctioned by the local authorities.

It should be noted that, for the purposes of this brief, the information regarding the situation of the First Nations stems from 32 communities in Quebec¹.

1. The Cree communities and Inuit villages are not included in this number.



SUMMARY

The situation portrayed in the brief illustrates the economic, geographic, linguistic and cultural barriers that the accommodated First Nations adults of Quebec are faced with. But above all else, it is the persistence of the structural and jurisdictional obstacles that arise in their relations with government authorities and the lack of political will to eliminate these obstacles that represent their greatest challenge.

Considering the socio-economic context and the importance of elders in the community life of First Nations, the Quebec government, which has responsibilities in the areas of health and social services, social assistance and education, must promote the implementation of measures that are likely to enable them to reside in their home communities.

Several facts support the need for new facilities accompanied by adequate funding for adults in need of accommodations:

- Few First Nations communities have a residential care facility;
- The communities that do have these facilities are only funded for a limited range of care that is considerably inferior to the range of care provided by the CHSLD;
- These communities already have a waiting list for their own citizens; therefore, very rarely can they receive adults who come from other communities;
- The vast majority of those who require long-term residential care facilities must therefore wait for a place in one of the Quebec network's facilities;
- However, the majority of those who must access one of the Quebec network's residential care facilities refuse to leave their home communities for many reasons (language, significant separation from family and territory, isolation, racism, etc.). That is why some of the centres located in the communities provide more services than what is covered by the Assisted Living Program of Aboriginal Affairs and Northern Development Canada (AANDC);
- It is difficult for the community residential care facilities to provide access to specialized psychosocial, medical, pharmaceutical and recreational services because of the inadequate funding, among other things. Consequently, it is almost impossible for them to reach agreements with other institutions, share professional resources or purchase private services;
- Chronic and neurological diseases are the two main causes of placement outside the communities. The risk of chronic diseases and accidents is higher among First Nations than among the general population. First Nations therefore need to access the residential care facilities and Quebec's CHSLD at a younger age than the national average.

INTRODUCTION

La The FNQLHSSC would like to thank the Committee on Health and Social Services of the *National Assembly of Québec* for being invited to participate in the special consultation process it is conducting as part of its mandate relating to an initiative focused on the living conditions of adults living in residential and long-term care centres.

Knowing that significant disparities exist in the area of health and social services between First Nations and the non-Aboriginal populations of Quebec and Canada, the FNQLHSSC is very concerned regarding the issue of the living conditions of the First Nations who are accommodated in the CHSLD, but also in the residential care facilities intended for the adults of the First Nations communities of Quebec.

In order to improve First Nations access to health and social services, particularly for one of the most vulnerable clientele in Canada, the two organisations are looking to highlight the key elements to consider as well as the main challenges encountered related to accommodations intended for adults that are located inside and outside of the communities.

Their desire is to inform the Quebec government regarding the current and future needs of the First Nations adults in terms of the living conditions in the *Centre d'hébergement et de soins de longue durée* (CHSLD) of Quebec's health and social services network as well as the community residential care facilities intended for adults. With that in mind, many recommendations are made in order to guide the overall work of the *ministère de la Santé et des Services sociaux* (MSSS) du Québec in accordance with its mission and while respecting the values and rights of the First Nations.

The brief begins with a presentation on the state of affairs of the First Nations communities of Quebec. This is followed by the challenges associated with the themes proposed by the consultation paper of the *National Assembly of Québec* entitled *The living conditions of adults living in residential and long-term care centres*. Finally, the conclusion is followed by recommendations through which solutions that are appropriate to the particular context of the First Nations of Quebec are proposed.



STATE OF AFFAIRS

The health status of the adults from the First Nations communities of Quebec

As its title indicates, the main objective of the *Blueprint Quebec First Nations Health and Social Services 2007-2017 - Closing the gaps... Accelerating change* (FNQLHSSC, 2007) is to "address the disparities in the area of health." Even though we can see that some progress has been made in recent years, it is important to recognise that the disparities in terms of health between the First Nations and the general population of Quebec persist in some cases.²

The following data on the health status of the First Nations was taken from the 2008 First Nations of Quebec Regional Health Survey.³

- Generally-speaking, the life expectancy of the First Nations remains six to seven years below the Canadian life expectancy.
- In 2002, 63.0% of the First Nations adults indicated that they were suffering from various medical problems. In 2008, this proportion was 58.0%.
- Starting from 55 years of age, the proportion of people who indicate that they are suffering from hypertension, arthritis, cataracts, diabetes or heart problems is significantly increasing.
- The most common health problems are as follows: hypertension (22.9%); all forms of diabetes (17.5%) but particularly type 2; allergies (13.6%); chronic back pain (12.4%); arthritis (11.8%); and stomach and intestinal problems (11.3%).

In 2012, there were 80 785 First Nations people in Quebec, of which 52 384 were living in one of 41 communities that are scattered throughout the province of Quebec.⁴ Adults (ages 18 and over) represent 66.4% of the population and the elderly (55 years and over) represent 14%.⁵

According to the 2002-2003 First Nations Regional Health Survey (RHS), nearly one quarter (22.9%) of First Nations adults living on-reserve reported living with at least one disability, and respondents ages 60 years and older had the highest prevalence of disability (49.7%).⁶

In addition, considering the higher risk of chronic diseases and injuries among First Nations than among the general population and the fact that chronic and neurological diseases are the two main causes of placement into a residential care facility or CHSLD located off-reserve,⁷ the First Nations are required to access Quebec's CHSLD and the residential care facilities at a younger age than the national average. In this regard, the median age at the time of placement into a CHSLD located outside the community is 68 years. Considering that many First Nations communities do not have residential care facilities and those that do are only funded for a limited range of care that is significantly inferior to what is provided in the CHSLD, the majority of the people who require long-term residential care must leave their communities.

2. F. First Nations of Quebec and Labrador Health and Social Services Commission, *Quebec First Nations Regional Health Survey - 2008*, "General health", 2012, chapter 11.

3. *Ibid.*

4. Aboriginal Affairs and Northern Development Canada, consulted online on January 16, 2014: <http://www.aadnc-aandc.gc.ca/eng/1100100019370/1100100019371>.

5. First Nations of Quebec and Labrador Health and Social Services Commission, *Quebec First Nations Regional Health Survey - 2008*, "Sociodemographic Characteristics", 2012, chapter 1, p. 15.

6. First Nations Centre, *First Nations Regional Longitudinal Health Survey (RHS) 2002/03, Results for Adults, Youth and Children Living in First Nations Communities*, Assembly of First Nations, 2005, p. 54.

7. First Nations of Quebec and Labrador Health and Social Services Commission, *Quebec First Nations Regional Health Survey - 2008*, "Highlights", 2012, p. 34.

The social determinants of health

According to the World Health Organization (2008), the social determinants of health are:

"[...] the circumstances in which people are born, grow, live, work and age as well as the systems that are established in order to deal with disease. These circumstances, which reflect political choices, are shaped by the distribution of money, power and resources at global, national and local levels."

The most important social determinant of health is the socioeconomic status of individuals which consists of factors such as education, occupation of employment, type of employment and income. Belonging to an Aboriginal community can also be connected to significant disparities in terms of health. The data collected as part of the *Quebec First Nations Regional Health Survey – 2008* reveals a very low socioeconomic status. The following table provides an overview of this situation.

Socioeconomic factor	18 years and up	55 to 64 years	65 years and up
Incomplete high school education	57.7%	48.1%	82.4%
Being employed	45.2%	40.9%	8.5%
Seeking employment	20.6%	10.8%	4.2%
Personal income less than \$20 000 (2007)	53.7%	49.4%	70.3%

Source: FNQLHSSC, *Quebec First Nations Regional Health Survey – 2008*, chapter 1.

The Survey also mentions that about one third of households have an income of less than \$20 000, more than one in five adults has received employment insurance and just under one in three individuals has benefitted from income assistance. It also indicates that just over one quarter of the adults cohabit with more than four people.

Not only do the social determinants of health influence all dimensions of the person over the course of their life's journey, they also influence the behaviors and management modes related to health. The individuals, communities and nations that are subjected to inequalities related to the social determinants of health are faced with an additional burden in terms of health problems, in addition to generally limited access to resources that are likely to resolve these issues.⁹ Unfortunately, in many cases, the determinants result in a vicious cycle for the person.

For instance, living in conditions of low income has been linked to increased illness and disability, which in turn represents a social determinant, which is linked to diminished opportunities to engage in gainful employment, thereby aggravating poverty.¹⁰

That is why it is necessary to avoid a silo-based approach and to address health in a holistic manner in order to gain an understanding of the complexity of health problems and the influence of its determinants.

8. Ministère de la Santé et des Services sociaux du Québec, *La santé et ses déterminants : Mieux comprendre pour mieux agir*, 2012, p. 8.

9. National Collaborating Centre for Aboriginal Health, *Health Inequalities and Social Determinants of Aboriginal People's Health*, 2009, p. 2.

10. *Ibid.*, p. 2.



The types of accommodations in the First Nations communities of Quebec

In Quebec, seven (7) communities have a residential care facility for adults enabling them to offer residential services on their territories (see the table in Appendix I). They are funded by Aboriginal Affairs and Northern Development Canada (AANDC) and administered in accordance with the Assisted Living Program. The *National Social Programs Manual* of AANDC defines institutional care as "Care provided in an adult care facility, such as Personal Care Homes, Elders Lodges and Supportive Living Homes, etc."¹¹ The majority of these facilities are owned by the band councils, but some are directed by an independent board of directors.

According to the MSSS, in order for a resource to be recognised as an intermediate resource, each of the following conditions must be respected:

- The resource is a physical person or entity other than a public institution;
- The resource is connected to a public institution through a contractual relationship other than an employer-employee relationship;
- The resource provides the institution with a residential facility (shelter) and provides, for this public institution, one or more support or assistance services allowing the resource to maintain users in the community or to integrate them;
- The resource offers services in a physical facility that the resource either owns or leases.¹²

Yet, each First Nations residential care facility is the property of the community's band council, which is the employer of the facility's staff. Also, since the services that they offer are funded by the federal government, the community adult residential care facilities are not private homes for seniors. Despite this fact, AANDC defines them all the same as private homes for seniors or intermediate resources.

The majority of the non-Agreement First Nations communities of Quebec administer their health and social services according to contribution agreements signed with the federal government. The document published in 2007 by the MSSS entitled *Prestation et financement des services de santé et des services sociaux destinés aux Autochtones - Cadre de référence* explains another type of agreement that certain communities must sign:

"As for the communities that have not taken over the delivery of their social services, they must sign an agreement with the youth centre in their region and Aboriginal Affairs and Northern Development Canada. Through these tripartite agreements, the youth centres can then directly bill Aboriginal Affairs and Northern Development Canada for services provided to members residing in these communities, which include the full range of child and family welfare services in addition to adult care services, including the home and residential care services (unofficial)."¹³

The care provided in a residential facility for adults located in a First Nations community is based on the federal classification system for institutional care described in a document from 1973 entitled *The report of the Working Party on Patient Classification to the Advisory Committee on Hospital Insurance and Diagnostic Services*. This report refers to five (5) distinct types of care required by the clientele accessing the institutions:¹⁴

11. Affaires autochtones et Développement du Nord Canada, *Manuel national programmes sociaux*, « Programme d'aide à la vie autonome », 2012, section 2.1.4.

12. Ministère de la Santé et des Services sociaux, *Cadre de référence sur les ressources intermédiaires*, 2001, p. 13.

13. Ministère de la Santé et des Services sociaux, *Prestation et financement des services de santé et des services sociaux destinés aux Autochtones (Premières Nations et Inuits) - Cadre de référence*, 2007, p. 10.

14. Health Canada, *The report of the Working Party on Patient Classification to the Advisory Committee on Hospital Insurance and Diagnostic Services*, 1973.

Description of the types of care and their correlation with the Iso-SMAF profiles

Federal classification	Description	Associated Iso-SMAF profiles ¹⁵
Type I care	Institutional care for people who mainly need supervision and assistance related to daily and social activities as well as recreational services - from 30 to 90 minutes of care or supervision per day.	Profiles 1 to 5
Type II care	Continuing care for people who require personal care 24 hours a day under medical and nursing supervision - from 90 to 150 minutes of care or supervision per day.	Profiles 6 to 8
Type III care	Chronic care for people who need a range of therapeutic services, medical management and advanced nursing care - at least 150 minutes of care and supervision per day.	Profiles 9 to 14
Type IV care	Rehabilitative treatment to recover or improve functional capacity - may require psychiatric treatment along with the physical recuperation.	
Type V care	Acute care for people who require examination, diagnosis or treatment and are suffering from critical, acute or severe illness or are in recovery - rehabilitation centres and intensive care hospitals.	

In its *National Social Programs Manual*, AANDC mentions that its *Assisted Living Program* provides for the coverage of non-medical type I and II services that are offered in adult care institutions.¹⁶ Consequently, the facilities of the First Nations communities are only funded for the clientele with an Iso-SMAF profile between 1 and 8. AANDC also specifies in this same document that the province is responsible for, among other things, providing funding for the delivery of higher level care (Type III, IV, V or Iso-SMAF profiles of 9 and up) in institutions located inside and outside of the reserves.¹⁷ The way the services are currently organised makes it so that a person with an Iso-SMAF profile of 9 and over must leave his or her community in order to access the institutions of the Quebec health network, which officially have the mandate to provide these services.

The different types of accommodations for First Nations faced with a loss of autonomy

Type of accommodation	Hours -care/ day	Iso-SMAF profile	Type of care	Location of the accommodations
Adult care institution	Less than 2.5	8 and under 9 with conditions	I and II	In one of the 7 communities that have this type of institution
Home for seniors	N/A	N/A	N/A	In one of the communities that have this type of institution and off-reserve
Family type resource	Less than 1.5	2 and up	N/A	On- and off-reserve
Intermediate resource	1 to 3	7 and up	N/A	Off-reserve
Public CHSLD	3 and up	9-10 with conditions	III, IV and V	Off-reserve
Private CHSLD under agreement				
Private CHSLD not under agreement				

15. Centre d'expertise en santé de Sherbrooke, *Rapport d'analyse sur la correspondance entre les niveaux de soins et les profils Iso-SMAF*, 2012.

16. Aboriginal Affairs and Northern Development Canada, *National Social Programs Manual, Assisted Living Program*, 2012.

17. *Ibid*





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

When they don't have a residential care facility on their territory, the communities only have access to Health Canada's *First Nations and Inuit Home and Community Care* program. Established in 1999, this program provides funding for essential home services such as nursing services, personal care, needs assessment, case management, respite and home equipment loaning. According to Health Canada:

"These services assist people who have chronic and acute illnesses in receiving the care they need in their home or community. Care provided in these familiar settings allows First Nations and Inuit people to be close to their loved ones as long as possible and to keep their independence."¹⁸

Access to the various residential resources

Following discussions held in the spring of 2012 between the FNQLHSSC and the First Nations residential care facilities, it was estimated that many people were waiting for a place in one of these institutions and that the average wait time was a little over one year.

In order to obtain a place in one of these institutions, the person must meet the following criteria of AANDC's *Assisted Living Program*: they must live on-reserve and be subjected to an official assessment indicating a need for non-medical social support services by a qualified professional.¹⁹

Concretely, when a request for accommodations is sent to a facility for a First Nations person living in a community and a place is available, a needs assessment is carried out using the multiclientele assessment tool (DEMC) or the iSMAF software. A funding request is then sent to AANDC for people with an Iso-SMAF profile between 1 and 8. When the response is positive, the client is admitted to the adult residential care facility.

For individuals with an Iso-SMAF profile of 9 and up and those whose funding was rejected by AANDC, their request is forwarded to the Quebec health and social services network through a CLSC or CSSS. This request must go through the same process as any other request for accommodations made for a non-Aboriginal person.

The costs and rates in the First Nations communities of Quebec

Following the same discussions held in the spring of 2012 between the FNQLHSSC and the adult residential care facilities of the First Nations communities, it was estimated that the average annual operating costs for a place in a First Nations of Quebec residential care facility for adults was \$43 685 in 2011-2012 compared to those for a place in the network's CHSLD which were \$74 973²⁰ for the same period. It is important to note that the range of care provided in the CHSLD is much broader than the care funded in the adult residential care facilities of the First Nations communities.

Depending on the institution and the range of services it offers to its clientele, the *Assisted Living Program* of AANDC funds a daily amount between \$75 and \$133 per user. As for the user's contribution, each residential care facility establishes its own rate, which varies between \$17 and \$31 per day.

18. Health Canada, First Nations and Inuit Health, *First Nations and Inuit Home and Community Care*, consulted online on January 20, 2014 [<http://www.hc-sc.gc.ca/fniah-spnia/services/home-domicile/index-eng.php>].

19. Aboriginal Affairs and Northern Development Canada, *National Social Programs Manual, Assisted Living Program*, 2012.

20. Parliamentary Proceedings Directorate of the National Assembly of Québec, *The living conditions of adults living in residential and long-term care centres - Consultation Document*, September 2013, p. 8.



In most cases, the clients are over 65 years of age and recipients of old age security which enables them to cover the contribution amount that is being demanded by the adult care facility. However, a significant number of First Nations people need to resort to long-term care facilities at a younger age and must therefore cover the contributions that are requested from the user before they can benefit from the old age security that would provide them with the necessary financial means. For the most part, these people are income assistance program recipients and the amount they receive is not sufficient to cover the user's contribution.

Accommodations for a First Nations person in Quebec's health and social services network is subject to the same laws, regulations and programs as a non-Aboriginal person, both in terms of access and in terms of costs and rates.

The cultural context of the First Nations of Quebec

The First Nations Elders play a central role in the transmission of cultural and linguistic knowledge, both within their families and within their communities of origin. They are considered sages whose experience and knowledge of traditional values can guide the actions of others. Their role is particularly important since the communities are generally few and each community's culture is unique and its transmission to future generations is mainly based on oral tradition. The contributions of Elders are essential to the preservation of the language, cultural references and collective identity.

The staff of the First Nations communities of Quebec

In the facilities of the First Nations communities, the same categories of staff as in Quebec's network are found, which include the service, care-providing, support and administrative staff. However, according to discussions between the FNQLHSSC and the First Nations residential care facilities, it should be noted that a significant salary discrepancy exists for all types of jobs. Indeed, the salaries of the employees of the First Nations facilities are lower than those of the employees of Quebec's CHSLD. This situation is mainly the result of inadequate funding for the residential care facilities of the First Nations communities and has a significant impact on the recruitment and retention of staff.

It is interesting to note that the First Nations institutions do not use the services of private employment agencies for various reasons such as insufficient funding.

Future needs and development

Since the available accommodations for long-term care in the communities are very limited while the needs and demands are constantly increasing, many First Nations communities of Quebec wish to provide this service to allow the members of their communities to grow old in proximity to their loved ones. The development of new facilities accompanied by adequate funding has been a critical need for many years.

With that in mind, it is essential to "Fully articulate, map-out and clarify First Nation and Federal, Provincial and Territorial responsibilities and relationships with regards to the provision of health services to resolve jurisdictional impediments to the provision of appropriate and seamless health service delivery."²¹

21. Assembly of First Nations, *2012 First Nations Plan: Honouring our Past, Affirming our Rights, Seizing our Future*, 2012, p. 23.



The limits of the state of affairs

Unfortunately, there is very little available data on the residents of the First Nations of Quebec residential care facilities and those who are accommodated in the CHLSD of Quebec's health network. The same goes for the natural caregivers of these users. Subsequently, it is currently impossible to provide a detailed overview of the situation for the First Nations people of Quebec who are accommodated on- and off-reserve and their natural caregivers.

THE CHALLENGES

Accessibility

The absence of new organisational models that allow for adequately addressing the evolution of the ways of doing things and the needs of the users represents a considerable challenge in terms of accessibility. In fact, this situation causes problems associated with the overcrowding and exhaustion of the family or natural caregivers. The establishment of supervised homes or similar facilities that could provide seniors with certain on-site services would guarantee that they could receive appropriate care in accordance with the evaluated needs and could assist in preventing complications for those who are suffering from chronic diseases.²² However, the capacity of the First Nations to build this type of facility is limited. In fact, at the end of the 1980s, a moratorium on the construction of new residential care facilities was imposed by Indian and Northern Affairs Canada (INAC), which would later become AANDC. The moratorium has since been lifted but replaced with very limiting conditions relating to the approval of new facilities. Therefore, there have been no new constructions since 1999.

Moreover, the report on the *Living Conditions of the Elders of the First Nations of Quebec* (FNQLHSSC, 2010) recommends the development of incentives and a review of existing programs in order to enable the First Nations communities to build and maintain residential facilities for seniors.

"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 living outside of the community in an urban centre."²³

The First Nations communities with no residential care facilities for adults on their territories must, in the vast majority of cases, wait for a place in a CHSLD of the Quebec network. And, since the communities that have residential care facilities already have waiting lists for their own citizens, they can very rarely accommodate adults who come from other communities.

Considering this context and the importance of First Nations community life to the Elders, the Quebec government must foster the implementation of measures that are likely to allow them to reside in their home communities.²⁴

In order to determine which residential care facility a First Nations adult must go to, the following criteria should be used:

- The proximity of the place of residence
- Access for the family and natural caregivers
- The determined care, needs and services
- Language
- The staff's cultural sensitivity

22. Assembly of First Nations, *Sustaining the Caregiving Cycle: First Nations People and Aging, A report from the Assembly of First Nations to the Special Senate Committee on Aging*, 2007, p. 12.

23. First Nations of Quebec and Labrador Health and Social Services Commission, *The Living Conditions of the Elders of the First Nations of Quebec*, 2010, p. 68.

24. First Nations of Quebec and Labrador Health and Social Services Commission, *Our Elders, Our Identity*, brief presented as part of the public consultation on the living conditions of seniors, 2007, p. 12.



The funding

According to AANDC, the eligible expenses for the adult residential care facilities located in a First Nations community may include, among others, normal accommodations, meals, washing and social and recreational programs. However, specialised medical supplies and capital assets do not constitute eligible expenses.²⁵ Despite this fact, the reality is different. Indeed, given the lack of funding and according to the discussions between the FNQLHSSC and the adult residential care facilities of the First Nations communities, all funding is dedicated to the salaries and basic operations of the facilities. Furthermore, in many cases, the band council of the community covers the administrative fees of the facility (accounting, payroll service, office supplies, Internet, telephone, etc.).

Concretely, some centres agree to expand the range of services in order to meet the growing needs of an aging clientele. The fact remains that the majority of people who are forced to access a residential care facility in Quebec's network refuse to leave their home communities for many reasons (language, significant separation from family and territory, isolation, racism, etc.). It is for this reason that some centres offer more care than what is anticipated by the *Assisted Living Program*.

Contrarily to the CHSLD and the other residential resources among Quebec's network that can benefit from the loaning of medical resources (nurses, physicians, etc.), the community residential care facilities do not receive funding to provide medical and specialised care and so they are required to pay for these services in full out of their budget envelopes, which has a major impact on the financial health of these institutions. Also, Health Canada's *First Nations and Inuit Home and Community Care (FNICCI)* program does not provide funding for the construction of long-term care facilities or for the delivery of long-term care services in facilities.²⁶ Health Canada's *Medical Transportation Policy Framework* stipulates that the medical transportation benefits are insured in order to assist the clients in accessing medically-required health services that they cannot obtain in the reserve or community they reside in and that they could not otherwise receive.²⁷ This means that, currently, there is no possibility of federal funding to provide medical and specialised care to the clientele of the First Nations facilities.

In regards to the rates required from the user, the amount varies from one institution to another depending on the services they provide and the funding received from AANDC (refer to section: Costs and rates in the First Nations communities).

In 2012, a data collection process was carried out on the key operational challenges encountered by the residential care facilities of the First Nations of Quebec. The biggest challenge raised was the pay equity of the employees who have a salary scale lower than the pay scale found in Quebec's health and social services network. This has the effect of increasing the risk of having less qualified staff and a higher staff turnover rate, and therefore a decrease in the quality and continuity of the services.

25. Aboriginal Affairs and Northern Development Canada, *National Social Programs Manual, Assisted Living Program*, 2012, section 3.3.5.

26. Health Canada, *First Nations and Inuit Home and Community Care - Planning Resource Kit*, program criteria, 2000, p. 18.

27. Health Canada, *Medical Transportation Policy Framework*, 2005, p. 4.

The physical organisation

The majority of the residential care facilities located in a First Nations community are in need of renovations and adjustments. Unfortunately, according to the *Assisted Living Program* policy, the maintenance of these facilities is not an eligible expense and the communities must exercise creativity and imagination in order to find the necessary funds to repair a shower or repaint the walls. Similarly, the operating budget does not include an amount for the purchasing of furniture.

The particular clientele

Temporary accommodations (recuperation, respite, stopgap situation, etc.)

Temporary accommodations for people who usually live in their homes are a situation increasingly common among the First Nations residential care facilities. The main reasons for these short-term accommodation requests are recuperation, respite or as a stopgap solution. The problems arise when a First Nations individual requiring placement for a short duration does not have the financial means to pay the user's contribution in addition to the costs associated with maintaining their home (rent, mortgage, car loan, electricity, etc.). This situation causes some people to avoid requesting services for recuperation or as a temporary measure, resulting in a possible deterioration in their health and the health of their entourage.

In order to address the needs of this clientele, temporary measures were already implemented in 2010 in order to facilitate their access to services. These measures are presented in appendix 2. However, it is imperative to ensure that permanent solutions are implemented in order to ensure that people who do not have sufficient financial resources, and yet have needs that justify temporary accommodations, can access a residential care facility in a First Nations community.

The adults ages 65 years and under

Adults under 65 years of age who require permanent accommodations are, for the most part, income security recipients. The amount they receive on a monthly basis is insufficient to cover the user's contribution, which creates many problems for the users and administrators of both the community's residential care facility and the *Income Assistance Program*. Indeed, neither of the two programs (*Assisted Living and Income Assistance*) specify how this situation must be treated and which program is responsible for paying the missing amount to cover the contribution of the user who is an income security recipient and less than 65 years of age.

Language and culture

For residents who speak only a First Nations language, staying in one of the Quebec network's French-speaking CHSLD can be just as disconcerting as living in another country. For those who speak English, even if they can, in many cases, communicate in English with the staff, it is not always easy. More often than not, they remain culturally and linguistically isolated from the other residents and staff of the CHSLD. And if the needs of one of these people are not well understood or if this person does not understand the care that they require because there are no human



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resources available to translate, this situation can cause problems and even be detrimental to the person's state of health. That is why some seniors refuse to go to residential care facilities that are located outside of their communities while the English-speaking adults prefer to be treated in a neighboring province featuring an English-speaking environment that they identify with more.

In the First Nations facilities, the organisation of the work is centered on the resident. The environments are culturally-appropriate with, among other things, staff members who speak the native language of the residents, activities that are traditional in nature and menus that include wild game. This is why we must take action in order to keep the First Nations adults in their communities.

The services and care

For the residential care facilities of the First Nations communities, it is difficult to ensure access to specialised psychosocial, medical, pharmaceutical and recreational services due to inadequate funding among other things. Consequently, it is almost impossible for them to develop agreements with other institutions, share professional resources or purchase private services.

Furthermore, services and care that are culturally-appropriate for First Nations are required in all aspects of the continuum - assessment and intervention, selection and training of staff, implementation of policies and procedures - as well as in the location and design of the facilities.²⁸

The monitoring of the quality of the services and care

In the First Nations residential care facilities, the mechanisms ensuring that the users' rights are respected are few compared to those of the Quebec network. Indeed, some institutions have established a committee of users, some have followed the accreditation or certification processes for retirement homes through which they are now licensed or certified, while others still have no formal mechanisms.

For its part, AANDC conducts compliance reviews related to the *Assisted Living Program*. The goal of this evaluation mechanism is to provide assurance that the activities and expenditures related to the program are consistent with the terms and conditions set forth by the program.²⁹ Audit Services Canada (ASC) in this case is entrusted with the mandate to conduct the evaluation of the facility and the services provided. ASC produces a report that includes observations and recommendations on the management and administration of the facility as well as the daily rates for the delivery of non-medical care.

The challenge for the residential care facilities of the First Nations of Quebec is to obtain a definitive status in addition to the funding necessary to meet the requirements of this status. According to Quebec's law, are these facilities considered private homes for seniors, intermediate resources or another type of residential resource? Once their status is finally determined and the necessary financial resources are allocated, the First Nations facilities will then be able to implement the corresponding quality assurance mechanisms.

28. First Nations of Quebec and Labrador Health and Social Services Commission, *Living Conditions of the Elders of the First Nations of Quebec: Final Report*, 2010, p. 75.

29. Aboriginal Affairs and Northern Development Canada, *National Social Programs Manual*, 2012, chap. 5.1, section 13.0.

The staff training

The basic training for different types of staff varies from one residential care facility to another.

Continuing training for all types of staff has little or no presence among the residential care facilities of the First Nations of Quebec due to the fact that the funding allocated to them is insufficient. As previously mentioned, the majority of the facilities find themselves on an annual basis with an uncovered deficit for various reasons (insufficient funding, growing needs, more demanding client base, etc.). As their operational budget generally does not even allow them to cover basic expenses, it is often impossible for them to offer continuing training to their staff members. This situation can compromise the quality of the care and services provided to the clients and increase the risk of injury among the staff as well as the staff turnover rate.

The training needs, whether they are basic or ongoing in nature, are high. Whether they are related to cardiorespiratory resuscitation and first aid, safe food-handling or intervention among people suffering from dementia, the training needs of the various employees of the facilities are extensive.

Migration

Considering the state of health of the First Nations population and the inadequate funding associated with the services provided in the communities, Quebec's health and social services network will have to serve a growing number of First Nations adults who are experiencing a loss of autonomy in its various institutions including the CHSLD.

The chapter dealing with migration in the *Quebec First Nations Regional Health Survey – 2008* includes the following paragraph:

"The migration of community members to a non-native environment often causes shock and a loss of cultural markers. When they leave their community environment, First Nations peoples may be marginalized. Ignorance and biases from many non-natives with respect to different Aboriginal cultures result in certain cases in exclusion and racism."³⁰

To this end, the proportion of people who have been victims of racism is higher among migrants (26.2%) than among those who have never left their community (10.8%)³¹. This demonstrates that today, even in their own country, the First Nations still represent a socially excluded minority.

In addition, the need to leave their communities in order to access a CHSLD of Quebec's network can often cause terrible memories to resurface that are related to the Indian residential schools.

In addition to being uprooted, these individuals receive little in the way of social and emotional support, which makes them more prone to suffer from additional physical and mental problems. This may explain the phenomenon that is often observed by community workers according to whom the state of health of seniors deteriorates very quickly after being placed outside of their communities. Without data to support this finding, many First Nations health professionals have reported that these people often pass away within one year of being placed in one of Quebec's CHSLD.

30. First Nations of Quebec and Labrador Health and Social Services Commission, *Quebec First Nations Regional Health Survey – 2008, "Migration"*, 2012, chap. 3, p. 26.

31. Idem



The clientele's income

According to the *2008 First Nations Regional Health Survey*, nearly one third of the adults had received income assistance during the year preceding the survey. In the majority of the First Nations communities, the *Income Assistance Program* is administered directly by the band council for the entire population residing in the community. Allocations are based on the provincial social assistance policy since the mandate of the federal program is to ensure that the amounts payable in terms of income assistance are equivalent to the rates in force in the province or territory of reference.³²

In a situation where a person who is an income assistance recipient must go to a residential facility, Quebec's policy states that:

"The adult obtains the status of a person benefitting from accommodations as soon as a contribution can be required from them as a beneficiary or user who is residing in an institution such as a rehabilitation centre or a *Centre d'hébergement et de soins de longue durée* (CHSLD). [...] The basic benefit for a single person who is being accommodated is \$198 for both the social assistance program and the social solidarity program (unofficial translation)."³³

Just as it is stated in the social assistance program of the *ministère de l'Emploi et de la Solidarité sociale* (MESS), the *Income Assistance Program* of AANDC therefore allocates to all income assistance recipients who are considered single persons benefitting from accommodations a basic benefit (\$198.00 in 2014) for the entire duration of their stay.

Furthermore, for those who are recipients of income assistance and accommodated in a facility located in a First Nations community, contrary to what is done for users of the public institutions and residential resources of the Quebec network, the *Assisted Living Program* of AANDC does not exempt users from the contribution required from the facility.

The connections with the *Autonomy Insurance Act* and *An Act respecting end-of-life care*

Without performing an analysis of their impacts, the *Autonomy Insurance Act* and *An Act respecting end-of-life care* will impact the delivery of services and care in the First Nations residential care facilities as well as in Quebec's CHSLD. Unfortunately, it is obvious that it is the residents of these facilities who will suffer the effects, good or bad. That is why we must focus on limiting the negative consequences that these two acts could have on the client bases of these facilities as well as on the communities' service offer.

32. Aboriginal Affairs and Northern Development Canada, *National Social Programs Manual*, "Income Security Assistance Program", 2012.

33. Ministère de l'Emploi et de la Solidarité sociale, *Manuel d'interprétation normative des programmes d'aide financière, Statuts particuliers – Adulte hébergé*, 2013.



CONCLUSION

This consultation provides a framework that is conducive to awareness on behalf of the Quebec government regarding the difficulties encountered by the First Nations adults of Quebec accommodated in residential facilities. The portrait of the situation that was established here illustrates the economic, geographic, linguistic and cultural barriers that they are faced with. But above all, it is the persistence of the structural and jurisdictional obstacles that arise in their relations with government authorities and the absence of political will to eliminate them that represent their greatest challenge.

The First Nations adults who are accommodated in residential facilities need to live in a familiar and safe environment that is located in proximity to their families, friends and communities, and they wish to obtain the support and care they need to maintain their independence as long as possible in accordance with their culture.

Faced with requests from the First Nations residential care facilities related to meeting the basic needs of their residents, the provincial and federal administrations respond by invoking the constraints that are imposed upon them by their administrative rules, budgetary limitations and the limits of their respective powers. However, it is important to remember that the accommodated First Nations adults are legitimate clients of the services of the State and that they cannot be deprived of these services under the pretext that this would require unforeseen or additional efforts on behalf of the government administration.

The time has come for the political leaders of Quebec to exercise their leadership by adopting policies that are designed to overcome the structural factors that prevent the First Nations of Quebec from fully enjoying the services which they are entitled to. With its responsibilities in the areas of health and social services, social assistance and education, the Quebec government is directly concerned by the socioeconomic problems that affect the First Nations communities and their citizens who reside outside of their communities. That being said, it seems appropriate that the Quebec government take the initiative to initiate negotiations with the federal government in order to clarify their respective responsibilities and accountability and align their programs in such a way as to ensure ongoing services and abolish jurisdictional gaps. Inevitably, the First Nations of Quebec must also be involved in these negotiations, as they are the only ones who can speak for themselves.

The following recommendations primarily aim to facilitate the initial steps that will lead to the improvement of the current and future living conditions of the First Nations adults accommodated in residential care facilities in the communities as well as in the CHSLD of Quebec's network.

RECOMMENDATIONS

The FNQLHSSC recommends the following:

- That the Quebec government honour its commitment to consult with the First Nations during the development of laws, policies and action plans so that they can identify and define the services that are intended for the First Nations adults accommodated in facilities located inside and outside of the communities.
- That the Quebec government recognise the cultural specificity of the First Nations, particularly through the implementation of appropriate adaptation measures for the various services intended for the adults accommodated in facilities located inside and outside of the communities.
- That the Quebec government promote, through agreements, the harmonisation of the provincial and federal programs that have an impact on the living conditions of the First Nations adults accommodated in facilities located inside and outside of the communities in order to reduce the barriers and ensure a continuum of services.
- That the Quebec government commit to work with the federal government and the First Nations representatives on the harmonisation of the procedures stemming from the *Assisted Living Program* regarding its responsibility to provide funding for the provision of care types III, IV and V in the facilities that are located inside and outside of the communities.
- That the Quebec government collaborate in the establishment of the financial and regulatory conditions and the implementation of a policy framework on continuing care intended for seniors in the First Nations communities of Quebec.
- That the MSSS support the development of a range of specific services to support the patients and professionals of the English-speaking communities of the First Nations of Quebec.
- That each *Agence de la santé et des services sociaux* concerned include the specificity of the First Nations in its organisation plan for the services in collaboration with the First Nations communities that are located in each of the administrative regions concerned.
- That each *Agence de la santé et des services sociaux* concerned promote the transfer of knowledge and expertise to those who are working in the First Nations communities of their administrative region by giving them access to the various trainings they provide.
- That the *Centres de santé et de services sociaux* (CSSS) work in collaboration with the First Nations communities they serve on the establishment of inter-agency protocols in order to ensure continuity of care for the First Nations adults who are accommodated in facilities located inside and outside of the communities.
- That the status of the First Nations residential care facilities of the First Nations communities be clearly defined between the Quebec government and AANDC in order to determine the type of residential facility of the Quebec network they must be compared to in order to meet the provincial and federal standards for certification or accreditation and that the funding needed be granted to First Nations facilities.

APPENDIX 1

THE FACILITIES LOCATED IN THE FIRST NATIONS COMMUNITIES OF QUEBEC

The First Nations of Quebec residential care facilities funded by AANDC				
Community	Region	Name of the centre	Number of beds	Opening
Kahnawake	Montérégie	Turtle Bay Elders' Lodge	25	1999
Kanesatake	Laurentides	Riverside Elders' Home	11	1999
Kitigan Zibi	Outaouais	Kiweda	9	1992
Mashteuiatsh	Saguenay - Lac-St-Jean	Centre Tshishemishk	20	1989
Timiskaming	Abitibi-Témiscamingue	Anishnabe Long Term Care Center	16	1998
Uashat mak Mani-Utenam	Côte-Nord	Foyer Tshennuat	8	1999
Wendake	Capitale nationale	Résidence Marcel-Siouï	12	1992
		Average	14	----
		TOTAL	101	----

The other residential care facilities of the First Nations of Quebec				
Community	Region	Name of the centre	Number of beds	Opening
Lac-Simon	Abitibi-Témiscamingue	Maison des Aînés du Lac Simon	14	2010
Wôlinak	Centre-du-Québec	Résidence Au Soleil Levant	66	1985
		TOTAL	80	----



APPENDIX 2

THE PROVISIONAL MEASURES TO FUND TEMPORARY ACCOMMODATIONS IN A RESIDENTIAL CARE FACILITY

Clientele	First Nations adults who come from the community of Timiskaming who go to the ALTCC (Timiskaming → Timiskaming)	First Nations adults who come from another community who go to the ALTCC (Other community → Timiskaming) (Eagle Village, Winneway, Kitcisakik and Pikogan)										
Paying agency	AANDC according to the following exception regulation (unofficial translation): "In cases of temporary placement in the Anishnabe Long Term Care Centre of Aboriginal adults who ordinarily reside on-reserve, if they do not have sufficient financial resources to cover the user's contribution, INAC - Quebec region agrees to cover, in addition to the per diem, the difference between the payable user contribution amount and the financial resources that are available to the recipient, following the principles set out in the Regulation regarding the contribution of users taken in charge by intermediate resources of the Quebec government."	Health Canada, through the Medical Transportation component of the Non-Insured Health Benefits (NIHB) program, provides the following amounts for meal allowances: <table border="1" data-bbox="914 810 1409 1052"> <tr><td colspan="2">Meal allowances</td></tr> <tr><td>Breakfast</td><td>\$8.00</td></tr> <tr><td>Lunch</td><td>\$10.00</td></tr> <tr><td>Supper</td><td>\$15.00</td></tr> <tr><td>Total</td><td>\$33.00</td></tr> </table> These allowances allow for covering the amount charged by the residential care facility, thereby resolving the issue.	Meal allowances		Breakfast	\$8.00	Lunch	\$10.00	Supper	\$15.00	Total	\$33.00
Meal allowances												
Breakfast	\$8.00											
Lunch	\$10.00											
Supper	\$15.00											
Total	\$33.00											

Meetings involving all partners will be required in order to identify permanent solutions that suit each organisation concerned and particularly the clients accommodated in the First Nations residential care facilities of Quebec.



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