



# Gathering Our Strengths

First Nations-Led Long-Term and Continuing Care  
Virtual Workshop

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## Executive Summary

For: Indigenous Services Canada  
By: Saskatchewan First Nations Family & Community Institute Inc.  
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# Executive Summary

Indigenous Services Canada continues to work with First Nations to better understand the path forward to addressing the needs in Long Term and Continuing Care (LTCC). In April 2022, Saskatchewan First Nations and Community Institute Inc. started planning to host the National Virtual Long Term and Continuing Care event in September 2022. A project advisory committee was developed to guide the planning.

On Sept. 13,14,15, 2022 SFNFCI hosted a virtual national long term and continuing care gathering. The 3-day event included a traditional opening and closing of prayer and drum, 15 breakout sessions on topics relevant to the national agenda on LTCC focusing on co-development of policy, and four amazing promising practices demonstrating collaboration and partnerships in developing programs and services to meet the needs of their First Nation members. The event was presented in both French and English.

The 70 attendees from 9 regions in Canada shared their visions, understanding and experiences to help build next steps for First Nations in Canada, and inform a wholistic continuum of care. There were many competing priorities discussed for policy co-development that are interrelated and inter-connected. There were discussions on the need to break down silos and work more collaboratively. In all themes attendees were asked who should be involved in policy co-development with Indigenous Services Canada, all sessions indicated Elders, leadership, elected leadership, levels of government, community people, practitioners, content/subject matter experts. Together they can learn from one another and help develop plans that reflect the culture, location, and care needs of the community and members.

Having care that reflects First Nations culture and history is paramount to healing. This starts with supporting First Nations to take courses, help develop services in the community; to build a human resource plan. Many of the sessions discussed the use of data to better understand where we are and where we need to go. Having their own health data systems, sharing data, all to help better understand members needs.

Attendees discussed the need to recognize each community is at a different place of readiness, willingness, and capacity to provide long term and continuing care services and programs; focusing on partnerships to build capacity. Rural and remote needs were addressed in almost every theme, focusing on the additional costs to providing services and programs. Overall, attendees voiced the importance of aging in place and service in place. Keeping First Nations people in their community with family, language and culture. Attendees indicated that many of these recommendations could happen when infrastructure is built together, monies are invested in areas that build capacity in the community, and there is development of culturally relevant policies to guide practice. There are many communities already working through challenges in jurisdiction, facilities, and funding; this was demonstrated in the Promising Practices. They are building the road map. The feedback results indicate that most attendees felt that the event discussions informed the national agenda. It was an exciting event where people expressed their readiness to further develop the vision of long term and continuing care to meet the needs of their members. Below are the highlights of each of the 15 breakout session.



## Indigenous Healing

Summary of discussion: Indigenous healing is foundational moving forward, the healing journey applies to workers in the field and to those receiving service. There is a need for ongoing support for staff who are healing; a need to respect all people; and a need to work together. An attendee noted Indigenous Healing is ***“Community healing, cultural pride, education, empowerment”***.

Summary of Priorities: All 7 priorities are important and urgent, however, developing policies that reflect the needs of First Nations, that includes Elders in the discussion, and is financially supported federally in their communities was most significant.

## Trauma Informed Care

Summary of discussion: “Through Trauma Informed Care (TIC) First Nations are deconstructing colonization and reconstructing their identity”. Supporting TIC needs to be consistent and ongoing. It needs to focus on realities of indigenous people as a whole. The key components include letting go of assumptions of what good care looks like, including TIC in education and training and learning how to unpack the unspoken power dynamic. Some of the challenges with the current TIC is that it focused on medicalization and not the supportive nature to what people need. TIC is not finding a treatment to fix somebody but more and ongoing. “Not one way to solve and needs to be inclusive of many organizations and services”.

Summary of Priorities: Priorities moving forward indicating importance and urgency are developing an understanding of TIC and implementing trauma informed care focusing on collaboration with everyone at the table. This approach needs to be rooted in self-determination

## Care

Summary of discussion: ***“A wholistic continuum of care is potentially serving across all different needs, etc. people with mental health issues, and older people”***. This can be realized when individuals have access to services and support in their communities on their First Nations.

Summary of Priorities: All eight priorities are important and urgent, however, equitable access to care for all First Nations no matter their location; funding to build a continuum of care that meets their needs in their community and is trauma informed; and as a foundational piece meeting basic human needs of food, shelter- including housing, water and medicine.

## Human Resources

Summary of discussion: ***“Challenge is recruiting”***. Local people aren’t trained and need to be trained to be recruited. Need to have people understand the effects of residential schools on the community and individuals. Retention is a challenge, to stay employees need: to feel supported, have benefits for example Employee Family Assistance Program (EFAP), equitable pay, support to understand the community, supportive leaders/managers, give time to employees who need to heal while they are employed, give time off for cultural and spiritual connection. ***“There needs to be a recruitment and retention strategy”***.

Summary of Priorities: The priorities are clear, important and urgent are: pay equity for work and the need to have leadership involved in developing a recruitment and retention strategy as well as ensuring there is collaboration with the educational systems, to support employment in and with First Nations.

## Education

Summary of discussion: Informal education settings have training mandatory and from an indigenous lens and out on the land, this will help people learn from the people their lived experiences and the culture. Best ways to share, ***“Going out on the land. Having practicums on the First Nations lands... and having deeper discussion in the classrooms”***. Have First Nations involved in the development and delivery of the training. ***“Data can shape how we move forward, are we asking the indigenous people if we are performing well”***.

Summary of Priorities: The most important and urgent priority is having mandatory Indigenous awareness and sensitivity training. It is also important but not as urgent to increase training and education funds so more people can access education and have people with lived experience part of the development and delivery of courses.

## Training and Professional Development

Summary of discussion: Professionals, community members, leadership, and Elders need to be at the table to discuss training and professional development. Building a supportive work environment includes funds and policies that ensure a safe and supportive workplace. This includes policies & procedures to protect staff, mental health supports, backup staff, plans for time of pandemic, like Covid. Have regular Elder teachings, ***“Elder in Residence is really important to provide traditional knowledge and healing practices”***. Training and professional development should include an understanding of the Indigenous Social Determinants of Health, awareness of the Truth and Reconciliation calls to action, and how to collaborate with each service provider to make care holistic. ***“Complexity of care in communities is getting higher, so we need to give more options to people to be able to stay in communities and receive care. Work together with all healthcare providers”***. We need to provide more training and professional development to build capacity so First Nations can stay in their communities and receive care. ***“Elders, traditional knowledge keepers and healers should be involved in training and professional development as part of onboarding, orientation, core training or ongoing professional development”***.

Summary of Priorities: All priorities are important and urgent, however, the need to plan for facilities that include Elders in residence and have trained staff with policies and procedures to build a supportive work environment is priority. Ensuring staff have access to training and professional development will assist retention. There is also a need for creating a data system for Indigenous healthcare professionals.

## Facilities-Capital

Summary of discussion: Attendees expressed their communities needs and importance to provide services in their community. ***“Lots of barriers for Elders going into facilities away from home such as language”***. The motivation is there however, ***“Funding can be a struggle, operating costs are an issue”***. Communities are working towards connecting with different funders. Working collaboratively with health directors, leadership is needed in the community to access the capital funding from the government. Funding dollars need to include long term maintenance. Attendees indicated there needs to be more attention on members with disabilities; does not end at 18.

Summary of Priorities: All 5 priorities are rated as important and urgent, however, creating a path for capital funding projects that reflect each community based on their location, culture, and needs is most significant. This includes working collaboratively with different institutions and levels of leadership towards building partnerships.

## Facilities- Partnerships

Summary of discussion: We need facilities that, ***“Have traditional foods, and ability to gather with family as much as possible”***. Attendees noted the importance of residential services that assists the community member to maintain homeostasis while living amongst their fellow community members. Right now there is an overcrowding in the houses. Most of our services are having a staffing crisis, most facilities are understaffed. We need to explore different models of facilities to care for people, for example, ***“Small house concept, using the ten-bed method”***. If we are building homes lets think ahead and building new homes/ facilities having in mind it’s for Elders. Attendees indicated they want to, ***“Meeting the needs of the people, so they don’t feel like they’re in an institution”***.

Summary of Priorities: Four significant priorities from attendees focused on facilities that are guided by the needs of the community. Accessing funds, building partnerships, and negotiating with federal and provincial governments to develop capacity for communities to create facilities that meet their needs was most significant.

## Multipurpose Facilities

Summary of discussion: ***“An Indigenous Standard of Care needs to be developed that will look at staffing models, different roles within the home to allow for flexibility and creativity to provide a more home like environment”***. The current LTC standards leave care facilities quite restricted. Attendees discussed what they would like to see in multipurpose facilities, including having homes be flexible to allow community to decide if the beds are for high risk pregnancy, rehab, convalescent care from hospital, those awaiting home renovations, for home safety with changing of care, youth aging out awaiting alternate living; flexibility will be key. The benefits to community members are they can access this care within First Nation communities so they don’t need to leave, can access culturally safe and appropriate care. The risks can be not enough beds. Since many First Nations communities often have a smaller demographics, multifunctional installations may make it possible to offer services to several clienteles, while being able to finance the installation.

Multipurpose facilities may encourage working together in the community to service members needs including adult mental health, addictions, opportunities for longer term housing, harm reduction supports. ***“Nothing should be written about us, without us”*** was a continual message, when building facilities there should be many conversations with community people to help build the idea and understand the needs. There was also interest in funding for Levels 4 and 5 – if better federal funding for facilities was available.

Summary of Priorities: Attendees indicated the importance of an Indigenous Standard of Care to support program and service development. There is a need to build facilities within First Nation communities to help keep both youth and Elders in the community. There is a need to build a more flexible care model, this will need collaboration and a broader thinking about long term care and facility possibilities.

### **Funding Structures-Capital**

Summary of discussion: Attendees discussed the need to look at LTCC standards and the need to highlight funding for a staffing model that builds the visions of people’s need including cultural and rehabilitative components, the federal government is not hearing what is needed. There needs to be clarification on the federal and provincial responsibilities. ***“Going between different levels of government becomes old very fast”***. There was discussion about the impact of Treaties on funding structures and capital discussions. ***“As First Nations we need to start with feasibility study, what do we need?”*** Involvement of the community, understanding of culture and local government and leadership are critical to better understanding what First Nations need. Access to data and capacity to collect data is important. Decisions on the costs of renovations to ensure homes are safe and support ageing and service in place. Attendees discussed partnering with universities to do research to determine the needs of the community, this can contribute to a feasibility study. ***“We need multiple structures for Children, Alzheimer’s, Elders Homes, Palliative Care, Respite Care, Rehab – there is so much more involved here. How do we pick something about and prioritize? We need it all”***.

Summary of Priorities: All five priorities are important and urgent, especially federal support to develop structures that align with the community needs. These must include cultural and rehabilitative components, not just basic health. There is a need to better understand how to navigate between Provincial, Federal and/or local agencies. The attendees also indicated the importance of feasibility studies that can help develop information to better understand the needs of the community. This information is helpful in seeking funding and partnerships for the development of structures, services and programs. Some attendees discussed partnering with universities to help gather and understand information.

## Funding Structures-Partnerships

Summary of discussion: Attendees noted that partnerships could be improved by more funding from Indigenous Services Canada. Partnerships focus on services, sponsorship, funding, and be specific to groups in the community. Attendees noted partnerships with private donors, casinos, government, organizations and businesses. More of this should be done by, ***“Someone who’s “wearing many hats” starting an advisory, or a single person going out looking for the funding”***. Some of the most significant needs identified in the breakout are ongoing training, lack of specialist/ trained staff in the facilities, high turnover in some positions, and succession planning. Funding itself, is a significant need as there is ongoing inflations on groceries, and everything else while living remote. Meeting these needs through partnerships will help develop services and programs to keep people in the community.

Summary of Priorities: The most important priority that is urgent is a funding increase to reflect the ongoing inflation and rise in costs, especially in the remote areas. Attendees want to provide the support and specialty services for members to age in place and receive service in place understanding the diverse needs of each community.

## Funding Structures-Community

Summary of discussion: Attendees identified continuing care services on reserve as a priority. Focusing on adjustments for additional funds needed in remote communities that include costs of supplies that are ordered for the year and shipped in once and appropriate staffing models. Priority services needed for more specialized beds for high needs include people living with dementia Alzheimer’s, mental health and acquired brain injuries require lots of resources. Programming should include family and community connection, intergenerational programming, ***“Programming that connects Elders to the community. We are more siloed now, connection with the past and history is good”***.

Summary of Priorities: All 4 priorities were rated with importance and urgency, especially the investment in workforce development, to meet the community continuing care needs, including funding to meet the needs of remote and rural staff, supplies, and basically capital and operations. Funds could also be allocated for ongoing continuing education in areas of specialized needs including mental health, acquired brain injuries, and dementia.

## Jurisdiction-Governance

Summary of discussion: Attendees vision of governance includes a lot of partners. ***“Things are done by and for First Nations”***. Need a way forward that works for everybody. What FN and Elders are asking for is very similar to what rural people are asking for. A goal is self-licensing under the provincial body. Attendees noted the key components of governance: licensing, standards (unique to each area), wholistic view, and understands current acts (medicine chest). The governance needs to explore traditional governance system with headmen/headwomen/Elders. ***“The current system is so focused on risk; Elders more concerned with quality of life...”***

Summary of Priorities: The five priorities set by the group were all important and urgent, however, building an infrastructure to support the development of long term and continuing care in the community requires licensing and standards built by First Nations, traditional models of governance, learning from the past, a wholistic view/traditional view, and optimizing partnerships.

## **Jurisdiction-Policies**

Summary of discussion: Attendees indicated First Nations are lacking experience and knowledge in building facilities and understanding the jurisdictional challenges. There is much to understand: you must follow Municipal laws, then follow all Provincial rules, and then Federal policies. It becomes a bureaucratic nightmare. Attendees commented on how policy is very frustrating. First Nations are starting to mentor and develop leadership skills so they can have facilities that meet their needs in the community. To support capacity development, Alberta just launched their first capital grant proposal for First Nations to work towards building facilities that meet their needs. There is frustration with policies, as they frustrate FN organizations that are trying to implement cultural practices and keep them alive and support their community. ***“The insurance itself would not allow outside food – staff allowed it to be sneaked it in, but why do they have to turn the other way rather than embrace it. For instance, it would be nice to do a feast for the Moose hunt in October”.***

Summary of Priorities: The last day event poll indicated as the most important and urgent: to review policies and procedures on multiple levels and the need for housing. For some attendees Policy creates Barriers! Care workers bump up against Policy, sometimes does more harm than good. As a continuation of good work being done in the community long term and continuing care need to do research and planning to collect data to create their own quality assurance measures. Partnerships and mentoring can help First Nations build capacity to build programs and services to meet the needs of their community members.

## **Jurisdiction-Services and Programs**

Summary of discussion: In order for First Nations to have access to services all the time First Nations would need more input and authority and create partnerships with service providers. Alberta is providing capital care grants to First Nations to assist in capacity development. Ensuring services and programs reflect the needs of members include inviting service providers on reserve, using data effectively, cultural programs with hands on healing, and as indicated in the last day event poll as the most important and urgent: ensuring policies are culturally relevant. Attendees indicated they have demonstrated success with jurisdictional challenges by developing partnerships to provide services and programs, developing quality improvement plans, members filling out satisfaction surveys, and setting goals for programs. ***“We need a quality improvement plan, set goals, if meeting good, if not meeting goals we see where we went wrong. satisfaction survey”.*** Attendees indicated discussions moving forward on the development of a wholistic Continuum of Care should include all levels of government, Elders, leaders from organizations, and community members.

Summary of Priorities: All seven priorities are important and urgent, the most significant is developing culturally relevant policies, this includes the diversity of communities, cultures, and locations. First Nations need to develop an overall quality management framework to support the development and assessment of programs and services in the community. This will guide the development of cultural appropriate care/cultural programs for First Nations on and off reserve.

All fifteen themes and their results are interrelated and inter-connected. There are many opportunities within the themes to recognize the need for improvement in building a long term and continuing care continuum. Its important to recognize that each community, nation, region are at different places of readiness and understanding of their needs for further development of long term and continuing care services and programs on the continuum. The voices of the attendees were clear throughout the three days that these discussions and information will help inform the national agenda moving forward; collaboration is integral to further work which must include Elders, leadership, community members, content/subject mater experts, and multiple levels of government. There is energy to continue this good work and interest for the next steps, there is still much work to do and co-developing policy is one of the starting points in improving care for First Nations.

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