

Accessibility through Legislation

Submission of the First Nations Health Authority

1 Background

The First Nations Health Authority (FNHA) is the first province-wide health authority of its kind in Canada. The FNHA is the health and wellness partner to over 200 diverse First Nations communities and citizens across BC. In 2013, the FNHA began a new era in BC First Nations health governance and health care delivery by taking responsibility for the programs and services formerly delivered by Health Canada's First Nations Inuit Health Branch — Pacific Region. Since then, the FNHA has been working to address service gaps through new partnerships, closer collaboration, health systems innovation, reform and redesign of health programs and services for individuals, families, communities and Nations.

The FNHA is responsible for planning, management, service delivery and funding of health programs, in partnership with First Nations communities in BC. Guided by the vision of embedding cultural safety and humility into health service delivery, the FNHA works to reform the way health care is delivered to BC First Nations through direct services, provincial partnership collaboration, and health systems innovation.

The FNHA's community-based services are largely focused on health promotion and disease prevention and include:

- Primary health care through more than 130 medical health centres and nursing stations;
- Children, youth and maternal health;
- Mental health and wellness;
- Communicable disease control;
- Environmental health and research;
- Health benefits;
- eHealth and telehealth;
- Health and wellness planning; and
- Health infrastructure and human resources.

Our work does not replace the role or services of the Ministry of Health, Ministry of Mental Health and Addictions and Regional Health Authorities. The FNHA will collaborate, coordinate, and integrate our respective health programs and services to achieve better health outcomes for BC First Nations.

DISCLAIMER: Though the FNHA is a key partner in health and wellness, and can provide advice and guidance at a broad provincial level, the FNHA's submission should not to be considered sufficient engagement or consultations with First Nations, and the provincial government has a responsibility to work with the Nations themselves, in the governance structure they prefer, in the development of a provincial accessibility framework and legislation.

The following feedback from the FNHA is in response to the government's call to hear from organizations, self-advocates and advocates on the proposed accessibility legislation for BC.

1. What is most important to you about accessibility legislation for B.C.?

Through the development of an accessibility legislation to support cultural change, it is recommended that the work below be taken into consideration:

- TRC Calls to Action
- Missing & Murdered Indigenous Woman & Girls Calls to Justice
- Discussion Paper: Ten Year Strategy Determinants of Health Strategy
- First Nations Perspective on Health and Wellness

Relationship Building

There is an opportunity throughout all stages of development of a framework for accessibility legislation in British Columbia (BC) to solidify foundational relationships with First Nations partners, which will increase the likelihood that cultural safety and cultural humility are hardwired within a framework for accessibility legislation in BC. Working in partnership with First Nations communities and organizations creates or holds space for them to have direct involvement in decision-making with respect to the systems that serve them. Engagement and partnership with First Nations communities and organizations are integral to designing a framework for accessibility legislation in BC that is culturally safe and embodies the government's commitments to improve relations with First Nations in the province, through actions such as the introduction of the Declaration on the Rights of Indigenous Peoples Act, the advancement of the BC Tripartite Framework Agreement on First Nation Health Governance, and work underway to embed cultural safety and cultural humility into the health and wellness system.

Engagement

To ensure success of the development of a framework for accessibility legislation in BC, meaningful engagement and collaboration with First Nations partners must occur, as foundational steps in the formation and sustainability of a culturally safe accessibility legislation. There is an opportunity in BC to strive for clarity and consistency in addressing the needs of First Nations both at home (on-reserve) and away from home (off-reserve). There is also an opportunity for the BC accessibility framework to align with the federal framework, but go further by embedding First Nations in BC perspectives.

There is a need to apply an intersectional lens to better understand how social constructs, such as race, gender and class, have a compounded impact on persons with diverse abilities. For example, First Nations women with diverse abilities will face unique challenges due to their Indigeneity, gender, diverse abilities, and the intersection of all three. The same is true for two-spirit, transgender or non-gender confirming persons with diverse abilities. As such, person-centred accessibility framework must consider the whole person and their unique needs. This is why it is critical that cultural safety and humility and trauma informed care be hardwired into the provincial accessibility legislation and any resulting regulations or directives.

The province may also want to utilize some of the recommendations around engagement that were included in the "Indigenous Engagement and Cultural Safety Guidebook¹" for Primary Care networks – in the engagement section, as many of them apply across the board. Such as:

- Ensure meeting spaces are accessible; consider cultural safety and local First Nations protocols. Where possible and appropriate, meet with representatives on their territory, co-develop documentation (agendas, proposals, etc.) and respect protocols for First Nations community members to open and attend meetings.
- Support First Nations communities and organizations to engage in the provincial accessibility legislation engagement process.
- Integrate cultural safety and cultural humility into provincial accessibility legislation engagement processes.
- Respond positively to invitations initiated by First Nations communities and organizations, and as often as possible, meet in person, and utilize existing partnership structures.

Truth and Reconciliation

The final report of the Truth and Reconciliation Commission of Canada² zeros in on five areas – child welfare, education, language and culture, health and justice. The report also describes how legacy of the schools continues and is reflected in the significant educational, income, and health disparities between First Nations people and other Canadians – disparities that lead to shorter, poorer, and more uneasy lives. The Truth and Reconciliation Commission of Canada: Calls to Action³ calls on federal and provincial governments to work together on fundamental reforms.

2. What do you think about the suggested model for legislation and scope of legislation?

It is vital to recognize and work with First Nations communities and people, people with diverse abilities, and family networks to inform the development of a model of accessible legislation in BC. Inclusion means that we recognize and honour the diverse history, traditions and cultures of First Nations in BC, and address the profound impacts of past and current harms. The UN Declaration on the Rights of Indigenous Peoples (UNDRIP), the final report and Calls to Action of the Truth and Reconciliation Commission of Canada, and the Missing and Murdered Indigenous Woman & Girls Calls for Justice need to inform the proposed accessibility legislation in BC.

¹ https://www.pcnbc.ca/media/pcn/PCN Guidebook-Indigenous Engagement and Cultural Safety v1.0.pdf

² http://nctr.ca/assets/reports/Final%20Reports/Volume 5 Legacy English Web.pdf

³ http://nctr.ca/assets/reports/Calls to Action English2.pdf

3. Do you have other ideas for the model for legislation and scope of legislation you would like considered?

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

The BC government is the first in Canada to pass <u>government</u> legislation recognizing Indigenous peoples' rights through recognition of the <u>United Nations Declaration on the Rights of Indigenous Peoples</u> (UNDRIP); as such, this is an opportunity for the government to demonstrate this commitment by considering the legislation in light of the UNDRIP articles, specifically Article 22 which states⁴:

- 1. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.
- 2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

The BC Government has stated that the intention of the UNDRIP legislation is to:

- Recognize and respect rights of Indigenous peoples in all areas of life human rights, environment, language, education and more.
- Create more opportunities for Indigenous peoples to be full partners in the economy.
- Move BC into a new era of rights recognition, moving away from conflict and court battles.
- Develop clear, predictable path for everyone to work together as partners.⁵

Given this intention, the scope of a provincial accessibility legislation must reflect this new framework with a commitment that "Every minister in the provincial government has been mandated to review laws and policies to make sure they align with the UN Declaration." As such, this would include the need for the accessibility framework and legislation to align with the UNDRIP.

First Nations Perspective on Health and Wellness

There are other tools like the First Nations Perspective on Health and Wellness⁷ that can guide those drafting legislation in considering the scope—social determinants of health can open up new areas where the legislation would be beneficial. The fifth circle depicted in the First Nations Perspective on Health and Wellness encompasses the social, cultural, economic and environmental determinants of health and wellbeing. For example, the opportunity to identify, remove, and prevent barriers in places of employment and housing for persons with disabilities to more successfully gain employment and improve their housing situation. With secure employment and housing there is an opportunity to improve access to healthy foods to improve wholistic health and wellness outcomes for persons with disabilities. The First Nations

⁴ https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper Disabilities.pdf

⁵ https://declaration.gov.bc.ca/

⁶ https://declaration.gov.bc.ca/

⁷ https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness

Perspective on Health and Wellness is a tool for FNHA and First Nation communities to depict the shared understanding of wholistic health for First Nations in BC.

4. What do you think about the suggested purposes and principles for legislation?

On May 23, 2019, the Ministry of Social Development and Poverty Reduction released a report titled "Reimagining Community Inclusion" (RCI); the FNHA was a partner at the table, drafting a key section, Destination 4: Services for Indigenous peoples which provides advice for an Indigenous-led approach, which calls for government and partners to:

- start by engaging Indigenous leadership to ensure supports and services for Indigenous peoples are culturally safe and better coordinated amongst service providers and government;
- build capacity not only to enhance existing services but to also identify new opportunities to improve services; and,
- outline the need for services for Indigenous people to be better coordinated to meet the needs of Indigenous persons with disabilities.

The report focuses on how the province envisions services for adults with intellectual and developmental disabilities in 10 years, the pathway forward, and how stakeholders can work together to get there. The RCI report supports the intent and purpose of the proposed provincial accessibility legislation which seeks to do what the federal legislation does, but at a provincial level. The RCI report can be seen as a way for government to support and guide communities toward compliance with the proposed provincial legislation. It provides a vision for how the public sector, non-profit sector and Indigenous sector envision how services for adults with intellectual and developmental disabilities can be improved, a pathway forward, and how to work better together to achieve a better coordinated system to meet the needs of persons with an intellectual and developmental disability. Working better together will create a pathway for the future of community inclusion by removing barriers that hinder community inclusion.

5. Do you have other ideas about the purposes and principles that should guide accessibility legislation?

There is an opportunity to include a purpose statement specifically including enforcement. It is not enough to identify, remove, and prevent barriers, there needs to be some commitment to address situations where entities falling under the legislation know that failure to comply will encounter some form of enforcement.

Cultural safety and humility should be a lens that informs a core principle of the provincial accessibility legislation. Indigenous persons with a disability should be free of racism and discrimination and to feel safe when accessing services, seeking housing or employment. There is an opportunity to develop

enforcement mechanisms that include First Nations cultural values, beliefs, and practices of managing issues that could be built into the legislation to address issues of enforcement. Additionally, there is an opportunity to develop and utilize measures to assess cultural safety and humility throughout the accessibility legislation as a part of quality improvement.

Additionally, trauma informed care and practice should be a lens that informs a core principle of the provincial accessibility legislation. Enforcement of the accessibility needs to "...work at the client, staff, agency, and system levels from the core principles of: trauma awareness; safety; trustworthiness, choice and collaboration; and building of strengths and skills." For example, the accessibility legislation needs to take into consideration the historical context of persons with disability being institutionalized, as well as First Nations historical trauma with colonization, residential schools, Indian hospitals, etc., and caution that enforcement may create situations of re-traumatization if it isn't cultural safe.

6. What do you think about the suggested approach to accessibility standards?

There are principles that should be applied across all standards, such as cultural safety, the social determinants of health, intersectionality, and equity lenses. A culturally safe, person-centred accessibility framework must consider the whole person and their unique needs, therefore a social determinants of health lens would be a beneficial lens through which to design and deliver on the accessibility legislation in BC. For example, using a wholistic approach to health and well-being as depicted in the First Nations Perspective on Health and Wellness ⁹which places the person at the centre, but which highlights how environmental, social, economic or cultural factors create or remove barriers to accessible housing, for example.

The submission guide asks those providing submissions to consider the following areas where standards would be important:

Service Delivery: To improve services and access to care for First Nations in BC persons living with disabilities, an intersectional policy lens (with a specific focus on the intersection of Indigeneity and ability) could be applied in the review of existing services to ensure that barriers for First Nations in BC persons with disabilities are identified and addressed. Further, any new program, service or policy should be developed with the same lens to adequately account for the diverse needs and challenges of various groups, including First Nations persons with disabilities. Important aspects of the lens include assessing for culturally safe and trauma-informed services, inclusion of First Nations perspectives on health and wellness and accessibility related to physical and geographical barriers and communication barriers (sight, hearing and language).

Employment: There is considerable thinking around the way to change culture to make BC more accessible, which aligns with FNHA's cultural safety and humility policy statement. Through this, there is

⁸ http://bccewh.bc.ca/wp-content/uploads/2012/05/2013 TIP-Guide.pdf

 $^{^9}$ https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness

an opportunity to build on efforts to improve hiring and employment practices with a specific focus on First Nations populations with disabilities and to link these efforts to the need for cultural safety and humility when hiring and serving First Nation communities.

Built Environment: Communities may require new or increased resourcing to build and/or renovate spaces so that they are accessible to persons with disabilities. A cross-governmental approach is needed to ensure access is supported across federal and provincial jurisdictions.

Information and Communication: Identifying relevant networks and communications pathways is an important step in ensuring coordinated and timely access to information. Ensuring that communication is translated into accessible formats is important for Indigenous persons with disabilities (e.g. traditional languages, braille, accessible media formats with closed captioning and American Sign Language interpretations, etc.).

Transportation: To ensure that First Nations persons living with disabilities have adequate access to quality and culturally safe care, the provincial government could take measures to ensure that provincial governments are upholding their responsibility to provide access to services to all provincial residents, including First Nations through public transportation availability and accessibility.

By embracing a wider lens, the legislation may find other key areas which it should consider in the legislation.

7. What do you think about the suggested approach to timelines for accessibility legislation?

The FNHA understands that the government has to consider a lot of other factors in its timeline, and it does not want to see *unnecessary* delays to the passing of an accessibility legislation, but the provincial government needs to consider whether this process adequately addresses the need to engage with First Nations in BC. If the provincial government is concerned that this will cause delays, the legislation should note that engagement with First Nations in BC will be an ongoing process, and the designated legislative reviews will build this consideration into that process.

8. Do you have other ideas about the development of accessibility standards or timelines for accessibility standards?

Not at this time.

9. What do you think about the suggested approach to governance for accessibility legislation?

There is a dilemma between creating and enforcing provincial accessibility regulations for public spaces on-reserve and off-reserve and the inherent right to self-government/self-determination. Though it is important to ensure First Nations in BC with disabilities have equitable access to public spaces, First Nations rights, including treaty rights, and right to self-determination must be respected. The accessibility legislation could include enabling provisions whereby First Nations can choose to modify aspects of the legislation.

10. Do you have other ideas about governance for accessibility legislation?

The creation of any entities, be it the directorate, a board or a commissioner, needs to be empowered to do enforcement and accountabilities work—anything that is intended to be arm's length needs to reflect the relationship to be built between that entity and the responsible ministries, and that all efforts should be made to avoid setting up an adversarial relationship. It is beneficial to consider other governance models which recognize impacted people and key stakeholders as key partners through a framework that embeds accountability and transparency into the governance structure. For example, as the first and only provincial First Nations Health Authority in Canada, FNHA is committed to meeting high operational standards as defined by BC First Nations and our government partners. We are committed to being accountable, transparent and to continuously improving our operations. The British Columbia First Nations Health Governance Structure includes four components:

- The First Nations Health Authority (FNHA): responsible for planning, management, service delivery and funding of health programs, previously provided by Health Canada's First Nations Inuit Health Branch Pacific Region.
- The First Nations Health Council (FNHC): provides political leadership for implementation of Tripartite commitments and supports health priorities for BC First Nations.
- The First Nations Health Directors Association (FNHDA): composed of health directors and managers working in First Nations communities. Supports education, knowledge transfer, professional development and best practices for health directors and managers. Acts as a technical advisory body to the FNHC and the FNHA on research, policy, program planning and design, and the implementation of the Health Plans.
- The Tripartite Committee on First Nations Health (TCFNH): the forum for coordinating and aligning
 programming and planning efforts between the FNHA, BC Regional and Provincial Health
 Authorities, the BC Ministry of Health, and Health Canada Partners.

The First Nations Health Authority is part of a unique health governance structure that includes political representation and advocacy through the First Nations Health Council, and technical support and capacity

development through the First Nations Health Directors Association. Collectively, this First Nations health governing structure works in partnership with BC First Nations to achieve our shared vision.¹⁰

Our work does not replace the role or services of the Ministry of Health and Regional Health Authorities. The First Nations Health Authority will collaborate, coordinate, and integrate our respective health programs and services to achieve better health outcomes for BC First Nations.¹¹

11. What do you think about the suggested approach to incentives, compliance, and enforcement for accessibility legislation?

The legislation is likely to result in the need to for additional capacity and resources to reach compliance. Should the government move forward on defining and enforcing accessibility regulations, it should also be prepared to provide or facilitate access to resources to enable First Nations communities and organizations to take measures towards compliance. An approach to an accessibility legislation in BC should not impact the rights to self-determination or "Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings." 12

There is also a need for clarity on how incentives, compliance and enforcement will apply in First Nations communities. The government should also consider these issues with the understanding that there are some areas of "shared responsibility" such as health and wellness for which there is a framework to address some barriers to care and services, while other aspects of a person's life, such as transportation or post-secondary education, lack a framework to navigate jurisdictional silos.

12. Do you have other ideas about how to achieve the right mix of incentives and compliance/enforcement tools for accessibility legislation?

To achieve the right mix of incentives and compliance/enforcement for First Nations in BC, it would be ideal to partner with First Nations in developing a framework that ensures consistency, and designates key roles and responsibilities, etc. Additional, in order to achieve the right mix of incentives, compliance

¹⁰ https://www.fnha.ca/about/governance-and-accountability

¹¹ https://www.fnha.ca/about/fnha-overview

¹² https://www.fnha.ca/PublishingImages/about/fnha-overview/directives/FNHA-Seven-Directives.jpg

and enforcement there should be recognition of the authority of First Nations in BC in their governance of their facilities and communities and their rights to self-determination.

13. What do you think about having reviews of accessibility legislation?

Accessibility legislation should require periodic legislative reviews from an independent person outlining progress that has been made to implement the legislation and standards, including from a First Nations context. Legislative reviews would help ensure legislation and standards are implemented transparently and accountably. The FNHA would recommend following the legislative review similar to Manitoba and Nova Scotia because it requires the BC government to be more nimble and responsive to changing or emerging trends, which, given that they are responsible for much more that directly impacts the lives of British Columbian's on a day-to-day basis, needs to be the case.

14. If YOU SUPPORT LEGISLATIVE REVIEWS, HOW OFTEN SHOULD THEY OCCUR?

See above.

15. What other initiatives or actions would you recommend to promote a culture of accessibility?

There is considerable thinking around the way to change culture to make BC more accessible, which aligns with FNHA's cultural safety and humility policy statement. Through this, there is an opportunity to build on efforts to improve hiring and employment practices with a specific focus on First Nations populations with disabilities and to link these efforts to the need for cultural safety and humility when hiring and serving Indigenous communities.

16. How else can accessibility legislation support cultural change and vice-versa?

The social determinants of health – the conditions in which people are born, grow, work, live, and age, and the wider set of forces shaping the conditions of daily life for First Nations in BC – are critical to consider with the development of a provincial accessibility legislation. Improving the lived experience of

First Nations Health Authority Health through wellness

First Nations children, youth and families requires us to improve the systems that serve them – both at home (on-reserve) and away from home (off-reserve).

Here in BC, we have an opportunity to advance our relationship with the Province of BC based on recognition, respect and partnership. BC has committed to build a new relationship and take action to advance reconciliation with First Nations¹³. Through the development of accessibility legislation to support cultural change, it is recommended that the work below be taken into consideration:

- TRC Calls to Action¹⁴
- Missing & Murdered Indigenous Woman & Girls Calls to Justice 15
- Discussion Paper: Ten Year Strategy Determinants of Health Strategy¹⁶
- First Nations Perspective on Health and Wellness¹⁷

As BC has committed to align BC laws with UNDRIP and recognizes "Free, prior and informed consent recognizes Indigenous peoples' rights, interests and voices", early, deep and meaningful involvement of First Nations peoples on matters that affect their peoples, communities and territories can address uncertainty and conflict, bringing First Nations and the government together to build a stronger BC, with more opportunities for Indigenous peoples, BC businesses, communities and families.

It is suggested that the Accessibility Secretariat, Ministry of Social Development and Poverty Reduction approach the First Nations Health Council (FNHC) with an offer to present about the legislation process at *Gathering Wisdom for a Shared Journey X*¹⁸ which is being held January 14 - 16, 2020. This event brings together First Nations leaders and health directors to discuss health, mental wellness, and the social determinants of health. It is an opportunity to hear updates and engage in discussions with the FNHC, the FNHA, and the FNHDA. It is also an opportunity for First Nations to engage in direct dialogue with each partner and other health system partners on factors that influence the health and wellness of their children, families and communities.

Again, it must be reiterated that while the FNHA is a key partner in health and wellness, and can provide advice and guidance at a broad provincial level, the FNHA's submission should not to be considered sufficient engagement or consultations with First Nations, and the provincial government has a responsibility to work with the Nations themselves, in the governance structure they prefer, in the development of a provincial accessibility framework and legislation.

¹⁵ https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls for Justice.pdf

 $[\]frac{\text{13 https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/truth-and-reconciliation-commission-calls-to-action}{}$

¹⁴ http://trc.ca/assets/pdf/Calls to Action English2.pdf

¹⁶ http://fnhc.ca/wp-content/uploads/FNHC-Discussion-Paper-Ten-Year-Determinants-of-Health-Strategy.pdf

 $^{^{17}}$ https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/first-nations-perspective-on-wellness

¹⁸ Gathering Wisdom for a Shared Journey: http://gathering-wisdom.ca/