



Frequently Asked Questions on “Continuing Care”

What is continuing care?

Continuing Care refers to the range of medical and social services for individuals who do not have, or have lost some capacity, for self-care, and require assistance in activities of daily living. These services often begin in the home, but can include more intensive levels of care normally associated with institutional care.

What continuing care services does Health Canada currently provide?

Health Canada’s First Nations and Inuit Home and Community Care (FNIHCC) program is available to First Nations and Inuit people of any age who live on a First Nations reserve (or North of 60, in a First Nations community) or in an Inuit settlement. Recipients must undergo a formal assessment of their home and continuing care service needs and be assessed as requiring one or more of the essential services (e.g. client assessment, case management, nursing and personal care, etc). Continuing care services may be provided if this can be done with reasonable safety to the client and caregiver, and within established standards, policies and regulations for service practice.

The FNIHCC program receives \$90 million annually in funding and is currently available in 600 communities across the country. Services are provided principally by First Nations and Inuit provider organizations.

What continuing care services does Indian and Northern Affairs’ (INAC) currently provide?

INAC provides continuing care services through its Assisted Living program. The Assisted Living program is funded by INAC and delivered by First Nations. In 2002/03, the program received \$84 million in funding. It is available to all persons ordinarily resident on reserve who have been formally assessed as requiring services and who do not have the means to obtain services for themselves. INAC rates are set according to the province/territory of reference.

The program has three components including In-Home Care, Institutional Care and Foster Care:

1. **In-Home Care:** This component provides funding for non-medical personal care services such as meal programs, meal preparation, day programs, light housekeeping, short-term respite care, and minor home maintenance.

2. **Institutional Care:** This component reimburses expenses for Type I and Type II (federal classification) social care in facilities, which must be licensed according to the provincial/territorial regime of reference. The resident is expected to pay the provincial/territorial government established co-insurance or user fee for care and maintenance, and clothing and personal expenses to the extent that his/her individual circumstances permit. Approximately \$36 million of the 2002/03 funding was used for Institutional Care, in 31 facilities with 850 beds.
3. **Foster Care:** This component provides funding for supervision and care in a family setting to individuals who are unable to live on their own due to physical or psychological limitations, but who are not in need of constant medical attention. This service represents a viable alternative to institutional care in circumstances where constant medical care is not required on site. Foster homes operate according to the licensing and/or recognition or accreditation guidelines of the relevant province or territory, and according to provincial/ territorial per diem rates.

Why are Health Canada and INAC funding research regarding the provision of continuing care services? What is the objective?

Although INAC and Health Canada programs fund some continuing care services, at present, they do not have all the necessary authorities to provide the full range of continuing care services in First Nations or Inuit communities.

Until now, people requiring higher levels of care than currently provided by these two federal programs may have been obliged to leave their communities and seek care in provincial or private institutions off-reserve. This is an unacceptable practice to most First Nations and Inuit people, as it can lead to isolation from family support. As a result, some clients remain in their communities where they may receive inadequate levels of care, resulting in risks to health and safety.

The Government of Canada is seeking to better understand the gaps in the continuing care services available in First Nations and Inuit communities. The Government of Canada is funding continuing care research, which is a FIRST STEP in identifying these gaps, and, working jointly with First Nations and Inuit, to explore potential solutions.

Both departments have committed to using this information to seek new policy authorities to provide continuing care services. However, there are many steps that would need to be undertaken before the full scope of continuing care services could become a reality.

What will the research entail and when will it be completed?

The research being undertaken is unique and goes beyond needs assessments and surveys. It will include interviews with clients who are receiving continuing care services, their informal caregivers (such as family members and close friends) and health managers.

There are eight study sites in total - four in Manitoba and four in Quebec.

The study will also include: interviews with representatives of First Nations and Inuit communities in all regions, as well as regional and national organizations; a review of demographic and epidemiological databases, and a literature review.

This work should be completed in the spring of 2006.

Who will be conducting this research?

Through a competitive process, Hollander Analytical Services of Victoria, British Columbia was chosen to conduct this research. This firm is respected internationally for its continuing care expertise. Hollander will be working closely with community advisory groups in the development of appropriate tools and in validating the findings.

Manitoba and Quebec were chosen as the test sites for the continuing care research. Why were these two provinces selected?

Manitoba and Quebec were selected as the study sites for the research because both provinces have communities with both home care and on-reserve institutional care options, which are part of continuing cares services.

As well, there is existing data for these programs, which provides valuable and timely input for the research. In addition, the Quebec research in Kuujuaq will capture valuable data and costing related to Inuit continuing care needs.

The information gathered will be used for the development of continuing care options and estimating potential costs.

How will the research results be communicated to communities?

A report will be published on the findings in the spring of 2006. Copies of the report will be made available to the study communities and to the public. In addition, each study community will receive its own report on community findings.

How long will it take before continuing care programs and services become a reality?

There are many steps that would need to be undertaken before continuing care services could become a reality.

Any proposed policy options would require new authorities and funding would require federal government approval before they could be implemented.

Why is continuing care only being considered for First Nations living on reserve and in Inuit communities south of 60, and Yukon First Nations?

Health Canada and INAC are involved in the delivery of continuing care services for First Nations living on reserve and in Inuit communities south of the 60 parallel. While services are delivered directly by First Nations governments in Yukon, the federal government has secured agreement for their participation in this project.

While the federal government does not have a similar arrangement with the governments of Nunavut and Northwest Territories, these governments may find research gathered in Quebec focusing on the delivery of these services to the Inuit to be helpful, and could serve as the basis for future policy development.

Existing continuing care services in First Nations and Inuit communities will continue throughout this process.