

FSIN Pan Canadian Children and Youth Project



Prologue

- *A child sits in a doorway, cowering against the chilly morning air. People are starting to move around him, waking from a night of drug induced slumber, oblivious to the noisy traffic going up and down the street, passing the child without a second glance. The child struggles to get up, the pain of hunger deep in his stomach, the chill of the night air still in his lungs.*

Impacts on Children's Health?

- The complex issues that they face (alcohol and drugs, foster care, poverty etc.) adversely affect health conditions, nutrition, and their mental health.
- Lower rates of immunization;
- Jurisdictional funding challenges between the Federal Government of Canada and the Province of Saskatchewan often make access to services extremely problematic;
- There is a cascade effect as one barrier builds on or increases the likelihood of others;

The Roots of the Pan Canadian

- There was interest and the need for current reports on the status of children.
- The Pan-Canadian AHTF agreement provided a means to prepare needed reports and use the evidence gathered to make recommendations to achieve greater coordination and integration of provincial and federal policies, programs and services targeted to First Nations children in Saskatchewan, including the 19-22 age-group.

FSIN Pan Canadian Project

- Aims to achieve greater coordination and integration of Provincial and Federal policies, programs and services targeted to First Nations children in Saskatchewan, including 18-22 yrs.;
- Pressure to identify and review policies for children and better methods of communicating this information;
- FSIN ICFS Institute will be part of the solution in order to support the 18 First Nations child and family agencies;
- Aims to develop a strategy to address health and social gaps and identify innovative policy and program approaches for a more equitable approach.

Service Delivery Issues

- Physicians, nurses and other health-care providers are concentrated in urban centers, where the healthiest people in the province live;
- underdevelopment of health promotion programs;
- Lack of non-acute care;
- Under-servicing of special-needs groups;
- Reduced or eliminated hospital-based service without community-based service enhancement;
- Poor access to emergency and acute care;
- Lack of diagnostics.

Jordan's Principle

- Jurisdictional funding challenges;
- This leaves First Nations children, youth and families with nowhere to turn;
- Jordan's Principle activities were supported through the AHTF project;

The Need

- Reversal of the mismatch between health-care needs and availability,
- For all parties to partner to improve health outcomes;
- Increase community capacity in health service delivery;
- Improved First Nation data for First Nation health authorities; (Child Youth Count)
- The attention to provision, participation and protection of our First Nation children and youth so that they are no longer left to the margins of society?

The Right Data

- Percentage of low-birth-weight babies
- Infant mortality rates
- Children in the juvenile justice system
- Child death rate
- Teen death rate – suicide rates
- Teens giving birth
- High school completion/drop out rates
- Idle teens (not in school or working)
- Children living in poverty
- Children living in a household where no family member has a full-time, year round employment
- Children living in single parent households (not considered by the community to have enough support)
- Child/youth obesity rates
- Children living in overcrowded housing
- Non-intentional injury rates

The Portal

- A single point of access to information resources to Children and Youth in Saskatchewan, to their families, to their communities, to their caregivers and to their health care providers.
- A communications tool to support timely sharing of reports, best practices and other information on improving health and well-being outcomes for First Nations people.
- An integrated view of information and processes.

Social Determinants Paper

- Poverty – 16,675 Saskatchewan First Nations live in poverty;
- Income assistance;
- Jurisdictional disputes;
- Assisted living and disabilities;

Programs and Policies Paper

- Service gaps;
- Additional health promotion programming needed;
- Access to diagnostic services, emergency and acute care services;
- Advocacy requirements for non-acute care health-care services;
- The service gaps for special-needs groups, like children with disabilities.
- Impacts of Saskatchewan Health-care restructuring (centralized hospital-based services were eliminated without community-based services being enhanced. This needs to be remedied.)

The United Nations Paper

- This paper draws attention to statistics
- It invokes thoughts on how we can do things differently
- It affirms the commitment from First Nations to recognize that children are the future hope
- Affirm the need for a rights based action plan;
- Provide foundational thoughts on how the UN Convention on the Rights of the Child can be a tool used to formulate a basic foundation to begin implementing the provisions of that Charter.

Work in Progress

- Regional and community policy development (eg. FN Regulations;
- Issues on the United Nations Convention on the Rights of the Child; We have a resolution from the Youth in Assembly.
- Communication and reporting (through the development of appropriate joint working groups); and
- Evaluation activities through accredited research institutes including the development of health indicators and realistic achievable goals;
- A Special Task Group on Children and Youth (TAGCY) with members from existing children and youth FSIN mandated working groups;

Preliminary Pan Canadian Recommendations

- Children and Youth Vision of Wellness
- Cultural, Holistic Approach to Health
- Community Driven
- Housing Relevant Data
- Advocacy Support
- Support for Saskatchewan First Nation Convention on the Rights of the Child

The Challenges

- Communication with the diverse working groups
- Managing organizational change
- Applying “tripartite way of working” at all levels
- Maintaining political support
- Identifying priorities and managing expectations

Conclusion

- Look at the needs of children and families;
- Build on strengths of community based program supports;
- Build partnerships;
- Adequately support moms;
- Tap on the biggest resource – Fathers;
- Tap on First Nations unique strengths;
- Collect data – Infant mortality rates, early assessment rates and school performance rates;