FIRST NATIONS IN QUEBEC HEALTH AND SOCIAL SERVICES GOVERNANCE PROJECT

ABSTRACT OF HEALTH AND SOCIAL SERVICES ISSUES

Report produced by the First Nations of Quebec and Labrador Health and Social Services Commission

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1
INTRODUCTION

First Nations in Quebec and Canada form a special group on a legal and jurisdictional level. Although they have rights to self-government, they are subject to both federal and provincial legislation, placing them in a political situation that becomes complex and difficult when transitioning towards a significant and even urgent improvement for the health of the people. This reality, which is reflected in all spheres of activities, does not allow First Nations to be the key builders of a society according to their vision.

The following pages present a summary of these impacts on the administration of health and social services in communities and, consequently, on the overall health of the people concerned. The effects of such a half-measure between the affirmation of the right to autonomy and its actual implementation were identified by community administration and political officials during meetings held under the health and social services governance project in 2014 and 2015. The purpose of these meetings was to identify issues related to the administration, planning and delivery of social and health services, to design an **effective governance**[1] model adapted to the realities and aspirations of First Nations.

[1] Effective governance focuses on achieving results to evaluate all policies stemming from regulatory and intervention processes. To be effective, governance must involve all social actors in terms of governance and thus allow for a better understanding of the goals to be reached.

2
OVERVIEW OF THE SITUATION

2.1 DECISION-MAKING SYSTEM

While most communities have been transferred the management of health and social services programs (some since the 80s), they do not really have the freedom to develop and operate services that correspond to their vision of the world and their concept of health.

2.1.1 Subjection to external laws

In the wake of the claims from the 60s and 70s, the federal government adopted an Indian health policy in 1979 with the objective of improving health by means designed and implemented by the communities themselves. Despite the implementation of this policy, which provided for the respect of federal, provincial and First Nations jurisdictions: the "historical legislative vagueness, and the multiplicity of authorities that resulted, the Aboriginal legislation and health policy framework is very complex, resulting in a great deal of diversity in health service provision across provinces and territories. […] The current context shaping the Aboriginal health legislation and policy environment in Canada takes root in the 1867 *British North America Act* (BNA). The Act defined health services as a provincial jurisdiction, and Indian Affairs as an area of federal jurisdiction, thus creating an ambiguity over Indian health that remains today."[2]

This situation, wrought with inconsistencies, legal and financial gaps, seriously affects the management of health services and social services for First Nations, despite being recognized the right to self-government, must maneuver in confusion, gray areas and jurisdictional conflicts. Therefore, First Nations are literally trapped legally, sometimes manipulated between exclusive federal jurisdiction in respect of Indian affairs and a recognized provincial jurisdiction.

[2] National Collaborating Centre for Aboriginal Health, *Setting the Context: The Aboriginal Health Legislation and Policy Framework in Canada*; June 2011.

2.1.2
Imposed programs

Unlike the Quebec population to whom are allocated the funding required by the legislation adopted and defined according to government orientations and priorities, First Nations are compelled to serve their local community with funding from the federal government, which must be used for predefined purposes and are poorly adapted to the legal obligations imposed by the province. They must also be accountable to both levels of government and to adapt to current and future laws without distinction to their realities and needs.

Moreover, the federal government persists in maintaining health and social services funding and separate program objectives under the administration of two levels of governments: Aboriginal Affairs and Northern Development Canada (AANDC) and Health Canada. This significantly affects the integration of health services and social services as well as coordination with the province, because the administration and delivery of services are different from those that exist in the communities. This reality is not taken into account by the federal government in developing policies and programs at the national level.

The lack of consultation prevents First Nations leadership to express their needs or the difficulties caused by such a system. Instead of defining strategies based on established guidelines and long-term objectives, they need to plan their short and medium term actions, without really addressing the basic needs and priorities of their communities through a comprehensive approach to health care which would also integrate its determinants.

The following table illustrates the current situation.

Quebec health and social services network

	Entire province	*Territories under agreement*	*Territories not under agreement*	*Outside communities*
Funding of health services	Quebec	Quebec; except for certain Health Canada programs, including the NIHB	Health Canada; except for health services	Quebec; except for NIHB funded by Health Canada
Funding of social services	Quebec	Quebec	AANDC	Quebec
Service planning				
1st line	ASSS and CSSS	Regional entity and/or local entity in each community	Responsibility of communities or federal government based on whether or not service provision is covered	Receive services in Quebec network institutions
2nd line	ASSS	Certain services are offered in hospital centres in Nunavik and Eeyou Istchee	Receive services in Quebec network institutions	Receive services in Quebec network institutions
3rd line	ASSS and RUIS	Receive services in Quebec network institutions	Receive services in Quebec network institutions	Receive services in Quebec network institutions

Source: FNQLHSSC; Review of health and social services provided to Quebec First Nations and Inuit; June 2015.

2.2 FUNDING

2.2.1 Multiple and uncertain sources

In general, First Nations rely almost exclusively on funding from federal departments to deploy their services in communities. They also depend on the province for access to health services and social services provided outside the communities. They therefore

lack autonomous financial resources they could use according to their specificities, their priorities and their actual needs. They must deliver their services with the funding allocated and according to the criteria imposed from outside sources.

Although new funding agreements offering greater flexibility are now available for many of the communities, funding remains subject to strict rules and is allocated by sectors of activity. In addition, funding for certain programs continues to be uncertain and belated.

2.2.2
Undue accountability

The fact that First Nations depend on the federal and provincial government and are without financial resources or legal authority makes them particularly vulnerable. They are dependent on external policies, subject to different levels of government and are often subject to excessive and rarely advised control, which ignores the complexity of their situation. They must therefore be accountable and seek to maximize their results in a difficult and specific context.

Although accountable for the health and well-being of their people, First Nations must manage their activities according to priorities imposed on them. They spend a lot of time administering financial resources to be compliant, while their human resource capacities are limited and their needs ever growing.

2.2.3
Resource allocation inconsistencies

The First Nations demographic curve characterized by a large young population, coupled with deep socioeconomic and health issues that prevail in communities, requires the urgent deployment of adequate financial resources. Thus, there exists an increasing deficit between the needs and the resources allocated. Funding is indexed, but does not take into account the growing population.

Although we are aware of the widening gap, it is difficult to quantify the situation with precision. The amounts identified for First Nations are often presented in a broad manner and without distinction. It will be important to access all the amounts and their sources by following the deployment of sums up to the communities. All these aspects should be analyzed: funds reserved for First Nations, funds allocated to relevant government departments distinguishing funds withheld for administration and distributed funds, amounts related to First Nations in federal transfers to the province and allocations made, costs for services provided by the province, etc.

There is also a lack of information as to the amounts allocated to communities which can create a distance, sometimes mistrust between communities. Certain doubts exist concerning the objectivity of the distribution mechanism for budget allocations. It would

be interesting to forward the allocation mechanism to First Nations so that we may all agree on the indicators to be used. We would thereby determine ourselves the mode of distribution.

2.3 ACCESS TO HUMAN AND MATERIAL RESOURCES

Access to resources is an issue that neither time nor local authorities have been able to resolve. The few professional resources from First Nations hinder the development and the delivery of quality and culturally appropriate services. Moreover, it is difficult to ensure the continued employment of external human resources because of non-competitive wages. This reality is experienced even more manifestly in isolated communities that are not able to compensate monetarily for their particular situations.

2.3.1 Deficiencies in terms of human and professional resources

Colonialism, in addition to having marginalized traditional know-how, has led directly to jeopardize access to skills adapted to the modern context, be it the development of knowledge within First Nations or the integration of qualified external personnel. Although First Nations are experiencing enviable demographic growth, the social difficulties they face have generated a dropout rate that prevents adequate replacement of personnel for the various services to the population, especially in areas such as health and social services. They must thereby rely on external resources often poorly informed about administrative, cultural and socioeconomic characteristics of First Nations.

These resources are quickly confronted with important differences in the administration of care and services. In fact, the reality of First Nations frequently discourages long-term commitment by human resources from outside the communities. In addition to this challenge, it is important to meet basic needs with limited professional resources. This results in the challenge to develop innovative solutions to ensure staff retention and maintain a minimum of quality in terms of services to the population.

2.3.2 Limited material and operational resources

As mentioned in the section on funding, First Nations are subject to government priorities. They have great difficulty in obtaining the funds required for the acquisition and maintenance of infrastructures such as residential centres for people with disabilities or youth centres. They also do not have access to the funds required to address problems

related to drug abuse themselves by establishing drug treatment and rehabilitation centres adapted to the needs of their people. On a material and operational basis, they are limited to pre-established programs.

2.4 ACCESS TO SERVICES

The political context and the geographical environment characterizing First Nations does not promote equity in terms of access to services and increases the gap between health status of First Nations and that of the Canadian general population. This fact should place communities at the center of a concerted reflection among all stakeholders involved.

2.4.1 Specific needs unmet

The complexity of the administrative and financial situation of non-treaty communities in Quebec lead to major deficiencies in the provision of services. This is accentuated by the presence of chronic diseases and social problems. Thus, it is common that communities, often isolated, are unable to take advantage of an appropriate continuum of services or pre-hospital services locally, after receiving care outside of their community. This is obvious for specialized care for people with diabetes, or in the lack of infrastructures for children under the care of the youth protection system. The lack of accommodations in the community for people with disabilities is also an important issue.

Furthermore, the absence of specialized detoxification services and the underdevelopment of alcohol, drug and gambling prevention programs are major elements that create many difficulties. The lack of mental health services in communities and deficiencies in the continuum of 2nd and 3rd line services does not promote the implementation of effective mechanisms.

In addition, for communities where English is the language of use, access to services available in Quebec is difficult because of the limited services available in English and the significant distances to travel to get there. People therefore tend to move to other Canadian provinces (e.g. Ontario and New-Brunswick) to receive services.

The off-reserve clientele also represents a major challenge for communities that do not dispose of uniform funding to serve all of their people.

2.5
RELATIONS WITH THE PROVINCIAL NETWORK

2.5.1
Difficult relations

Although First Nations live on the same territory as Quebeckers, the latter know little about the recent history of First Nations. Quebeckers are not always aware of the profound differences between them and First Nations people.

In fact, Quebeckers who travel to communities are sometimes surprised by the actual situation. There are socioeconomic disparities, of course, but also and especially cultural, linguistic, demographic and administrative differences.

This reality is reflected in the sometimes difficult professional relations marked by ignorance and prejudice. Added to this is the lack of clear guidance on the objectives of self-government many officials are unaware they even exists. Relationships are established much more on the basis of surveillance and control than on the actual improvement of local conditions. This sometimes leads to the presence of a form of power struggle in the relationships between government officials and local administrators.

In general, First Nations are rarely consulted at the opportune time. However, in some cases, consultations have allowed First Nations to exercise some influence and mitigate the negative impacts of legislative changes. In other situations, First Nations have to mobilize and develop strategies to counter the adverse consequences that may arise from the adoption of legislation or regulatory changes.

2.5.2
Scattered information and unavailable data

It is difficult to draw a general portrait of the health of First Nations, as there is little information available. Additionally, jurisdictional differences in the area of health and social services result in the fact that indicators and the methodology used to measure them may differ greatly, making comparisons impossible.

For a long time, in a perspective of accountability, the government bodies responsible for service delivery were responsible for collecting the data. Information about First Nations people are therefore scattered among federal and provincial departments and are often difficult to access.

We are currently witnessing a wave of initiatives to repatriate all this information and ensure adequate data compilation. This is an essential and desirable approach in order to better understand the situation. This gradual change will lead to better control of data collected concerning First Nations by First Nations.

In order to assess needs, set priorities and make informed decisions, it is essential that First Nations have, among other things, an actual and quality portrait of their situation.

3
TRANSFER OF HEALTH PROGRAMS

In the 70s, while Canada enjoyed a flourishing economy, a real reflection on how to deal with First Nations was initiated. Thus, under pressure from Aboriginal groups, the transfer of programs to communities began, with the purpose of promoting self-government.

Several sectors of intervention have gradually been transferred to First Nations, thus recognizing more authority from band councils. In fact, they were granted a new administrative and operational responsibility by transferring the management of programs previously assumed by the federal government.

The efforts made and the difficulties encountered by First Nations over the last 50 years have been significant. What is important to highlight here is the significant distinction between the effective assumption of administrative responsibility and self-government. We shall therefore focus briefly on the results and consequences of the approach.

3.1 PARTIAL SOLUTION TO THE WIDER PROBLEM

One of the important benefits of the transfer of responsibility is the fact that First Nations have developed different expertise for the management of their affairs and the deployment of services. This step was necessary. The transfer structure favoured or even strengthened the relationships between the government and band councils on an individual basis. Each council receives the budget allocations associated with the services to be deployed and is accountable to funders based on established objectives. In doing so, they are compelled to operate according to the program guidelines or according to what they agreed through negotiation.

The heart of the problem is that over time, this has led to a consolidation of local activities to the detriment of a broader social project involving a common vision and the pooling of efforts. Would it not be desirable and structuring to strengthen the conditions that ensure an environment of solidarity in order to multiply the forces, identify innovative solutions and increase the power of influence?

3.2
OVERVIEW OF THE CONSEQUENCES

The fact of not having the resources according to their priorities prevents First Nations to develop effective strategies for improving social and health conditions. Yet First Nations are accountable and are held responsible for their social and health situation, even if they have little authority over budget allocations and objectives to be met. Moreover, the fact that governments deal directly with each band council forces them to focus their energies locally and in the short term at the expense of long-term planning and better synergy with other communities by pooling their efforts.

4
GOVERN

Canadian First Nations have self-governed for millennia until the colonization era. Within a few decades, faced with an imperialistic vision and assimilation policies, they lost control of their lives and their future.

To govern themselves, First Nations need access to necessary resources and deploy these resources according to their priorities and through appropriate models. They shall thus be able to define their governance, establish their administrative structure, manage funds, allocate budgets and distribute funds according to identified needs. They shall be able to develop an accountability process based on their objectives. Only then will they be in position to truly meet their responsibilities.

4.1
CONDITIONS FOR A SUSTAINABLE MODEL

To improve the situation significantly, health and social services governance should preferably not be dissociated from a society project. The social, political and economic contexts, as well as the level of authority that a community has over these aspects represent determinants which have a direct impact on the population's health status.

With this perspective, to regain control of their destiny in a sustainable way, First Nations must establish a clear vision of the situation and identify the steps required. Without being exhaustive, below is an overview of the elements we consider important to take into account for improving the state of health and well-being of First Nations.

4.1.1
Obstacles to overcome:

- The effects of the assimilation policy on cultural references, languages, values and identity in general;
- The current application of an administrative model that differ from traditional models and the view of the world by First Nations;
- The strengthening of the cooperation between communities and Nations to design, negotiate and establish a sustainable model;
- The social difficulties, economic situation and lack of qualified human resources that channel the energy in the short term rather than for long-term planning;
- The devaluation of the past contributions made by First Nations and their current contribution potential as autonomous peoples in Quebec and Canada.

4.1.2
Steps required

1. Take a period for collective reflection – Remember the traditional value system and revamp it;
2. Measure the gap between the traditional value system and the system in place and identify pitfalls;
3. Apply the First Nations value system and holistic approach to health;
4. Develop an implementation strategy.

4.1.3
Certain success factors

- A clear mandate from all First Nations;
- The implementation of a reflection and appropriate decision-making process (flexible, simple, efficient, supported by a good communication strategy);
- The pooling of certain resources and expertise;
- A realistic implementation plan.

4.2
TOWARDS A NEW HEALTH AND SOCIAL SERVICES MODEL

At first, reflection shall be undertaken specifically for the areas of health and social services. Once the project's foundations are well-defined and the objectives established, the implementation of health and social services governance can be undertaken with confidence, on solid foundations. However, we must keep in mind that all the actions taken in regard to health and social services shall also have to take into consideration all the components of a future society project. We believe that this broad vision shall contribute towards a positive development and implementation of a coherent and sustainable social structure.

In fact, governance of a particular area ideally requires a deep reflection on the issues it has in common with the implementation of a social project. Thus, the development of an effective governance model for health and social services must, along with the society project, be part of a comprehensive approach promoting emotional, mental, physical and spiritual health. In this way, the result may be rich in tangible lessons that will form the basis for the realization of a society project.

5
CONCLUSION

The often precarious situation of First Nations in terms of health demonstrates the urgency to act and to undertake significant changes in structure and responsibility, not only in the administration of services, but also and especially in the lives of people and communities. For First Nations people, as for any human being, health is based on a context that enhances personal growth, through the expression of their aspirations and the appreciation of their identity. Health and social services governance needs to be addressed in this context, in order to ensure a refreshing renewal, guaranteeing the health of communities and the sustainability of Nations. To achieve this goal, we must be united, vigilant and determined.

6
APPENDIX

APPENDIX A
Participant observations

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Funding

The First Nations do not have independent financial resources to use according to their specific requirements, priorities and current needs.

Challenges identified:	*Corroborating facts:*
Multiple and/or unreliable sources of funding	— First Nations depend almost exclusively on federal funding to provide services in the communities. — Funding is subject to strict rules and is allocated by activity sector. Some program funding is unreliable and/or arrives late.
Excessive reporting requirements	— First Nations must administer services based on government-imposed priorities. — Much time is spent administering financial resources, despite limited human resource capacities and ever-growing needs.
Inconsistencies in resource allocation	— An increasingly significant gap is growing between needs and the allocated resources. Budgets are indexed, but do not take population growth into account.

Solution avenues

Funding formulas could be reviewed and revised upward by the communities in order to create a funding attribution grid that reflects their realties.

The communities could decide to adopt a reporting process that both meets Treasury Board requirements and produces useful data for local and regional management.

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Decision making

First Nations do not have the latitude to develop and manage health and social services in a way they see fit and that corresponds to their vision of the world and their needs.

Challenges identified:	*Corroborating facts:*
Subject to external laws	— The Indian Health Policy (1979) gave rise to a range of legal and political powers, divided between the federal, provincial and territorial governments. — Inconsistencies as well as regulatory and financial oversights s eriously affect the management of health and social services.
Imposed programs	— Federal funding is earmarked and not adapted to legal provincial obligations. — The absence of consultation does not allow First Nations directors to communicate their needs or report the difficulties created by this type of system to the government. — Two federal departments share funding responsibilities and jurisdiction over services: AANDC and Health Canada. This has a significant impact on the integration of health and social services, and harmonization with the province.

Solution avenues

Adopt a governance model with a common base but that allows for adaptations at the local and community level.

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Access to human and material resources

There are few First Nations professional resources, which hinders the ability to develop and maintain quality, culturally appropriate services. In fact, it is difficult to retain outside human resources, given that salary and benefits are not competitive.

Challenges identified:	*Corroborating facts:*
Shortcomings in terms of human and professional resources	— Difficult to hire human resources and high turnover of new, inexperienced resources. — Elevated school drop-out rates make it difficult to train a sufficient number of replacements in specialized fields such as health and social services. — New employees lack cultural knowledge and competencies. — Uncertain presence of physicians in the communities.
Limited material and operational resources	— Difficulty obtaining the necessary funds to acquire and maintain infrastructure, such as residential care facilities for people with functional limitations or youth centres.

Solution avenues

Create a regional placement service.

Create a human resources development plan.

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Access to services

The political and geographical context that characterizes First Nations leads to unequal access to services and accentuates the gap between the health of First Nations and that of the rest of the Canadian population.

Challenges identified:	*Corroborating facts:*
Special needs are left unmet	— Absence of specialized detoxification services and underdevelopment of addiction prevention programs (e.g. for drinking, drug use and gambling). — Lack of mental health services in the communities and lack of continuum in specialist care. — Lack of infrastructure for children under youth protection. Lack of housing in communities for people with functional limitations. — Inadequate continuum of care after receiving services outside the community. — Several communities whose populations primarily express themselves in an Aboriginal language or English are penalized due to linguistic barriers. — Communities are often far removed from specialized services.

Solution avenues

Develop programs to close service gaps, for instance, for people with mental health problems.

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Relations with the provincial system

Mutual lack of understanding between First Nations and Quebec system workers.

Challenges identified:	*Corroborating facts:*
Difficult relations	— Professional relations are sometimes difficult and characterized by a lack of understanding and prejudice. — Confusion surrounding everyone's roles and responsibilities. — Partners demonstrate a lack of openness toward First Nations, who generally do not get consulted. — Lack of understanding in the Quebec system about the recent history of First Nations. — Incomplete information about the amounts allocated to communities can create a distance between communities, and even lead to distrust.

Solution avenues

Reposition the foundation for the relationship between First Nations and the Quebec government with respect to health and social services.

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Information management

It is difficult to create a portrait of the health of First Nations since there is so little available data on the subject. In addition, as a result of the different jurisdictions involved in the health sector, the indicators and methodology used to measure health can vary greatly.

Challenges identified:	*Corroborating facts:*
Scattered information	— Inadequate information sharing.
Data that is difficult to access	— Lack of funding for research. — Lack of data, information and resources to evaluate needs, establish priorities and take informed decisions. — Information on First Nations is scattered across the different federal and provincial departments, and is often difficult to access.

Solution avenues

Analyze the relevance of repatriating certain types of information.

Access funding that will make it possible to conduct analyses, studies and research that will assist with decision making.

This factsheet presents the statements made by the health directors, social services directors and community chiefs and corroborates them using factual elements. Solution avenues have been proposed to fuel reflection.

Issue
Integration of culture

By integrating culture into the health system, the services offered will be more efficient and more widely used as they will better reflect the communities' values and principles.

Challenges identified:	*Corroborating facts:*
Difficulty adopting a holistic and culturally appropriate approach given the way the programs and services have been designed	— First Nations want to institute a governance model that integrates their culture and definition of health. — First Nations lay claim to the right to offer their population health and social services that are culturally adapted.
Quebec system services lack cultural sensitivity	— The provincial and federal governments determine the programs and how services are to be organized, and these decisions are made based on values and principles that are different than those espoused by First Nations. — Non-government initiatives and procedures are tolerated, but go unrecognized by the governments.

Solution avenues

Identify ways to integrate cultural considerations into services that respect the First Nations' definition of health.