# FIRST NATIONS AND INUIT HOME AND COMMUNITY CARE PROGRAM (FNIHCCP)

## Study 1, Implementation "Foundations for Success"

## Summary Report: Action Plan

December 2004

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*Health Canada*

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## NOTE TO READER

This study was prepared by Prairie Research Associates, Inc. (an independent research company) in collaboration with the FNIHCCP National Evaluation Advisory Group. Its findings do not represent the views of the Government of Canada.

This is the first of three studies that together will form the evaluation of the program. The next two studies will address the remaining questions in the Results-based Management and Accountability Framework for the First Nations and Inuit Home and Community Care program.

This is a technical report and as such, its findings are preliminary.

The final evaluation report is expected to be completed by 2006.

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*These key findings are based on this first technical study and full recommendations will be made after all three studies are complete. These action plan items are the first steps that the program will take in starting to address these issues. Related items have been grouped.*

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| **Key finding:** | **The FNIHCCP could take steps to assist eligible communities that are not currently in full service delivery to achieve the final stage of program implementation.** |
| Background: | As of September 2003, 96% of eligible communities were being funded by the FNIHCCP, but only 78% of eligible communities and 88% of the eligible population had access to full service delivery. Some of the reasons why communities have not been able to fully access the program include:<br>• the existing existing resources and infrastructure at the community level<br>• the ability to access training funding<br>• the ability to hire and keep staff, the size of communities, and their<br>• degree of isolation or remoteness.<br><br>In the interests of equity, the program could help those communities that are not yet in full service delivery to reach the final stage of program implementation. |
| ***Action plan:*** | ***FNIHCCP is working on a plan to address program implementation barriers (especially as they relate to small communities).*** |
| Date: | 31 March 2005 |

**Key Finding: The FNIHCCP could determine whether support for training and capital development should be among its ongoing responsibilities.**

Background: The FNIHCCP provided funds in the first two years to help communities meet their basic start-up needs for training and capital development. The study suggests that the available funds were not enough to meet needs. In fact, some communities and even some regions were unable to access training and capital funds. In many communities, difficulties with hiring and keeping staff have created a need for continuous training. In light of the evident ongoing need in these areas, the FNIHCCP could determine whether support for training and capital development should continue to be among its responsibilities.

**Key Finding: The FNIHCCP could identify needs for training and capital development for those communities that have not received program funding for these areas.**

Background: As noted previously, some communities receive no program funding for training and capital development, which has delayed implementation of their home and community care program. Strategies could be developed to ensure that communities that received no training and capital funds receive at least some assistance in these areas. Strategies that could be considered range from allocating funds for this purpose in an upcoming year, to exploring partnerships with Human Resources and Skills Development Canada, or involving provincial/territorial organizations in the provision of training.

***Action plan:*** ***FNIHCCP is working to identify the training needs of community programs and to identify partnerships for ongoing training and capital development needs.***

Date: 31 May 2005

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| **Key Finding:** | **The FNIHCCP could review the responsibilities of the second and third levels of program support and determine whether these are realistic in the context of limited resources.** |
| Background: | The FNIHCCP has a multi-level management structure consisting of four levels of program support. The study suggests that there are insufficient resources at the second (or multi-community) and third (or regional) levels of program support. Given the limited resources available to the FNIHCCP, the responsibilities of the second and third levels of program support could be reviewed to determine whether all of the functions assigned to these levels can be reasonably expected to be carried out. |
| **Key Finding:** | **The FNIHCCP could identify which level of program support is responsible for the "program development functions."** |
| Background: | In addition to identifying specific roles and responsibilities associated with each of the four levels of program support, the FNIHCCP also identified several program development functions. With the apparent constraints on second- and third-level resources as described earlier, the FNIHCCP could identify which levels of program support are best positioned to fulfil the program development functions. |
| ***Action plan:*** | ***FNIHCCP National office will do a short survey of service providers to find out how communities are managing second and third level functions.*** |
| Date: | 31 March 2005 |

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| **Key Finding:** | **The FNIHCCP could clarify the management roles and responsibilities of the national Health Canada office, provincial/territorial organizations and Tribal Councils, and communicate this information to First Nations and Inuit communities.** |
| Background: | The management roles and responsibilities of the regional Health Canada offices appear to be well understood by First Nations and Inuit communities. However, the roles and responsibilities of the national Health Canada office, provincial/territorial organizations and Tribal Councils are less clear. The FNIHCCP could take steps to communicate this information clearly to communities. |
| ***Action plan:*** | ***FNIHCCP and its partners will work together to get more information on their roles out to communities.*** |
| Date: | 31 March 2005 and ongoing. |

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| ***Key Finding:*** | ***The FNIHCCP could provide annual reports to First Nations and Inuit communities on the data collected by the e-SDRT.*** |
| Background: | The FNIHCCP's reporting requirements have been a source of difficulties at the community level. Communities generally acknowledge the need to provide regular reports to Health Canada. However, technological problems, staff capacity and the perception that the data collected are irrelevant and are not used effectively have produced frustration and cynicism. Almost all program stakeholders who participated in this study emphasized the need for Health Canada to provide regular reports to communities on the data it requires them to submit to demonstrate that reporting has tangible benefits for communities. |
| ***Action plan:*** | ***These suggestions will be used in designing reports for community use. The first reports will be provided by FNIHCCP before April 2005.*** |
| Date: | 31 March 2005 |