



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

September 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 resources for self-care (e.g., supports for persons with disabilities, seniors, those living with chronic or acute illnesses) and those who 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.

To develop further understanding of First Nations priorities for a LTCC Framework, the AFN hosted a series of Virtual Regional Focus Groups from July 25 – August 3, 2023. The purpose was to collaboratively identify and reaffirm First Nations priorities that will contribute to shaping policy recommendations to reform the AL and FNIHCC Programs.



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## PRIORITIES FOR REFORM

Seven overarching priorities emerged from the 2021-2022 First Nations-led engagements that support the vision and objectives for transformative change and were further developed through the AFN's Virtual Regional Focus Group Series on Long-term and Continuing Care.

### 1. Culture is the Foundation for Long-term Care Services to First Nations

Culture is integral to First Nations identities and is woven throughout the life and essence of a community. The inclusion of cultural ceremonies, land-based activities, Indigenous languages, supported traditional medicine practitioners, and traditional food and medicines within the development of a Long-term and Continuing Care Framework is imperative to maintain First Nations' identities. Applying a Two-eyed Seeing approach that bridges the Western and Traditional health modalities 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 must set precedence to address anti-Indigenous racism, through ongoing training and demonstration of culturally safe and trauma informed care, to ensure all services 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, Indian Hospital Survivors, and others impacted by colonial legacies.

### 2. Adopt a Wholistic Approach from Preconception to End of Life

A First Nations wholistic approach encompasses an individual and their community in all dimensions, commencing care from preconception to end of life. It utilizes a client centered approach by acknowledging that a First Nation's environment and social connections are a critical facilitator of health and wellness. Implementing wholistic strategies would cultivate wellness by fostering a sense of purpose through the promotion of physical wellness, inspire hope with elevated spiritual wellness, cultivate a sense of belonging by meeting emotional wellness needs, and instilling meaning through supported mental wellness. 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 across the continuum of care. A wholistic approach would have flexible work-hour arrangements and ensure primary, secondary, and tertiary levels of care to guarantee proper transitions within the continuum of care. The provision of palliative and end of life care and comfort care for chronic disease and pain management must be included to ensure First Nations are wholistically supported across all care needs.



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## 3. Restructuring and Advancing Infrastructure in First Nations

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 of ensuring appropriate housing for clients and health care practitioners. Multi-room wellness centres that adequately 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 cultural elements along with technological upgrades to ensure optimal care, underscore safe and secure data management and stable telecommunications. Infrastructure to support the use of wellness centers must include space for medical transportation services and suitable storage.

## 4. Scalable and Sustainable Resources

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, emergency preparedness resources, eliminate wage gaps, improve food security, and anticipate future needs-based requirements. Enhancing funding accessibility by developing clear processes within streamlined efforts to remove access barriers for clients, care takers and navigators and ensure timely access to services and supports.

## 5. Building and Supporting First Nations Health Human Resources

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 and stress to accessing long-term and continuing care programs and services, including Non-Insured Health Benefits (NIHB) and providing support for individuals and caregivers. Recruiting and retaining healthcare workers, support staff, and traditional medicine people is imperative to ensure programs and services run effectively. Furthermore, the Framework should support appropriate accommodations for staff to assist in retention and recruitment and the accreditation, certification, and training for community members to care for their own. Shifting the Western physician-centric modality to a multidisciplinary team-based approach will remove strain on doctors and nurses, and ease 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.



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## 6. Governance and First Nations-Determination

Implementing a continuum of care must uphold First Nations' Treaty and inherent rights to health and leverage a human rights approach outlined within the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). A First Nations-led continuum of care upholds First Nations autonomy to deliver services to members whether on or of reserve and requires 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 by increasing administrative support staff with equitable salaries, flexible work schedules, revising reporting and data collection requirements, and robust technological investments.

## 7. Equitable Access to Services Across Canada

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 diverse populations. Leveraging an inclusive design for all, to enable access to physical, spiritual, emotional, and mental wellness needs 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 to whom they provide services. Recognizing the remote context, medical transportation services should be a sustainable mechanism for client care and improve access to services. 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 usable to everyone across all dimensions must be an underlying objective.