

Fragmented Programs

The National Strategy notwithstanding, the government has taken a strikingly fragmented approach to Aboriginal issues—let alone disability issues—within the federal system. Areas of responsibility for various groupings of Aboriginal people are scattered amongst different departments and there is definitely no concentrated focus on disability.

Despite the fact that both DIAND and Health and Welfare Canada provide adult care services to Aboriginal people on reserve and have signed a memorandum of understanding, significant gaps exist in these services. DIAND funding focuses primarily on in-home care (e.g. homemaker services, meals and social support) as well as on institutional care such as nursing homes. The Medical Services Branch of Health and Welfare Canada delivers community health services (e.g., public health nursing, immunization and nutritional programs). Neither Department has accepted the obligation to provide all the component parts of a complete adult care system. Because there is no organizational structure for comprehensive program development or management, services are developed unevenly and delivered inconsistently across the country.

Although these inadequacies pertain only to one governmental program, the Committee has seen signs that they are indicative of larger, system-wide, failings and buck-passing between departments. DIAND officials told us that the Department's social assistance programs make services for special non-medical needs available to Aboriginal people on reserve (e.g., aids for