

# FIRST-LINE PREVENTION SERVICES FRAMEWORK

A Prevention Framework developed by First Nations for First Nations



FINAL VERSION  
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FIRST NATIONS OF QUEBEC  
AND LABRADOR HEALTH  
AND SOCIAL SERVICES  
COMMISSION

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# TABLE OF CONTENTS

- INTRODUCTION** ..... 3
- BACKGROUND** ..... 4
  - National and international context*** ..... 4
    - Canadian Human Rights Tribunal (CHRT) ..... 4
    - United Nations Rights of Indigenous People ..... 4
    - Regional context ..... 5
    - Findings from Components 1, 2 and 3 of the Analysis of the Trajectories of Young First Nations subject to the Youth Protection Act ..... 6
    - FNCFS Program Reform ..... 6
    - Assembly of First Nations Quebec-Labrador's Declaration of the Rights of First Nations Children ..... 8
    - Quebec First Nations Health and Social Services Governance Process ..... 8
    - First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) ..... 9
- COMMITMENTS AND CONTRIBUTIONS OF PARTNERS** ..... 9
- VISION** ..... 10
- BELIEFS** ..... 10
- PRINCIPLES**..... 10
- GOALS** ..... 11
- OPERATIONAL STRATEGIES** ..... 12
- USING THE SOCIAL DETERMINANTS OF HEALTH TO TRANSFORM AND CHANGE CHILD AND FAMILY SERVICES IN FIRST NATIONS COMMUNITIES** ..... 12
- ANNEX A**
- ACTION PLAN APPROVAL PROCESS** ..... 15





## INTRODUCTION

The purpose of this document is to guide and support communities in the development of child and family prevention services action plans specific to their communities. This document is an updated version of the *2009/10 Partnership Framework for Enhancement Focused Approach (EFA) for the Quebec Region*.

The background section provides an overview of the regional and national/international context for evolving child and family services policies and practices in Quebec. The vision, beliefs, principles, goals and operational strategies are the result of discussions between the health and social services directors during the Joint meeting, held in Montréal on September 11, 12 and 13, 2018.

This document also provides an overview of how social determinants of health (SDOHs) approaches can inform the transformation of child and family services. Understanding SDOHs can help communities to identify existing strengths and gaps in services and highlight the most urgent needs of children, families and communities in order to develop specific community-based indicators. These indicators will inform policy and provide evidence for assessing the effectiveness of policy change.

Following discussions at the First Nations socioeconomic forum held in Mashteuiatsh, Quebec, in October 2006, this prevention framework reaffirms that:

**“[T]he development and the social well-being of First Nations require a full takeover of the health system according to a global approach that focuses on life promotion, healthy child development and the fight against poverty and social exclusion. This must be done according to the principles of First Nations autonomy, jurisdiction and authority. All First Nations children and their families must have access to quality services controlled by the community. They must also have access to culturally relevant services that enrich the language and that contributes to children, their families and the community reaching their full potential.”**

This prevention framework also reaffirms that services must be readily accessible on a timely basis in each community. In order to be effective, first-line prevention services must be high-quality, community-based, culturally appropriate and fully integrated in a continuum of care and a network of related programs. Further, each community must take direct responsibility and engage actively in fostering the wellness, health and security of its children and families.

This framework is based on the work of partners including First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), Indigenous Services Canada (ISC) and the Quebec Ministry of Health and Social Services (MSSS). It also takes into consideration the research results of FNQLSSC Components 1, 2 and 3 of the *Analysis of the Trajectories of Young First Nations subject to the Youth Protection Act and the Consultation Process for the Reform of the First Nations Child and Family Services (FNCFS) Program*<sup>1</sup>.

The next section highlights changes that have occurred and continue to occur in the reform of child and family services in Quebec. Jurisdiction and control of social services by First Nations communities is the primary goal of these changes, along with the recognition that Indigenous culture and ways of life are fundamental to our wellness and keeping families together.

**This framework, created by First Nations for First Nations, is intended to provide guidance in applying community-based approaches while being flexible enough to adapt to changing conditions. It also affirms that First Nations communities must take the lead in developing and implementing these services, and their leadership will be responsible for approving their action plans in keeping with the recognition of self-determination and self-governance.**

## BACKGROUND

### *National and international context*

#### Canadian Human Rights Tribunal (CHRT)

On January 2016, in response to a complaint from the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations and others, the Canadian Human Rights Tribunal ordered Canada to cease its discriminatory practices and reform the First Nations Child and Family Services Program and the 1965 Agreement with the Province of Ontario. The Tribunal also required Canada to properly implement Jordan's Principle immediately. Since then, subsequent orders have followed, with the most recent being the February 2018 ruling that dealt specifically with allegations of non-compliance and related requests for further orders with respect to immediate relief. The orders made in this ruling are to be read in concurrence with the findings and orders in the *Decision* and previous rulings (2016 CHRT 2, 2016 CHRT 10, 2016 CHRT 16, 2017 CHRT 7, 2017 CHRT 14 and 2017 CHRT 35).

#### United Nations Rights of Indigenous People

In keeping with the *United Nations Convention on the Rights of the Child* (UNCRC), which has been ratified by Canada, First Nations children enjoy inalienable rights, including the right to non-discrimination, the right to grow up in their families, the right to participate in matters affecting them and the right to grow up with members of their group. Another important United Nations Declaration was adopted at the 107th plenary meeting, on September 13, 2007, titled the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP). The UNDRIP preamble stresses the "urgent need to respect and promote the inherent rights of indigenous peoples which derive from their political, economic and social structures and from their cultures, spiritual traditions, histories and philosophies."

1 Retrieved March 18, 2019 from [https://centredoc.cssspnql.com/cgi-bin/koha/opac-detail.pl?biblionumber=1669&query\\_desc=kw%252Cwrdl%253A%20reform](https://centredoc.cssspnql.com/cgi-bin/koha/opac-detail.pl?biblionumber=1669&query_desc=kw%252Cwrdl%253A%20reform)

Many key UNDRIP articles touch on child welfare. For instance, articles 3, 4, 5, 14, 15, 18 and 21 support Indigenous peoples' right to equal and just services and programs, with consultation on their social, economic and political institutions. UNDRIP articles 7, 21(2) and 22(1), (2) state that Indigenous peoples have the right to live in freedom and shall not be subject to violence, including the forceful removal of their children; that Indigenous people have the right to the improvement of their economic and social conditions; and that states will take measures to improve and pay particular attention to the rights and special needs of children. UNDRIP articles 2, 7 and 22 relate directly to the protection of Indigenous children and their right to be free from any kind of discrimination.

The UNDRIP supports the right to self-determination and the right to self-government of Indigenous peoples, including child welfare. First Nations alone must find our own solutions by First Nations for First Nations, and States must support us in achieving this goal.

### Regional context

In Quebec, there are 15 First Nations Child and Family Services (FNCFS) agencies that serve 19 communities, all funded by Indigenous Services Canada (ISC). There are also three province-run Integrated Health and Social Services Centers (CISSS/CIUSSS, formerly youth protection centres) that offer youth protection services in the remaining eight First Nations communities. Based on the level of responsibility for services by the FNCFS agencies, various types of youth protection agreements are concluded between the band councils (FNCFS agencies) and/or the CISSS/CIUSSS (youth centres) to determine roles and responsibilities. These agreements also specify the level of delegation in the on-reserve application of the Quebec *Youth Protection Act*. All communities benefit from prevention funding stemming from the CFS program, along with the new funding for the Child Wellbeing and Jurisdictional Initiatives. One of the above mentioned CFS agencies has now established a special youth protection program since signing an agreement under section 37.5 of the *Youth Protection Act* (January 29, 2018).



Since the October 2006 First Nations Socioeconomic Forum, held in Mashteuiatsh, Quebec, there have been significant changes to the *Youth Protection Act*, made in consultation and collaboration with Quebec First Nations. These changes include significant modifications to provincial laws (Bills 99 and 113), as well as Bill 125, *An Act to amend the Youth Protection Act and other legislative provisions*, which was adopted by the National Assembly on June 15, 2006, and came into effect on July 9, 2007.

The *Youth Protection Act* continues to promote keeping or returning the child to his/her family, and stipulating the involvement of the parents and their entitlement to adequate health and social services. Maximum placement periods are set based on the child's age. If, at the end of those periods, the child's return to the family is not possible, the court renders a decision ensuring stability and permanence in living arrangements, except for specific reasons included in the Act. However, preventing the removal of children from families remains a top priority for Indigenous communities in Quebec.

Bill 99, *An Act to amend the Youth Protection Act and other provisions* was adopted by the Quebec National Assembly on October 4, 2017. The bill proposes that the rules applicable to children be harmonized regardless of which alternative living environment they are entrusted to under that Act. It also aims to harmonize the concept of foster family for the purposes of that Act, in particular by introducing the concept of "kinship foster family." Rules are also introduced to foster the involvement of Native communities and the preservation of the cultural identity of children who are members of such communities.

The Act to amend the *Civil Code and other legislative provisions as regards adoption and the disclosure of information* (Bill 113) was adopted by the Quebec National Assembly on June 16, 2017. It allows for Indigenous customary adoption that is carried out according to a custom, in harmony with the principles of the interest of the child, the protection of the child's rights and the consent of the persons concerned to have its effects legally recognized by Quebec.

### Findings from Components 1, 2 and 3 of the Analysis of the Trajectories of Young First Nations subject to the Youth Protection Act

The 2016 research report on Components 1, 2 and 3 of the *Analysis of the Trajectories of Young First Nations subject to the Youth Protection Act*, confirms that Quebec First Nations are overrepresented at every stage of the youth protection process. First Nations children experience all child protection services and interventions at a greater rate than non-Indigenous children. This disparity starts from the point when a report is retained for investigation and increases as the child moves through the youth protection system.

The report confirmed that First Nations overrepresentation is primarily driven by investigations of neglect. The rate of neglect investigations (per 1,000 children in the population) for First Nations children was 6.7 times greater than the rate for non-Indigenous children. Within the neglect category, the disparity was greatest for investigations of the risk of neglect. Neglect is linked to structural factors such as poverty, parental

risk factors (e.g., substance abuse and mental health issues) and lack of social support. In the case of First Nations families, these risk factors must be understood in the context of the ongoing effects of intergenerational trauma and other impacts of colonialism.

Another interesting finding showed that the disparities in recurrence—when a youth protection file is closed and then reopened for another investigation later—increased over time for First Nations children. Between 2002 and 2010, the disparity in recurrence rates grew from roughly 7.5 greater for First Nations children than non-Indigenous children to more than 9 times greater.

The report recommends that all partners involved with protection and wellness of First Nations children pursue and enhance their collaborative work with First Nations. It also recommends greater support for First Nations capacity development in the collection and use of data on First Nations children in the child protection system.

### FNCFS Program Reform

The FNCFS program focuses on addressing the real needs of First Nations children and families living on reserves and preventing the perpetuation of historical disadvantage. The Child and Family Service Terms and Conditions were updated in January 2019 to take into consideration the expressed concerns outlined in a consultation held with First Nations in Quebec. A new funding model for the FNCFS Program was scheduled to be completed by December 2018.

The FNCFS program is currently undergoing a revision to reform the program, and discussions are ongoing. Since the CHRT 2016 order, substantial investments have been made to the program in the 2016–2017 federal budget (\$643M for five years) and then in the 2018–2019 budget (an additional \$1.4B for six years). Because of all these changes and events, the present framework needed to be revised and updated.

Since the implementation of the 2009–2010 Quebec Partnership Framework for Enhancement Focused Approach, the majority of the FNCFS agencies now have prevention services action plans to address needs identified by the communities themselves. The process to develop these action plans utilized a



community-based approach, meaning the action plans developed by the communities themselves follow and respect their local approaches and characteristics, and promote community empowerment, engagement and autonomy with support from the framework partners. The plans developed were five-year action plans with funding provided through agreements with Indigenous Services Canada. The additional investments flow to FNCFS agencies through these flexible or fixed agreements.

To help guide and support this reform, the Quebec First Nations region conducted their Consultation Process for the reform First Nations Child and Family Services Program in 2018. During the consultation process, culture was said to be as important as governance as a main concern to be addressed by the First Nations Child and Family Services (FNCFS) Program reform.

Consultation process participants were unanimous in asserting that true reform cannot occur without considering First Nations cultures as the point of departure for any changes made to the FNCFS Program. Finding inspiration in First Nations cultures or incorporating them into the program is simply not enough. In order to respect the needs, rights and vision of communities, the program must be adapted and integrated to First Nations cultures—not the other way around. The process of self-determination and reappropriation of First Nations governance directly informs this way of working, as it allows communities to rely on their own intervention methods rooted in their own cultural traditions and methods.

The results obtained through the regional consultation process, whether through community consultations, engagement sessions or the online questionnaire, clearly show the complexity of the many issues facing the First Nations in Quebec both in terms of child and family services and from a wider perspective that

includes the quality of life on reserve. Despite the differences and the particularities of each community, this process highlighted the common desire of the First Nations in Quebec to improve the quality of life and wellness of children and families through a greater takeover of child protection services, and to ensure that culture, which is central to First Nation's life, is not simply integrated into the FNCFS Program—rather, that the program is adapted to and integrated with First Nations cultures.

To help in supporting the First Nations Child and Family Services reform, the Minister of Indigenous Services Canada appointed a Minister's Special Representative (MSR), Dr. Cynthia Wesley-Esquimaux, in 2017. The MSR met with stakeholders and partners in Quebec in February 2017. Some of the key themes that emerged from the discussions held with stakeholders and partners include:

- Jurisdiction and control of social services by First Nations communities and organizations
- Importance of finding options for children to stay in their homes whenever possible, to keep children connected to their culture and communities
- Importance of calling on the Quebec government to be culturally responsive and adapted to First Nations' realities and cultures, including through its policies, legislation and standards
- Need to address language barriers
- Need to address issues such as housing shortages, infrastructure, additional programming, poverty and health concerns
- Need to support Indigenous communities to provide comprehensive healing and prevention programs to help families to deal with any issues they may be having and to stay together

- Desire to see stronger relationships between provincial and federal governments and First Nations organizations, agencies and communities to help:
  - Ensure laws, policies and funding all work toward keeping Indigenous families together
  - Support greater access to services
  - Recognize Indigenous cultures and ways of life
  - Eliminate institutionalized racism and discrimination

Many of the MSR's key issues and findings continue to be used in the reform of the CFS program.

### Assembly of First Nations Quebec-Labrador's Declaration of the Rights of First Nations Children

Another important event in the Quebec region occurred on June 10, 2015, in Essipit, Quebec, wherein the Chiefs in assembly formally adopted the *Declaration of the Rights of First Nations Children*<sup>2</sup>.

The declaration serves the purpose of:

- Declaring the rights of First Nations children
- Clarifying responsibilities of parents and community members toward the children
- Setting out the roles and responsibilities of the Administrators and leadership of our communities and Nations and of the Chiefs in Assembly
- Providing guidance for interactions with federal and provincial governments as regards the rights of First Nations children

The declaration reminds us that our actions must be aimed at the protection of family relations and care for children. Identity, culture and language lie at the heart of the rights of self-determination and self-government of our Nations.

### Quebec First Nations Health and Social Services Governance Process

First Nations in Quebec have noted for many years that the current health and social services system does not adequately meet their realities and needs. Initiated in 2013, the Quebec First Nations Health and Social Services Governance Process<sup>3</sup> aims to develop and support the autonomy of First Nations communities and organizations in a perspective of self-determination and improvement of their wellness. The process was created to improve access to local and regional services by building and implementing an effective governance model for health and social services by and for First Nations.

The governance process is currently in Phase 3, the finalization of the governance model based on the responsibilities repatriated from Indigenous Services Canada – First Nations and Inuit Health Branch and Indigenous and Regional Operations (social development). Phase 4 consists of supporting the governance model through decision-making and support at the community and Chiefs level. Depending on the governance model that will be chosen and in accordance with the wishes of the First Nations, other actions may be pursued, such as the completion of a feasibility study, negotiations with the federal and provincial governments and the drafting of a transition plan.

2 [https://fncaringsociety.com/sites/default/files/English%20-%20Declaration%20of%20the%20Rights%20of%20FN%20Children%20AFNQL\\_1.pdf](https://fncaringsociety.com/sites/default/files/English%20-%20Declaration%20of%20the%20Rights%20of%20FN%20Children%20AFNQL_1.pdf)

3 <https://gouvernance.cssspnq.com/en/>



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

The FNQLHSSC's mission is to accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals. The FNQLHSSC's role in this regional framework consists of the following: to facilitate communications at the regional level, to engage in planning, coordination and evaluation with all the partners in the project, to facilitate cooperation between local and regional partners, interagency networking and support, to facilitate basic and continuing training, to support capacity building (healing events, workshops, skills and knowledge updates, counselling and support), and to support developing a standardized information management system and specific training.

#### Other supports:

- Political and community support
- Technical and administrative coordination of project in preparation
- Support to communities in developing their action plans for approval by their local leadership (refer to Annex A – Plan Approval Process)
- Direct support for the communities who are primarily responsible for the development and delivery of these enhancement services

## COMMITMENTS AND CONTRIBUTIONS OF PARTNERS

The commitments previously expressed by the partners to this Framework, Indigenous Services Canada (ISC) and the Ministry of Health and Social Services of Quebec (MSSS), remains the same in this revised framework.

#### All partners agree to:

- 1) The full implementation of the First-Line Service Prevention Framework, including the active support and internal processing to enable and foster the success of the initiative
- 2) The full cooperation among the Parties, in a genuine tripartite spirit
- 3) The sharing of information to the extent that this is possible and permissible, effective immediately, and to work together to develop an effective information system on a priority basis, with the goal to transfer the system under the control of the First Nations
- 4) The recognition of specific cultural ways and responsibility of First Nations

#### ISC agrees to:

- 1) Provide appropriate funding to FNCFS agencies.
- 2) Review the draft budget to ensure coherence with CFS terms and conditions

#### The MSSS agrees to:

- 1) Share its expertise and create access to existing training programs for First Nations workers
- 2) Participate in cultural training provided by FNQLHSSC
- 3) Support information systems



## VISION

First Nations parents, families and communities provide their children with an environment that fosters wellness and optimal health and development in ways that reflect the unique cultures of their communities.

## BELIEFS

We believe that:

- Families and communities can create a safe environment conducive to their children's wellness and healthy development when supported with timely, available services adapted to their unique needs.
- Parents and families are best suited to ensure their children's wellness, development and safety.
- Effective prevention measures anchored in First Nations cultures are essential to ensure significant, lasting impacts.
- A conducive environment is essential to the healthy development of children, families and the communities. Such an environment also promotes solution implementation and community support.

Families, communities and multiple levels of government need to actively collaborate to carry out this vision. Each has a role to play in ensuring success.

## PRINCIPLES

We are committed to adhering to the following principles:

- 1) Children and their families are at the heart of this framework.
- 2) Children's rights and culture are essential to their health and wellness, to their safety and to the preservation and continuity of their cultures. This requirement demands respect for First Nations cultures, especially for their traditions, approaches and solutions.
- 3) First Nations children and families who find themselves in challenging situations require swift, effective and sustained action.
- 4) First-line preventive services will be holistic, integrated, needs-based and culturally respectful. They will include:
  - Effective prevention measures that identify problems before they arise, focus on appropriate action to promptly and effectively address them, and build on the progress made
  - Measures that will be based on "promising" and "least-disruptive" principles
  - Quick access to services in each of the communities to address families' needs
  - Flexible and sustained support at all levels of the partner governments to enable the implementation of community-based approaches that best meet the needs of the community

- 
- 5) First Nations communities are fully committed to actively supporting effective solutions for at-risk or struggling families, including implementing and maintaining first-line preventive services.
  - 6) Families and communities play a key role in children's lives. They are responsible for children's healthy growth and development. Their active involvement is paramount to ensuring successful solutions to challenges. Success is measured based on long-term, sustainable improvements, according to community standards and observations. Success is anchored in the belief that short-term cost increases must be regarded as profitable investments for long-term, sustainable success.
  - 7) Success requires skills development at all levels, including workforce recruitment, retention and pay equity, particularly at the local level.
    - Skills development requires proper training, professional support and guidance from all service sectors.
    - Skills development also relies on effective information management and the competencies needed, at the local level, to assess the progress made and identify measures to be taken.
  - 8) Accountability must be mutual, including performance measures and simple, appropriate communication mechanisms.
  - 9) Ongoing commitment and collaboration are needed from all interveners, partners and organizations with respect to the vision, values, principles, results and processes included in this preventive framework.



## GOALS

The following goals have been validated by the First Nations in Quebec. They are broad in scope and are intended to support and provide guidance to First Nations communities in developing their specific plans. Communities are encouraged to use them according to their community needs and realities.

**Goal 1:** Ensure the wellness of children, families and communities through the promotion of and access to first-line preventive services that aim to provide a safe and suitable environment that is conducive to healthy development.

**Goal 2:** Offer high-quality first-line services built on practices that respect First Nations culture.

**Goal 3:** Engage and empower people, families and the community in the implementation of services, and ensure effective communication through cooperation between all partners involved.

# OPERATIONAL STRATEGIES

The following strategies focus on operationalizing the goals of this Prevention Framework.

## **Strategy 1: Effectiveness and quality of the first-line prevention services**

Maintain and update the offer of efficient, community, holistic, cultural and integrated (complementary) first-line preventive services that meet the needs of families, regardless of whether they are struggling.

## **Strategy 2: Community engagement**

Implement and update the mechanisms needed to promote, engage and empower the community by integrating key stakeholders, especially to ensure continuity of services.

## **Strategy 3: Strengthening of skills**

Encourage family and community empowerment and strengthen skills at all levels in order to meet needs and build on the progress made.

## **Strategy 4: Effective assessment**

Develop and implement assessment mechanisms based on performance indicators, defined according to each community's objectives, to assess the effectiveness of their preventive services and take the necessary steps in a timely manner.

## **Strategy 5: Engaged partnership**

Improve and maintain a clientele-focused partnership centred around collaboration and the sharing of knowledge to showcase First Nations community initiatives.

## USING THE SOCIAL DETERMINANTS OF HEALTH TO TRANSFORM AND CHANGE CHILD AND FAMILY SERVICES IN FIRST NATIONS COMMUNITIES

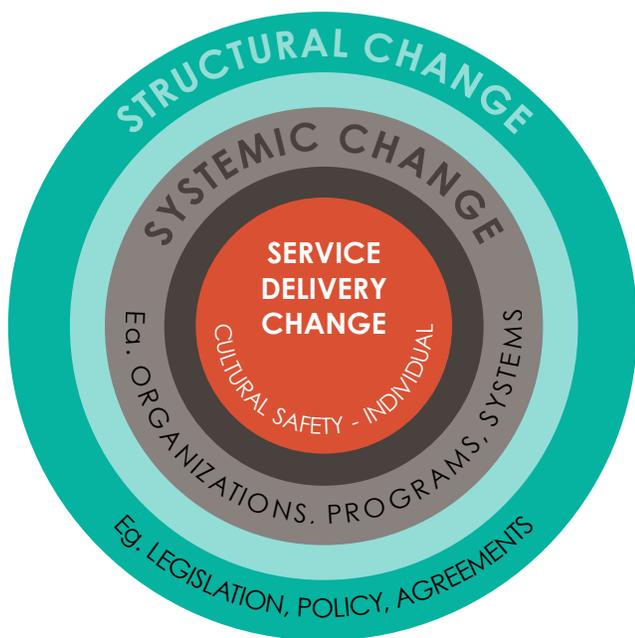
A key component of this framework is the commitment to a holistic understanding of health. A social determinants of health (SDOH) approach may be of significant use to First Nations peoples in this regard. According to Margo Greenwood (2018):

**“SDOH represents a change in how health is viewed shifting from an individual medical model to a more contextualized way of thinking about peoples’ health. As long as there has been colonial contact the state has intervened in Indigenous families viewing them individually through a similar disease-like model where the solution has been to reach in and remove children from their families and communities.... SDOH demands an understanding of the contextual factors that surround children and families and promotes a cultural model of child welfare which is understood at the community and nation levels (Greenwood, 2018<sup>4</sup>).”**

<sup>4</sup> Considerations for the Transformation and Change of Policy, Ryerson Health Policy, Programming and Practice Event (Toronto, Ontario – September 19, 2018) <https://www.ryerson.ca/content/dam/policystudies/healthconference/decks2018/Greenwood.pptx>

Coupled with a belief in holistic health and the SDOH as a key approach to realizing health and wellness, communities must also determine how they will measure the success of their action plans. Within this context are requests from Treasury Board to Indigenous Services Canada (ISC) to collect data on certain indicators for the Child Family Service Program as set forth in the terms and conditions of the funding agreements. Balancing the needs of community and government funders may prove to be a delicate task.

The success of this Framework will be assessed against data collected from community determined indicators and ISC indicators. These indicators may be conceptualized through a social determinants framework that considers the context in which children and their families and communities are situated. The following diagram<sup>5</sup> presents a framework in which to situate different determinants of health.



Applying this model allows for the recognition that each situation is unique. Determinants of health cross categories and levels of analysis. The following steps are meant as a guideline for one way of operationalizing a social determinants of health approach.

**Step 1:** Asking a few basic questions:

- What is happening for the child?
- What is the reality of the context of the family?
- What are the systems and structures that impact the family and community?

**Step 2:** Consider determinants that may fall into a proximal, intermediate or distal category (Loppie-Reading C., Wien F., 2009). Each category may contain determinants that communities have deemed important to them, along with others focused on the health and wellness of First Nations children and families.

<sup>5</sup> Source: Social Determinants and Indigenous Peoples, presented by Margo Greenwood at the health directors and social services directors' joint meeting (Montréal, Quebec – September 11, 2018)

a) *Proximal determinants* are those that directly impact our lives or a child's life. They are often considered or referred to as impacting "individuals" and are situated at the "practice level" of an organization. They include:

- Early life or early childhood
- Gender
- Health behaviours
- Physical environments
- Employment and income
- Education
- Food insecurity
- Language and culture
- Racism (including multiple forms of discrimination and microaggressions)
- Indigeneity

Posing questions for each of these determinants can lead to specific indicators that can then be measured. For example, if Indigenous language is a priority, an indicator may be whether or not an Indigenous language is the first language being spoken in the child's home.

b) *Intermediate determinants* are the origin of the proximal factors. Inequitable health care and education systems often act as barriers to healthy behaviours, resources and opportunities. For example, a limited education can lead to reduced opportunities for employment. Minimum wage employment can, in turn, impact access to housing and food security, all of which are proximal determinants.

These intermediate determinants are also places of opportunity for program and system policy change that can create significant transformation and change. These determinants are often referred to as "system level determinants." Intermediate factors include:

- Health system
- Education system
- Community infrastructure, resources and capacities
- Environmental stewardship
- Cultural continuity

c) *Distal determinants* are the social, political, historical and economic contexts that are the foundation in which proximal and intermediate determinants are rooted. They are often referred to as the "structural determinants." For Indigenous peoples, the following list is particularly significant due to their continued influence on intermediate and proximal determinants.

- Colonization (including residential schools)
- Colonialism (including racism and social exclusion)
- Self-determination
- Geography

### **An Example of Applying a Social Determinants of Health Approach**

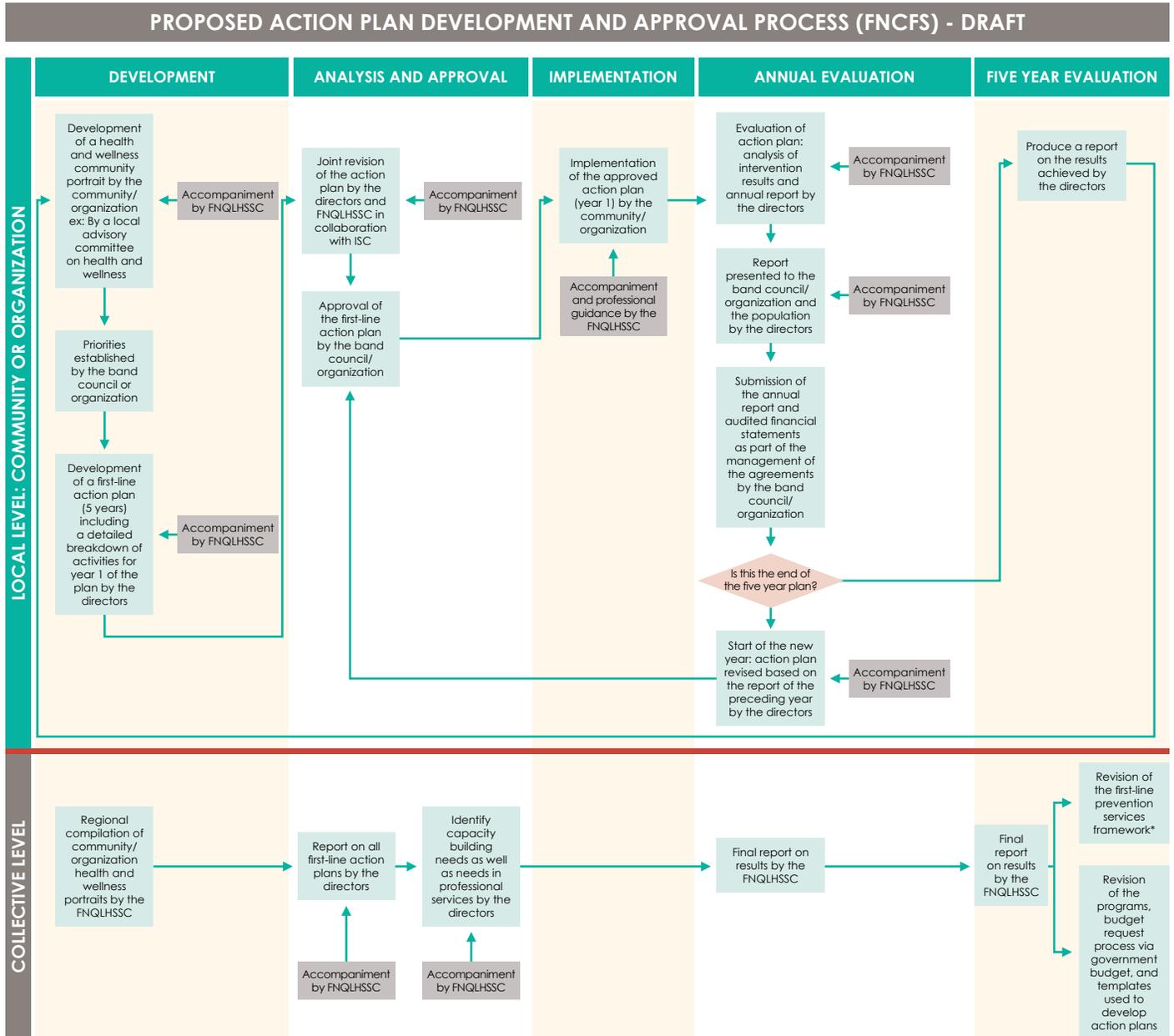
Considering only obesity, poor diet and sedentary realities of an individual may cause us to miss other determinants that impact and influence our diets, our activities and so on. Other determinants at the systems level that could be missed if we do not look beyond individual behaviours include income (lack of resources to buy healthy food), geography (remote locations that have expensive shipping costs), barriers to accessing healthy markets or country foods, or physical environments that do not always support health promoting exercise, such as crowded housing, lack of walking trails, cold weather, etc.

If we look even further, we can find determinants that shape these system conditions, such as the impacts of colonization, centralizing First Nations peoples on reserve, the oppressive nature of the *Indian Act*, damage from residential schools, racial discrimination in social and economic development environments and so on.

At all of these levels we ask the question "why?" and "what do we need to change?" The systems and structures that influence one-on-one practice are intended to support good and successful practices for all children and families.

# ANNEX A

## ACTION PLAN APPROVAL PROCESS



\* Name is to be revised





## VISION

First Nations individuals, families and communities are healthy, have equitable access to quality care and services, and are self-determining and culturally empowered.

## MISSION

To accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals.



**FIRST NATIONS** OF QUEBEC  
AND LABRADOR HEALTH  
AND SOCIAL SERVICES  
COMMISSION