



A renewed approach to governance fostering self-determination

Health and Social Services Governance Process

Frequently Asked Questions – 2

Where are we at in terms of the process?

The process is in phase 2.

This phase began in April 2016 and is expected to be completed in March 2020.

Phase 2 includes:

- The implementation of the health and social services governance model;
- Talks and negotiation activities with the federal and the provincial government;
- The adoption of a resolution by the Chiefs to continue the work; implementation of the model and planning a process with governments to provide First Nations with more autonomy in terms of health and social services.

Phase 1, which spanned from 2012 to 2016, served to foster understanding of the process, gather the necessary information and develop the basis for the new model (Descriptive, p. 5).

Phase 1 also allowed for adopting a vision, values, principles and several guidelines and developing a picture of the current environment.

Are there committees in place to guide the FNQLHSSC?

Yes. Here are the main committees:

- Chiefs' Advisory Committee: composed of three Chiefs;
- Committee of Partners (senior management): composed of the AFNQL, the FNQLHSSC, the FNIHB, INAC, the SAA and the MSSS;
- Committee of Experts: composed of external experts and communities – as required;
- Board of Directors of the FNQLHSSC: composed of seven elected representatives of the communities (health and social services directors);
- Monitoring Committee: composed of the governance process coordination team and the Executive Director of the FNQLHSSC.

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Are there committees in place to guide the FNQLHSSC? (cont.)	<p>The primary role of the committees is to support First Nations throughout the process.</p> <p>Other components are called upon to participate including the Management Committee of the FNQLHSSC, the AFNQL, etc. Chiefs, general directors and health and social services directors of the First Nations communities in Quebec are invited to participate in various meetings on a regular basis.</p>
Will the FNQLHSSC expand (increase in terms of number of employees) in response to the new health and social services governance model?	<p>First Nations will decide on the governance model they want to implement to meet their needs. Depending on the model chosen, it will be necessary to review current governance and structures.</p> <p>The role of the FNQLHSSC is to coordinate the process and enable First Nations to define the desired governance model and the administrative structure required to support communities and organizations.</p>
Will the communities retain their local authority?	<p>Yes. One of the principles adopted by the Chiefs addresses respect for local authority. One of the roles of the First Nations regional commissions and organizations, such as the FNQLHSSC, is to support communities in their quest for autonomy.</p> <p>The governance model provides for maximum autonomy for communities so that they can take on greater responsibility in terms of health and social services.</p>
Will accountability differ if First Nations opt for a new governance model?	<p>Any management requires accountability. In the case of a governance model, by and for First Nations, First Nations will assume more responsibility. The conditions associated with accountability will need to be negotiated between the federal government and the First Nations.</p>
Will the new governance model be subject to guidelines, standards and rules?	<p>Yes. The governance process provides for the establishment of standards, guidelines and rules to be followed. However, these will be largely determined by First Nations. The standards will better reflect the realities of First Nations, as they will be developed by experts working within First Nations communities and organizations.</p>
How will the new health and social services governance model for First Nations in	<p>The new health and social services governance model should share similarities with British Columbia's model as well as other models. However, First Nations in Quebec have characteristics that are different from those of the First Nations in British Columbia such as, for example, the number</p>



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Quebec differ from British Columbia's?

of communities (30 non-agreement communities in Quebec compared to 203 communities in British Columbia). In Quebec, almost all communities have transferred their health care since the 1989 Transfer Policy. Furthermore, social services are also included in Quebec's governance process, which is not the case in British Columbia.

The Quebec First Nations' health and social services governance process is guided by a vision, values and principles that are developed and endorsed by the Chiefs of the Assembly of First Nations Quebec-Labrador.

Is there a connection between the health and social services governance process and the consultation process for the reform of the First Nations Child and Family Services (FNCFS) Program of Indigenous and Northern Affairs Canada?

The health and social services governance process aims to provide more autonomy to First Nations in terms of health and social services.

The consultation process for the reform of the FNCFS Program is complementary to the health and social services governance process. This is an opportunity to be at the heart of the reform of the FNCFS Program and to position ourselves on the long-term vision of First Nations regarding social services. Ultimately, this takes us one step closer to self-determination, autonomy and control in terms of social services for First Nations children and families.

The report and recommendations from the consultations conducted among the First Nations for the reform of the FNCFS Program will be tabled with Minister Bennett on June 30, 2017. They will also be used to inspire the new health and social services governance model.

