



First Nations Wholistic Long-term and Continuing Care Framework: Priorities for Reform

July 2023

BACKGROUND | LANDSCAPE

Indigenous Service Canada's (ISC) current suite of long-term and continuing care programs offer supports for First Nations who require additional supports for self-care (e.g., supports for persons with disabilities, seniors, those living with chronic or acute illnesses) and require continuous services on a long-term basis. Under long-term and continuing care, the Assisted Living (AL) Program funds non-medical, social support services for low-income First Nations individuals living with chronic illnesses and disabilities who reside on-reserve and in the Yukon. The First Nations and Inuit Home and Community Care Program (FNIHCC) provides primary care services (e.g., in-home nursing, personal care, in-home respite, and palliative care) on-reserve and in Inuit Nunangat, where there are no readily available provincial or territorial services.

Recognizing that these programs are not adequately meeting the needs of First Nations, Budget 2019 provided \$8.5 million towards a First Nations and Inuit-led engagement on a new continuum of care approach to delivering long-term and continuing care services in First Nations and Inuit communities, which were conducted in 2021-2022. Pursuant to these engagements, ISC is seeking continued collaboration with First Nations to co-develop options for the First Nations component of a distinctions-based, wholistic and culturally safe long-term and continuing care framework that will support First Nations as they respond to the increasing pressures of a growing senior population, higher prevalence of First Nations adults with different abilities and those living with life-limiting diseases.

The First Nations-in-Assembly have mandated the Assembly of First Nations (AFN) through AFN Resolution 44/2022, *Co-Development of Policy Options with ISC for a Memorandum to Cabinet on the Wholistic Long-term and Continuing Care Framework*, with support and oversight of the Technical Working Group on Social Development (TWGSD) and the Chiefs Committee on Health (CCoH), to co-develop policy recommendations with ISC for a Wholistic Long-term and Continuing Care (LTCC) Framework through the reform of the AL and FNIHCC Programs. The vision of the Framework is to ensure First Nations are supported to age comfortably in their home and community and receive equitable healthcare regardless of where they reside.

PRIORITIES FOR REFORM

Seven overarching priorities emerged from the 2021-2022 First Nations-led engagements that supports the vision and objectives for transformative change.

1. Culture is the Foundation

A [w]holistic long-term care continuum should be culturally appropriate and include traditional practices and cultural activities in the system of care such as Indigenous art and other cultural activities, traditional healing and medicine, traditional foods, Indigenous helpers, and ceremony. (National Engagement Summary Report, Indigenous Services Canada, pg. 94).



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Culture is an integral part of First Nations identity and is woven throughout the life and essence of a community. The inclusion of cultural ceremonies, land-based activities, and traditional medicines within the development of a long-term and continuing care framework will be expected. Applying a Two-eyed Seeing approach that bridges the Western modality of health and Traditional ways of knowing will create parallel supports to healing. The intended result is a system and environment that amplifies First Nations' strengths to support the wellbeing of individuals, families, and communities. Reform will set precedence for ongoing training and demonstration of culturally safe and trauma informed care, to ensure services at home and in community are safe and comfortable for all clients. Further, institutional care homes such as adult foster care and long-term care facilities must incorporate culture to create safe spaces for Residential School Survivors, Day School Survivors, and others impacted by colonial legacies.

2. Adopt a Wholistic Approach

It is important to recognize the strong correlation between social determinants of health and wellbeing when assessing the wholistic lifelong continuum of care. (National Engagement Summary Report, Indigenous Services Canada, pg.22)

A First Nations wholistic approach reflects the context of an individual and their community in all dimensions, commencing care at preconception until end of life, and acknowledges that a First Nation's environment is a critical facilitator of health and wellness. Numerous external and internal factors influence wellness, which is the sum of the physical, emotional, mental and spiritual components. Addressing deficits in the social determinants of health is imperative to shifting the current sickness-based model to promote overall wellbeing and ensure wellness for the individual, the family and the community.

3. Restructuring and Advancing Infrastructure

Care needs to be grounded in-community: The ability to remain in-community – either in one's own home with appropriate family and community support systems, or in Elder's accommodations/housing within the community – is a priority. (National Engagement Summary Report, Indigenous Services Canada, pg.73)

Homes and care centres surrounded in comfort and familiarity are pivotal for long-term individual and community wellness to ensure First Nations are supported to age in place and receive appropriate care at home or within their First Nation. Increased home adaptations, refitting existing buildings and constructing new wellness centres that meet the regional construction standards will be required to achieve this universally accepted objective. Multi-room wellness centres that are able to serve the First Nation for various capacities are required, creating dedicated spaces for social and cultural ceremonies, specialized therapy, elder care, palliative care, and mental health services. The buildings must be immersed with



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cultural elements along with technological upgrades to ensure optimal care, underscore safe and secure data management and stable telecommunications.

4. Scalable and Sustainable Resources

Sustainable service and program delivery relies on stable and adequate funding that reflects current need. (National Engagement Summary Report, Indigenous Services Canada, pg.64)

Providing predictable and sustainable funding will support the shift towards a more proactive model of care than the historic reaction-based and short-term funding models. Currently, First Nations often use alternative funding sources to supply services or equipment to clients due to the insufficient funding of the AL and FNIHCC Programs. The switch to multi-year, flexible, and needs-based funding will ensure autonomy in designing budgets that cover capital and operational costs, implementing programs, utility and transportation costs, include emergency preparedness resources, eliminate wage gaps, improve food security, and anticipate future needs-based requirements.

5. Building and Supporting Health Human Resources

Long-term care is also understood as how First Nations people care for each other. It is kinship it is roles and responsibilities, and it is values – sharing, caring and loving. (National Engagement Summary Report, Indigenous Services Canada, pg.18)

Kinship defines a First Nation, where each member of the family and community have a role and a responsibility. Healthcare-related personnel must be a support system willing and able to assist clients and families to strengthen those family and kinship bonds during their continuing care journey. System navigators can contribute to removing barriers to accessing long-term and continuing care programs and services, easing stress and providing support for individuals and caregivers. Recruiting and retaining healthcare workers and support staff is imperative to ensure programs and services run effectively. Supporting accredited certification and training for community members will shift the Western physician-centric modality to a multidisciplinary team-based approach that removes strain on doctors and nurses, and eases caseloads allowing those with training to specialize in care such as disability-based services, senior care, palliative care and end of life care, rehabilitation services (physiotherapy, speech therapy, mental health, etc.), and supports and services for family caregivers.

6. Governance and Self-Determination

It is essential to also recognize the uniqueness of each Nation, their strengths, people and innovation. While it is possible to learn from other communities and try to implement similar programming, care must be taken to ensure there is not a one size fits all approach. (National Engagement Summary Report, Indigenous Services Canada, pg.43)



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Implementing a continuum of care must uphold First Nations Treaty and inherent rights to health. As the United Nations Declaration on the Rights of Indigenous Peoples states, the community and Nation have the right to be actively involved in developing health programs and administering these programs through their own institutions. A First Nations-led continuum of care will lead to coordinated partnerships with internal and external parties to ensure that roles and responsibilities are defined, standards and transition of care are clear and uniform, and the designing and delivering of a cost-effective, equitable continuum of care is reliable and accessible for First Nations. First Nations have identified a high administrative burden due to the data collection approach, funding agreement reporting, and lengthy program eligibility requirements. Administrative capacity building is essential to supporting First Nations autonomy over the Long-term and Continuing Care Framework through increasing administrative support staff with equitable salaries, revising reporting and data collection requirements, and robust technological investments.

7. Ensuring Equitable Access to Services Across Canada

First Nations perspective of long-term care also involves understanding the Life Journey as a circle of life process that is strength-based with individuals finding out what works for them within an enabling environment. It is life plans from childhood through to adulthood. It is fulfilling the wishes of the patient for their care. It is a healing journey involving spiritual supports, including through ceremony. (National Engagement Summary Report, Indigenous Services Canada, pg.18)

The creation of a Wholistic Long-Term and Continuing Care Framework must reflect and respect diversity and equity across all First Nations in Canada to enable and empower persons with different abilities and a diverse population by improving inclusive design for all, enabling health and wellness and social participation across the lifespan. A self-determined continuum of care will look different for each First Nation; provincial and territorial standards must not limit what a First Nation is able to provide, nor who they provide services to. A full continuum of care works across multiple program areas, beyond AL and FNIHCC, to ensure comfort and peace until the end of one's life journey. A pathway that has both supportive services and an accessible environment, is inclusive, and is usable to all people across all dimensions is an underlying objective.