

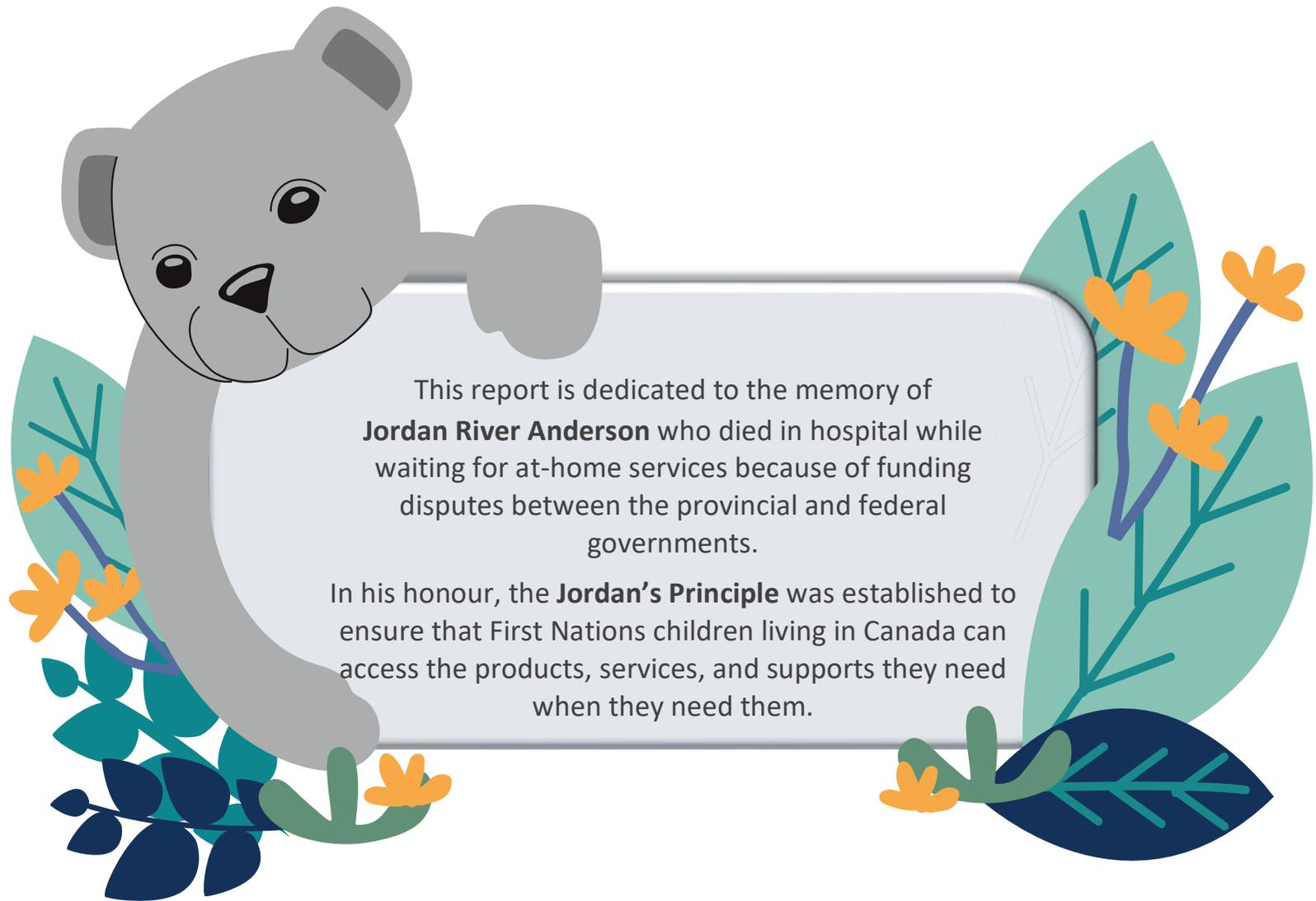


Implementation of Jordan's Principle across Canada

Final Project Report



Dedication to Jordan River Anderson



This report is dedicated to the memory of **Jordan River Anderson** who died in hospital while waiting for at-home services because of funding disputes between the provincial and federal governments.

In his honour, the **Jordan's Principle** was established to ensure that First Nations children living in Canada can access the products, services, and supports they need when they need them.



FIRST NATIONS
HEALTH CONSORTIUM

First Nations Health Consortium
Implementation of Jordan's Principle across Canada
Final Project Report

This report was prepared for Indigenous Services Canada by the Alberta First Nations Health Consortium, July 2021. The final version was completed in October 2022.

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Acknowledgements

In the fall of 2020, the First Nations Health Consortium was approached by Julien Castonguay, Acting Director, Jordan's Principle, in the national office of Indigenous Services Canada (ISC). He asked if FNHC would be willing to conduct a project to gather data needed by ISC on the implementation of Jordan's Principle across Canada. ISC needed this information to support their developmental work on Jordan's Principle moving forward. We were delighted to undertake the project.

This project report represents the culmination of the efforts of many people across Canada. None of it would have been possible without the national ISC office under Julien's direction and leadership.

We extend a sincere thank you to the national ISC office, in particular Julien, who diligently supported and guided the work of the FNHC management and project team. His support, communication and responsiveness to project questions and processes were exemplary.

We believe his leadership approach demonstrates how we can all work together by bringing people to the table, improving communication, and strengthening the commitment to improving the lives of First Nations and Inuit families and children across Canada.

Julien, on behalf of all who participated in this project, thank you for your dedication and support of this work.

We also thank the many dedicated people who participated in the surveys, focus groups, and personal

interviews. Throughout this work we heard about the importance of communication and collaboration between the various groups; about how we can all learn together, how we can improve processes, programs, guidelines, and ensure that no child is forgotten. Our gratitude is extended to:

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- **ISC regional managers responsible for Jordan's Principle** who participated in personal interviews and shared their perspectives from a regional level, offering operational insights and ideas for improvement.
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- **FNHC project team members, under the leadership of Carol Blair and Associates**, who conducted the project from beginning to end.

We look forward to fruitful outcomes of your endeavors in supporting and contributing to this project.

G. Barry Phillips

G. Barry Phillips
Chief Executive Officer
Alberta First Nations Health Consortium

Table of Contents

1	Summary	8
1.1	Background.....	8
1.2	The Process and Participants.....	9
1.3	Jordan’s Principle Importance and Impact	10
1.4	Service Coordination Arrangements across Canada.....	11
1.5	Jordan’s Principle Strengths	14
1.6	Jordan’s Principle Challenges	15
1.7	Jordan’s Principle Data Collection and Data Management Processes.....	19
1.8	Jordan’s Principle Evolution: Lessons Learned and Continuous Improvement	24
2	Setting the Stage	40
2.1	A Glimpse into Jordan’s Principle	40
2.2	Why This Project Now?.....	40
2.3	Purpose of the Data Collection and Analysis	41
2.4	Approaches Used to Gather Information	42
2.5	Understanding the Project Context.....	43
2.6	Purpose of this Report.....	44
2.7	Organization of this Report	45
3	Project Process and Participants: The Voices We Heard	47
3.1	Survey Data Collection Approach and Respondents	47
3.2	Focus Group Data Collection Approach and Respondents.....	49
3.3	Summary of Survey and Focus Group Participants.....	50

3.4	Senior Level Interviews	51
4	Jordan’s Principle: Its Importance and Impact	52
4.1	Survey Findings	53
4.2	Focus Group Findings	55
4.3	Interview Findings	59
5	Jordan’s Principle: Service Coordination Arrangements across Canada	64
5.1	Service Coordination Activities	64
5.2	Service Coordination Structures, Processes and Value Systems	68
6	Jordan’s Principle: The Strengths	82
6.1	Survey Findings	82
6.2	Focus Group Findings	82
6.3	Interview Findings	87
7	Jordan’s Principle: The Challenges	90
7.1	Survey Findings	90
7.2	Focus Group Findings	100
7.3	Interview Findings	120
8	Jordan’s Principle: Data Collection and Management.....	131
8.1	Service and Product Request Findings.....	132
8.2	Data Collection and Data Management Findings	143
9	Jordan’s Principle: Looking Forward: Lessons Learned and Improvements Suggested.....	167
9.1	Survey Findings	167
9.2	Focus Group Findings	181

9.3 Interview Findings	196
Appendices	204
Appendix A: Jordan’s Principle Project: Service Coordination Survey.....	205
Appendix B: Jordan’s Principle Project: Focus Group Questions.....	216
Appendix C: Jordan’s Principle Project: Interview Questions.....	218

1 SUMMARY

1.1 Background

Jordan's Principle, Child First Initiative, is an important initiative of Indigenous Services Canada (ISC) in addressing the health, education and social needs of First Nations children and their families. The initiative enables First Nations children living in Canada to access the services, supports and products they need, when they need them.

In the fall of 2020, ISC approached the Alberta First Nations Health Consortium (FNHC) to gather data on the implementation of Jordan's Principle across Canada. The overall intent of the project was to gain a clearer picture of the data available on the number of First Nations children being served and the number of services and products being provided, related to funds received under Jordan's Principle. The information was intended to better understand what's currently being done, what's working with the existing rules and processes, what's not working as well as it could, along with ideas and recommendations for dealing with the challenges.

The project was guided by four purposes:

- **Document the current state of Jordan's Principle** in Canada: how service coordination is defined by service coordinators and service coordination organizations and the processes being used to provide services and products to First Nations children and their families.
- **Identify the major data types being collected** on the First Nations families and children receiving services, supports and products through Jordan's Principle funding.
- **Identify successes/achievements and gaps** in Jordan's Principle.
- **Identify promising practices and those that need improvement** to fully realize the benefits of Jordan's Principle to First Nations children and their families.

The project was officially initiated in November 2020 with data collection and analysis concluding in July 2021. The report documents the voices of the people we surveyed and talked with in focus groups and interviews. Their comments about their experiences provide an important and rich context in which to understand how Jordan's Principle is currently being implemented, the successes, the disappointments, and the areas for improvement.

This summary provides the highlights of what we heard and what we learned.

1.2 The Process and Participants

Data collection process. The data collection process, guided by a Steering Committee of ISC and FNHC representatives, involved three approaches:

- **Online survey was conducted with service coordinators and service coordination organizations, starting March 22, 2021, and extended to May 7, 2021.** Participants were identified using a master list held by ISC, which was validated by the project team.
- **Virtual focus groups comprising service coordinators and service coordination organizations, by ISC Region, were conducted via the ZOOM platform, during April and May 2021.**
- **Interviews were held with senior staff involved with Jordan’s Principle at the ISC regional level during May and early June 2021.** In addition, an academic researcher with extensive experience in Jordan’s Principle was interviewed.

Participants. All ISC Regions were represented in the project findings. Please note that the number of participants across the approaches does not reflect unique individuals as participants were encouraged to participate in both the survey and focus groups. In addition, 11 senior ISC staff and one academic researcher involved with Jordan’s Principle were interviewed. The following table shows the representation of service coordinators and service coordination organizations by data collection approach.

Region	Survey	Focus Group (FG)	Interview (those unable to participate in FG)
Alberta	6	11	
Atlantic	9	5	
British Columbia	10	8	
Manitoba	48	0	1
Northern Canada	0	1	4
Ontario	6	8	
Quebec	12	11	
Saskatchewan	9	6	
Total	99	50	5

1.3 Jordan's Principle Importance and Impact

We asked participants similar questions to hear their views and their passion about the importance and impact of Jordan's Principle. Our key findings were:

- **83% of survey respondents feel their work has a high impact** on children and their families.
- **Multiple Jordan's Principle benefits identified:**
 - **Access to needed services.** Respondents noted reduced gaps in services and products through access to multi-disciplinary teams, reduced wait times for needed therapies, maximized service availability through greater collaboration with the community and service providers, and greater awareness among communities and families about the services and products available to help them.
 - **Advocacy.** Service coordinators were able to advocate for families to better fulfill children's needs and help to build trust between families and service providers.
 - **Parent/guardian support.** Jordan's Principle was noted as relieving family stress in managing their children's needs with families being happier and better able to cope as well as helping families better manage addictions, learn skills and understand their children's needs with the supports provided through Jordan's Principle. Service coordinators were also able to help families with the necessary documentation to acquire funding for needed services, supports and products.
 - **Hope.** Jordan's Principle gives hope to families and allows communities to identify their needs and contribute to their capacity for self-governance.
- **The importance of Jordan's Principle.**

“Very important for families to have some kind of hope and Jordan's Principle represents a hope.”

Focus group participants identified, with passion, their reasons why they felt Jordan's Principle is important:

- **Timely access to needed services and products in home communities:** filling existing service gaps, helping children quickly receive the services and products they need, enabling a wraparound service model and providing opportunities to have services within First Nations communities

- **Prevention and family support:** providing preventive measures, filling gaps created by other programs, impacting families positively, addressing chronic disease risks early on, and providing mental health supports.
- **Education, advocacy and hope:** bringing the history of First Nations peoples and providing a springboard for conversations, providing the ability to meet children’s needs considering a different world view, helping families navigate complicated systems, impacting future generations positively, giving hope to families and highlighting the needs that are not being met.
- **Reducing systemic barriers and facilitating equity and reconciliation:** bringing equity to First Nations children, addressing systemic barriers to services, giving a tool to navigate the bureaucratic colonial system addressing lack of access to basic health care in isolated communities and addressing poverty, lack of employment and food security.

Senior ISC staff perspectives. While not specifically asked to speak to the importance of Jordan’s Principle, their comments to the question on how ISC could best deliver on the federal vision for Jordan’s Principle, added to the conversation about the things to be considered as Jordan’s Principle moves forward. Common themes were:

- Understand the complex landscape due to historical underfunding and jurisdictional gaps.
- Respect and uphold the legal obligations as set by the Canadian Human Rights Tribunal (CHRT).
- Increase First Nations’ control and jurisdiction over their families and services.
- Give people the authority to make changes and having the right kind of people to implement changes.
- Collaborate closely with First Nations and service coordination agencies.
- Clarify the meaning of substantive equality and how it is to be operationalized.
- Develop an evaluation framework to identify positive impacts on children.

1.4 Service Coordination Arrangements across Canada

We asked participants about the service coordination activities they carried out within their designated areas. We learned that most service coordinators carry out a range of activities and that the organizational structures in which they do their work, vary.

Service coordination activities. Most service coordinators carry out the following activities in varying degrees:

- Telephone information only to guide families to the resources they need.
- Assessment of children’s needs.
- Development of plans to meet children’s needs.
- Referral to health, education or social services professionals/organizations providing the services needed by children.
- Communication and contact with service providers as needed.

- Communication and contact with Focal Points as needed; Focal Points are employed by ISC and assist in securing necessary funding for products, services and supports.
- Monitoring of the services provided to children to be sure they are getting the services they need.
- Follow-up with the families to assess progress in having needs met and/or their satisfaction with the services being provided.
- Setting up and closing client files.
- Collecting statistics and preparing reports for management.

Some service coordinators also carry out administrative, program coordination, and training activities, as well as counselling services, and collaboration with community teams through wraparound service models.

Governance and service coordination organizational structures. We learned the following about organizational structures, based on the survey and focus group input, so the structures and other nuances may not be exhaustive in the list below.

Governance structures:

- **Community model with First Nations Chief and Council governance structures** serving a single community or a cluster of communities within their First Nation. Jordan’s Principle may be placed under a health, education, or child services department, dependent on which department applied for the Jordan’s Principle funding.
- **Regional model with First Nations Tribal Council governance structures** serving a larger geographical area consisting of several First Nations.
- **Provincial model with centralized governance**, a First Nations governance structure serving all First Nations within the province. Some unique situations exist where not for profit regional programs throughout the province focused on children with special needs, are being funded through Jordan’s Principle. In some provinces a centralized body has either been funded (i.e., First Nations organization), to serve several purposes such as policy, education, community engagement, and consultation, or a new provincial structure has been created to serve as a resource and training hub for service coordinators located throughout the province.
- **Territorial model with First Nations governance structures and one Inuit governance structure.**

Service coordination structures:

- **Community-based model** is the most common regardless of the governance structure. Generally, participants expressed the importance of the service coordinators being as close as possible to the communities that they're serving. Both advantages and drawbacks were identified with advantages being the knowledge of the communities and their living situations, knowledge of local service providers, established relationships with families and children, and the First Nations leadership. Drawbacks reflected the other side of community and family familiarity, given high expectations for services and supports through Jordan's Principle, impact of any negative family and community relationships, and managing the disappointment of service denials.
- **Regionally-based models** were most apparent when serving large geographical areas and sparse populations, especially in remote and isolated communities. In these instances, the service coordinators are typically located in urban centres and rely on virtual communication and connection through telephone and computers, with travel to local communities (pre-COVID) centred on meeting multiple purposes while on site. In addition, regional models exist where Jordan's Principle functions under a provincial governance model.

Service coordinator values and beliefs. While service coordinators were not explicitly asked about their values and beliefs pertaining to their role and responsibilities, many expressed sentiments that reinforced the significance and value of the work they do. In summary, they were:

- Supporting a family-led process.
- Mediating and advocating on behalf of the family.
- Building relationships with service providers.
- Respecting and empowering parents/families.
- Giving families hope.

1.5 Jordan's Principle Strengths

“Just to be able to provide families with services or products that improve the lives of their children. One of the other things that works well, besides relationships, is having the versatility and ability to adapt when things change.”

Service coordination and structures working well. Participants were asked to identify what was working well with service coordination of Jordan's Principle. The following themes were heard:

- **Positive and collaborative relationships through outreach and community engagement.** Specific collaborative relationships and their benefits included: Regional Focal Points, service providers, service coordinators among their team members, families and children, consolidation of federal departments dealing with First Nations (e.g., move of Non-Insured Health Benefits [NIHB] to Indigenous Services Canada), transition between age-based programs and Jordan's Principle, other provinces, and regions, and keeping authority for local/regional decisions rather than escalating them to headquarters.
 - Collaborative relationships were reinforced and strengthened with regional meetings.
- **Enhanced service coordination.** Positive attributes included a **strength-based process** supported by a full capacity of coordinators, ease of applications, training offered to develop knowledge, having flexibility and versatility to react and adapt to changes from CHRT, being based in a local community, understanding substantive equality, and working to provide a holistic basket of services around the child.
 - The service coordination model is viewed as having multiple advantages: being community-based, knowledge of families, their children, and available services, especially in smaller communities.
- **Easy and equal access to Jordan's Principle for children and families on and off reserve. Importance of equal access** was stressed. Comments included: bringing equity to First Nations children, addressing systemic barriers, helping families navigate complex systems, highlighting the needs of Indigenous children, including the lack of access to basic care and revealing disparities.
 - Substantive equality was reinforced as being principle-based and significant in helping First Nations children attain health, social, and educational outcomes comparable to other children in Canada.

- **Financial reimbursement systems mostly working well.** Comments were related to the advantages of the Contribution Agreement and, where available, effective data and file management systems.

Policies working well. Given that Jordan’s Principle is not a program, policies are not available. Rather a Guide and Standard Operating Procedures (SOPs) have been developed to meet the CHRT requirements. Give this caveat, comments about ‘policies working well’ included:

- **Continuous quality improvement** is in place.
- **Denials not being done at the regional level** viewed as good.
- **Standard Operating Procedures help to understand parameters** but also allow flexibility.
- **Approval and revision of SOPs.** All SOPs work well and have evolved over time after starting with nothing.
- **Delivering services to many children** that need it and who didn’t have services before.
- **Responses to time-sensitive urgent requests.**
- **Delivering mental health services to youth.**
- **Policy to serve First Nations children who live off reserve.**
- **Government becoming more aware and more discerning to support requests** coming from First Nations.

1.6 Jordan’s Principle Challenges

As can often be the case, some of the aspects of Jordan’s Principle that are strengths can also pose challenges. Participants were asked about challenges through a variety of questions in the survey, focus groups and interviews. Please note that the numbers in brackets represent those who answered the question.

Funding approvals and delays.

- **Some statistics on funding approvals and delays:**
 - **67% respondents** (33 responses) indicated that **75-99% of funding approvals were made at the regional level;** about 51% of respondents did not know/ did not answer the question.
 - **74% of respondents** (42 responses) **track the time** between when the request was made and when the funding decision was given.
 - **56% respondents** (35 responses) indicated they **experienced funding delays either always or often.**
 - **57% respondents** (21 responses) experienced **delays of less than one month;** while **35%** (13 responses) experienced **delays of two to three months.**

- **Reasons for delays** included:
 - **Regional office requests** for more information.
 - **Regional/national office staffing**, assignments, and workload.
 - **Backlogs** due to COVID.
 - **Nature of some specific requests** such as braces/orthodontics, funding for outside of province activity and complicated family requests not having a direct impact on the child.
- **Denials.** A question was also asked about the most common response when a request is denied; survey respondents were given a choice of detailed response, generic response or other. The responses were fairly evenly split across the categories with 32% (26) receiving a detailed response, 30% (24) receiving a generic response and 38% (31) saying other. The comments given for “other” included: ‘always the same reasons given’, ‘being escalated to the national level’, ‘did not meet the normative standards/substantive equality’.
- **Impact of denials on the child and family.** Respondents spoke to the impact on the family and the child, including the following:
 - **Great impact which can be devastating to the family**, causing them to experience stress and further hardship, burnout and mental health struggles, feeling further colonial oppression by being let down by the government. Some families will appeal; others will give up, choose to go without or pay for the service/product themselves.
 - **Impact of denials on the child.** Respondents commented that a denial means the child: goes without a needed service or product (often doesn't meet substantive equality criteria), needs to wait on publicly funded programs with long waiting lists, experiences escalating challenging behaviours and will not be able to develop optimally.
 - **Impact of denials on service coordinators.** Service coordinators also experience challenges because of denials, including not meeting family expectations, dealing with awkward conversations and trying other ways to help the family.

Access barriers. The **top three common ‘extreme’ barriers** were identified as:

- Number of health professionals/ resources (i.e., lack of).
- Navigating systems to get services and /or products to children and their families.
- The geographical distances to access services.

Other barriers identified included: historical and inter-generational trauma directly and indirectly related to service providers, schools, child welfare, police and, in some cases basic needs, language and cultural barriers, systemic racism, lack of or limited documentation to support request, including lack of treaty registration.

Aspects of service coordination that are not working well. Eight common themes were heard:

- **Delays in application process impact children and their families:** delays in processing applications by Focal Points and approvals affect timely access to services and put pressure on service coordinators and families. Delays are caused when more supporting documentation is needed (which can be challenging to get), backlogs due to ‘renewal season’ at fiscal yearend and previous denials becoming eligible with new CHRT rulings.
- **Service providers and agencies working in silos:** lack of coordination between service coordinators and NIHB, referral of families to Jordan’s Principle rather than directly to local services, lack of collaboration between provincial government departments, and getting support letters from service providers.
- **Focal Point turnover and communication challenges:** high Focal Point turnover along with requests for additional support letters without sufficient communication on the issues about the previous documentation that was provided.
- **Inconsistencies in approvals and denials:** previous requests approved now being denied, rule changes around group requests, application approval dependency on language and way application is written, perceived arbitrary adjudications on the part of Focal Points (introducing subjectivity and opinion), deciphering when family-led applications are based on need vs want, and expectations of denial when applications are escalated to the National Office.
- **Denials and appeals frustrate service coordinators and families:** service coordinators often encounter crisis management and families are discouraged pursuing the appeals process.
- **Substantive Equality and Normative Standards documentation challenging:** increasing requests for substantive equality support perceived as delay tactics, frequent changes in normative standards, interpretation of substantive equality and normative standards, and, again, repeated requests for additional documentation.
- **System processes felt to be ineffective / inefficient:**
 - **System navigation:** tracking duplicate applications for the same child and dealing with after hour emergencies
 - **Service coordination:** increasing demands affecting service coordinator capacity along with unclear roles, limited onboarding, and training. Family follow-up and monitoring being limited as well as monitoring and preparing for “aging out” situations.
 - **Inefficient application processes and lack of information management systems:** large reliance on multiple email communications, onerous group applications, inconvenience of toll-free number, tracking applications, lack of databases.

- **Reimbursement and finance procedures:** understanding that Jordan’s Principle is a reimbursement program, length of time to receive reimbursements, lack of organizational structures and procedures to effectively deal with reimbursement and fluctuations in Contribution Agreements.
- **Some clarity lacking in understanding responsibilities for Jordan’s Principle:** understanding policies and procedures, who decides to apply for Jordan’s Principle.
- **Isolated and remote communities face unique challenges:** more demand for land-based programming and structural supports such as protective fences are examples of unique community needs that are exacerbated by poverty, lack of employment, limited access to professionals, and communication and connectivity issues.

Other challenges reinforced: lack of clarity and consistency in applying SOPs, variable interpretations of substantive equality, limited supply and escalating costs of service providers, high demands on Focal Points to meet application timelines and lack of consistency on denials and appeals.

Improvements needed to service coordination structures and processes were identified in three broad areas:

- **Improve uniformity in service coordination processes:** more uniformity would be helpful across the country.
- **Improve clarity in service coordinator role and associated training.** Specific areas identified as lacking:
 - Role descriptions, along with role expectations.
 - Education and training opportunities.
 - Assessment of ‘fit’ for the position.
 - National service coordinator network.
- **Address federal government approach and challenges:** areas requiring attention included:
 - Understanding of Jordan’s Principle and substantive equality (principled basis for ensuring that First Nations children can attain health, social and educational outcomes comparable to other children in Canada).
 - Focus on denials and litigation.
 - Individualistic and demand driven process.
 - Role of the Caring Society.
 - Focal Point accountability and job stresses, working environment and staff burnout.
 - Monitoring of accountability for provincially funded services.
 - Quality assurance process for implementation of Jordan’s Principle.

1.7 Jordan's Principle Data Collection and Data Management Processes

The full report provides the analysis of all the data collected. Some of the data highlights follow.

Data Collected on Services and Products Funded through Jordan's Principle

What data is currently collected? Survey respondents and focus group participants were given a short list of services and products and asked to indicate which data they collected. Overall, the following data is routinely collected:

- **Service requests:**
 - **Top three cluster (81-80% of respondents):** education, mental health, and health.
 - **Second highest cluster (76%-72% of respondents):** dental, speech language therapy, occupational therapy, transportation, respite care/social services.
 - **Third highest cluster (68%-62% of respondents):** cultural supports/services, housing/infrastructure, and physiotherapy.
 - **Fourth highest cluster (53%-31% of respondents):** income/food, child protective services.
- **Product requests:**
 - **Top three products (88% -73% of respondents):** learning equipment for schools, dental products, personal technical products such as communication boards.
 - **Second cluster 56%-47% of respondents):** home adaptation products such as ramps, mobility products, and medical monitoring machines.
 - **Other products mentioned:** travel to specialists, weighted blankets, and other sensory tools.

Services not available in the community. Survey respondents were asked to indicate which services were not available in the community where the child lives. The **three most common types of services unavailable in the community are psychological assessments, dental and mental health**, followed by the **three therapies**, occupational therapy, speech language therapy and physiotherapy.

Level and type of services and products that are directly referred to other organizations, rather than Jordan's Principle. 54% of respondents (42) refer services directly to other organizations, those being local health, social services, or education organizations **off reserve** or local health, social services, or education organizations **on reserve**, provided by the First Nations Band.

Data Collection and Data Management Processes

- **83% of survey respondents (64) collect data on the implementation of Jordan's Principle.** 16% of respondents (13) either do not collect data or did not know if data was collected.
- **Most common data types collected.** Survey and focus group respondents were given a list of possible data elements and asked to select which ones they collected. The most common data elements collected are:
 - **Demographic data** (95%-84% of respondents): where they live, child's name, age, type of needs, gender.
 - **Service and product data** (84%-73% of respondents): type and number of services and products required, type and number of service and product approvals.
 - **Denials and partial approval data** (58%-47% of respondents): type, number and reason for denials and type and number of partial approvals.
- **Other types of data collected:**
 - **Wait times, cancelled requests** and age groups ('aging out').
 - **Inquiries only**, continuous vs one-time consultations.
 - **Progress tracking** of group requests.
 - **Contact notes**, emails to and from Focal Points, child's Treaty number and/or parent/guardian treaty number, child, and parent/guardian DOB, contact information, referring agency, Child and Family Services involvement, have they accessed Jordan's Principle in the past.
- **Data collection software used: 73% use MS Excel** and 44% use MS Word. 20% of respondents (13) use custom software.
- **How data is used.** Top three uses of data:
 - **Identify gaps in services**, 72% of survey respondents
 - **Report program needs to management**, 67%
 - **Make changes in service coordination**, 55%
 - **Other** included preparation of briefing notes, monitoring trends, generating reports, tracking services and products, maintaining contact with families and service providers, promotion, and awareness
- **Who data is reported to.** Top four:
 1. **ISC, 64% of survey respondents.**
 2. Supervisor, 59%.
 3. Program manager, 39%.
 4. Board of directors, 33%.

- **How often is data reported.** Top three:
 1. **Annually, 58%.**
 2. Monthly, 39%.
 3. Quarterly, 30%.
 Other responses included when requested or as needed.
- **The extent to which the data helps to improve service coordination for Jordan's Principle.** Responses were:
 - **Helps to a great extent, 50% of survey respondents.**
 - Helps somewhat, 28%.
 - Helps very little or not at all, 6%.
 - Did not know, 16%.
- **Data not being collected that would be beneficial.** Five areas were identified:
 1. **Feedback from families** on impact of denials, experience with decisions made and parental satisfaction.
 2. **More detail on requests** such as number of requests within a request, type of request (one vs continuous)
 3. **Data on referrals and wait times** such as length of wait to services, number of referrals for specialized service providers and referrals made to external agencies and time spend by service coordinator facilitating this.
 4. **Information on the types of services, products, and supports that have been approved** by Jordan's Principle as well as consistency of approvals for similar requests.
 5. **Data related to children who fall under Child and Family Services** and data related to **barriers to Treaty Registration.**
- **Reasons for the challenges related to data collection.** Four reasons were identified:
 - Not knowing what to collect.
 - Having no tools to capture data.
 - High staff turnover or limited staff/workload.
 - Unreliable internet.

The following table provides additional information related to data collection and management.

What's working well with data collection and reporting?
<ul style="list-style-type: none">▪ Improved support from provincial governments and merging of federal departments serving First Nations communities▪ GC Case system works well.
What's not working well with data collection and reporting?
<ul style="list-style-type: none">▪ Data collection and reporting not focused on the right data.▪ Lack of data integrity.▪ Tight timelines and heavy workloads.▪ Challenges in establishing data system and lack of training on use of data reports.▪ Challenges in measuring outcomes and performance.
What data is NOT being collected that is needed for monitoring and continuous improvement?
<ul style="list-style-type: none">▪ Outcome data.▪ More stories about the children and their families and their experiences through Jordan's Principle.▪ Individual child needs.▪ Child well-being data.▪ Number and concentration of denials.
What improvements would you suggest for data collection to better able monitoring and continuous improvement in the ongoing implementation of Jordan's Principle?
<ul style="list-style-type: none">▪ Build capacity within First Nations to collect data, analyze, and report on data.▪ Examine the relationship between Jordan's Principle, Children and Family Services, schools, and provincial governments.▪ Better identification of and response to service gaps.▪ Establish benchmarks for Regions across Canada.▪ More conversations and interviews with health professionals and parents (in their own language).▪ Maintain and grow staffing levels at the service coordination and ISC Regional levels.▪ Create a case management system for service coordinators.▪ Establish key performance measures across regions.

What performance measures does your organization use to determine the success of or improvements needed to Jordan's Principle?

- Compliance to CHRT orders is currently the most prominent measure.
- Activity-based measures (quantitative) such as # of children, # products and services approved, amount of money spent
- Performance measures suggested for consideration included:
 - Client-centred services, e.g., have the needs of the children been met.
 - Potential indicators: diploma rates, interactions with others, impact of orthodontics on mental health.
 - Health indicators: access to services and products, quality of services and products over time.
 - Outcomes through longitudinal studies and population health outcomes considering reliability and respectful of OCAP (First Nations Ownership, Control, Access and Possession of their data).

1.8 Jordan's Principle Evolution: Lessons Learned and Continuous Improvement

The findings from the previous sections culminate in the considerations for continual evolution and improvement of Jordan's Principle moving forward.

LESSONS LEARNED

Service Coordination

- **Explore all other options** before making a Jordan's Principle request to minimize the chance of denial.
- **Manage files and follow up with families** is most important to ensure they are receiving what they need.
- **Provide case management.**
- **Create something that fits your community**, be flexible when building your program- if something isn't working, throw it out and try something else.
- **Be open and honest** about timelines.
- **Write everything down.** One child at a time. Ask for help from regional or national headquarters. Talk to other service coordinators. If in doubt, ask!
- **Ensure several coordinators per community**, as needed.
- **Understand the importance of confidentiality** and ensure family/guardian has given explicit consent for releasing/requesting information.
- **Advocate for families.** Take the opportunity to empower parents/guardians/caregivers to advocate for their children.
- **Develop reporting tools and service agreements** with parents and outside resources.
- **Be willing to work outside of office hours.** Take care of yourself, do daily self-care because sometimes what we learn about our clients can be very traumatic.
- **Keep updated with the CHRT Rulings** and with Child and Family Services.

Application Process

- **Learn how to sort out the application processes**, get support from the Jordan Principle staff.
- **Approach every file with dignity and respect** and do not give false hope for applications. Work with the family to gather strong supporting documentation to have a good application.
- **Ensure time and patience is provided to families** to allow them to express the difficulties and barriers they are facing, and to collaboratively work with them to navigate the process.
- **Provide a database.**
- **Provide more information** in an application than less.
- **Assist other professionals in the writing of recommendation letters for children**, as well as completing draft letters for Bands when requiring supporting information for applications.
- **Assist families with the communication with professionals** in determining child need and obtaining the necessary documentation for application. Attach a letter that speaks to the child/family circumstances in detail, which assists the Focal Points in their review. Review the application draft with families prior to submission.
- **Appeal denials as much as possible.** Always send every request with as much documentation as possible to support the request so the adjudicators have a well-rounded picture of the needs of the child.

Build Relationships with Families, Communities and Focal Points

- **Building relationships with the families is very important**, gaining trust of the parents/caregivers, building positive connections with children and families; hearing their narrative about their life to identify unmet needs.
- **Living on a small reserve everyone knows everyone**, but the service coordinator must treat all clients equally and respectfully.
- **Building relationships with a community needs to come first.** Building a strong relationship with the Case Manager and Health Director, as well as their staff, helps to provide the services in the community. Being consistent and following through builds those relationships.
- **Collaborating with Jordan's Principle Teams**, other Tribal Council Service Coordinators and the Regional office.
- **Building relationships with schools and community partners** from all businesses to secure services and avoid duplication.
- **Consistency in service providers in a community** is important for relationship building, trust and rapport.
- **Working with other organizations in and outside of the** community like schools, day cares, youth centres, other departments in your own organization.
- **Having forums and community information meetings** where the members have a chance to say what is needed, what the gaps are.
- **Engaging Elders/Knowledge keepers** - infinite sources of information, history, and culture of the community. We have weekly Elders' Teas to share stories, information, community history and fellowship with our Knowledge Keepers.
- **Working with the Focal Points.**

Meeting Family and Child Needs

- **Families often report a better quality of life** for the whole family once they have the necessary supports in place.
- **Help every Indigenous child**, not just the ones that are close to a Jordan's Principle office. Northern communities, Off Reserve, and Metis have trouble accessing or do not qualify for Jordan's Principle. Every Child Matters - we must go back to why and make it better.
- **Have the infrastructure and support in place for the success** of the Jordan's Principle initiative in a large community.
- **Greater autonomy and integration of social determinants of health** for First Nations communities and their peoples are needed:
 - Use **standardized assessments and screening tools** that can help to identify the need
 - When a parent comes in with multiple applications, **start with one application and get it completed**, submit it, and start on the next application; especially when these are historical files.
 - **Plan and coordinate activities through Land Based Programming** for traditional ways of learning what role Mother Earth plays in our lives and respecting yourself and others, as well as tradition of how life once was, with hunting, fishing, gardening etc. Youth Land Based Camps and Preschool/afterschool initiatives are also very well attended.
 - **Hold seasonal/themed events** for families, children, and youth.
 - **Continue to build on the service coordination** so that children will continue to benefit from the initiative.
 - **Consider virtual therapy if bandwidth/connectivity issues** are addressed.
 - **Identify best practices for respite services.** Many people are a respite provider as a form of income. This program should not be used as a form of income. It is to help families and children who need a worker to step in from time to time.
 - **Ensure all families have fair access to specialized care**, such as mental health. Early identification and intervention are only possible because of the infrastructure and additional community resources that are now present to support the families and help to address barriers to ongoing access or to provide day to day support and coordination.
- **Provide more trained therapists in communities for children with disabilities**, as well as trained people in the education systems in communities.
- **Provide more professionals assessing children.** Children are often waiting years to be assessed and funded for services.
- **Examine and build boundaries around the poverty** issue.

Facilitating Communication and Education

- **Educate and inform** the community, Chief and Council about Jordan's Principle.
- **Inform entities on reserve** about how they can assist in providing services to children.
- **Inform families of long wait times**, being patient when waiting to hear a response from ISC.
- **Have a one-on-one meeting with parents** explaining Jordan's Principle services to avoid the requests that are made by the same parents on a regular basis.
- **Listen to concerns and consider how to respond to them** in building relationships with parents and their children.
- **Be understanding**, be honest, be straight forward with what is needed for the service coordinator to help them. Make them aware of how the service coordinator can help. Listen. Every child and their family is different. Have strong communication with the person you're submitting the request for.
- **Work as a team**, not in silos. It's all about teamwork, teams helping each other out on this journey.
- **Need education for the Jordan's Principle service coordination team** to help them understand the families they assist.
- **Need education** on seizures, healthy eating for a client with high blood pressure, diabetes, etc. Learning about Down's Syndrome, Cerebral Palsy, Autism, ADHD etc. to help our families better.
- **Understand how to provide substantive equality.**
- **Need community control of Jordan's Principle teams**, but also still need mentorship and coaching to do their jobs.

RECOMMENDED IMPROVEMENTS TO JORDAN’S PRINCIPLE

Improvements are consolidated across survey respondents, focus group participants and interviewees in the following table.

Application Processes

- **Create a streamlined, consistent online application process** and application intake form with clear criteria and consistent procedures and policies to eliminate inconsistencies, back-and-forth for information and prevent delays and gaps.
- **Create an online application/portal** that would have request status updates.
- **Examine the process of the Focal Point receiving the application** and having what they deem is sufficient information to justify the request.
- **Create a basic procedure manual** that each region can adapt to their needs.
- **Need structure and standardization**, including standardization of the application process.
- **Include tutorials on how to do an application** on the government website, including a reference guide for doing applications.
- **Maintain consistent timelines**, with fewer delays in request approvals, adherence to the mandated timelines or change the timelines on the website to be more realistic.
 - Remove mandated timeframes from the website if they are not reasonable, to manage expectations and protect service coordinators.
- **Don’t require new assessments every year for long-term diagnoses**, such as Fetal Alcohol Spectrum Disorder (FASD).
- **Make group applications easier.**
- **Have longer contracts** once a program is in place.
- **Have documentation requirements** that are straightforward and manageable. If nothing has changed at the annual renewal, a letter stating as such should be acceptable.
- **Develop a template for service providers** to fill out as a support letter.
- **Do not make a family’s financial situation** a part of the application process.
- **Make requests “culturally appropriate”**, as defined from a First Nations cultural perspective, rather than a colonial Canadian perspective.
- **Inform decisions regarding requests** by clinical knowledge and contextual knowledge.
- **Continue improvements** in appeals and denial processes.
- **Look at things holistically** to improve things for First Nations children, not just from the narrow focus of birth to age of majority. What other things in their life could help support them?

Denial and Appeal Needs

- **Provide explanations for denials** in the denial notification, with an appropriate level of detail.
- **Provide a guide** for writing an appeal.
- **Create regional appeal boards** that would be a step before going to the national appeal board. This could speed up the appeals process and reduce the months of delay to get a response.

Focal Point Staffing and Process Improvements

- **Improve consistency** in documentation and approvals with clear criteria, consistent documentation requirements, staffing, training and guidance.
- **Improve connections**, communication, and collaboration with Focal Points via telephone contacts and regular meetings.
- **Focal Points [in local areas]** would be beneficial in terms of time zones/working hours.
- **Keep Focal Point contact list up-to-date.**
- **Need cultural competency training** for Focal Points, for them to understand what dynamics are present in First Nations communities and on reserve.
- **Hire enough Focal Points to manage the number of requests** and improve wait times. Focal Points should revise timelines with the service coordinators to manage expectations.

Service Coordinator Improvements

- **Work less in silos**, including coordinators in different communities.
- **Develop a resource** that explains what Jordan's Principle does versus what other agencies do. More ways to get word out that Jordan's Principle exists, what it does and what it can offer to families.
- **Develop a method for connecting with other coordinators**, considering an internal Jordan's Principle website for service coordinators with privileged access for sharing information.
- **Provide national conferences or conventions** for service coordinators.
- **Include service coordinators** in the conversations by implementing some sort of strategic planning meeting.
- **Create a list of service providers** to share with families to alleviate stress around knowing where to go for services.
- **Hire enough staff** to manage the caseload.
- **Train Human Resources** on how to look for professionals to work in First Nations' communities (e.g., internships, presenting at universities, subsidizing accommodations).
- **Clearly define the service coordinator role.**
- **Provide administrative support** for service coordinators to be able to spend more time on files.
- **Provide a Communications person** for informing and educating about Jordan's Principle.
- **Provide ongoing training** for Jordan's Principle Coordinators that is consistent across the country.
- **Provide mentorship and guidance** for how to navigate the application process; possibly have a checklist for all the steps in the process.
- **Provide onboarding**, ensuring coordinators know what data needs to be collected and how it should be collected.
- **Provide all standard forms required for requests** and ensure there is appropriate training for coordinators on how to fill them out and submit them.
- **Have streamlined data collection tools/database/template** to save time in collecting data that is reported to ISC, as well as collecting information that might be reported at a community level.
- **Have funding guaranteed for more than a year** (currently service coordinators sign yearly contracts, and don't have job security beyond that year). Have 5-year contracts, instead of year by year, so that planning can happen, staffing is stable, and families know the staff, for a longer period of time.
- **Tailor funding for coordination to the needs of the community** (1-2-3 coordinator positions as needed)

Intake/Access Workers

- **Provide clarity around the role and authority of the intake/access workers**, what kind of information is being collected and what questions are being asked, whether they can turn anyone away if their request is outside scope or if there are other resources.

Remote/Isolated Community Improvements

- **Consider each community separately** and have different criteria for remote communities.
- **Bring services to isolated communities** to close gaps in service and to benefit the whole community.
- **Don't move youth off reserve to access services** that should be available on reserve.
- **Consider remote communities as special cases** for funding approvals.
- **Develop a working relationship with schools** and other service providers.

Escalation of Applications to National Office

- **Have a designated contact person** at the national level for consistent follow up.
- **Provide a clear understanding of the escalation process**, including service coordinators.
- **Define the wait time** once a request goes to the national level.
- **Improve consistency in handling substantive equality requests** escalated to Ottawa.
- **Need an Ombudsman** oversight for Jordan's Principle.
- **Move away from measuring Jordan's Principle from colonial structures** and a pan-Indigenous approach. Assess needs at a community level. Cultures differ greatly from region to region.

Managing Specific Types of Requests

- **Orthodontics:** Develop specific criteria around what is required for a successful orthodontics request.
- **Fencing:** develop criteria for fence applications.
- **Education Assistants:** allow flexibility in hiring arrangements.
- **Vehicles/transportation needs:** allow flexibility in transportation arrangements.
- **Have a guideline on the definition of a gap** in service to differentiate between a need and a want.

Funding/Finance Improvements

- **Shorten length of time to get formal approval** letter for expediting refunds.
- **Funding reimbursement:** consider giving communities lump sums to pay out Jordan's Principle approvals.
- **Revamp the reimbursement process** by engaging service providers and have them cover up-front fees and wait for reimbursement.
- **Streamline contract renewals** and amendments.
- **Create a procurement area** to purchase products.
- **Clarify funding reporting** requirements.

Service Provider and Service Provision Improvements

- **Provide First Nations funding for health services** that are equal to what can be accessed off reserve, so families don't have to travel for appointments. It's a stressor when they have a medically fragile child and have to transport from up north all the way to urban centres in the south to see specialists.
- **Have funding so communities could bring that service or specialist to them** so families don't have to spend a week away.
- **Examine where gaps exist, look at funding being provided to address those gaps.** Collect more data, if necessary, include a panel of service providers who could describe what challenges they face and then have funding to fill those gaps.
- **Hold NIHB accountable** to support First Nations people.
- **Validate service providers.**
- **Provide cultural training,** trauma training, history and intergenerational trauma training and hire more First Nations staff.
- **Provide monitoring and hold accountable service providers** that are receiving extra funding for serving Indigenous people, to confirm communities are actually being served.
- **Provide respite care** where there is training and quality assurance monitoring, rather than just approval to hire whoever they want and not having any framework around that service and paying the bill directly.
- **Have neutral 3rd party assessments** to prevent a conflict of interest, where the assessor is also the service provider. Where a third-party is not available, the family should travel to have a third-party neutral assessment.
- **Develop a list of First Nations providers,** specialists or people who work well with First Nations and have the cultural approach. If First Nations are satisfied with the service than they can share that with other providers.
- **Hire First Nations professionals** and rely less on private clinics.
- **Provide transition support** for 18 to 22 years with complex, ongoing needs to address the "aging out" issue.

Collaboration and Information

- **Develop community resources** explaining different services and agencies.
- **Work together with different agencies** and departments to get kids registered.
- **Involve communities in implementation and operation** or if the goal is to transfer to communities, they will face the same issues.
- **Involve provincial governments as partners** in implementation.
- **Expand Jordan's Principle Operations Committee (JPOC)** to include representatives from provinces.
- **Clarify how Jordan's Principle Operations Committee** intersects with the Jordan's Principle Action Table. (JPAT – partnership with Assembly of First Nations, ISC and FNIHB).
- **Consult First Nations partners** to be aware of improvements required, and to find solutions together, while ensuring that it does not impact services to the children.

Aging Out Improvements

- **Create a bridging program or transition period** to prevent interruptions in services.
- **Collaborate with other provincial agencies** to see how to meet needs once a child turns 18.
- **Consider a standard cut off age across Canada** so services aren't lost with movements between provinces.

Jordan's Principle Improvements

- **Adhere to the purpose** of Jordan's Principle.
- **Examine whether Jordan's Principle is being implemented in an authentic way** that serves reconciliation on an individual, community and Nation basis.
- **Consider the cultural differences in the understanding of government** between Indigenous people and their colonial counterparts.
- **Provide clarity around the boundaries** of Jordan's Principle.
- **Look at gaps** beyond Jordan's Principle.
- **Address situations** where Jordan's Principle is the first call for funding before provincial ministries services.

Policies

- **Consider development of policies.** Develop collaborative mechanisms to convince various parties (e.g., The Caring Society, AFN) to accept some policies to create sustainability and predictability in the process.
- **Focus on social determinants of health** and best interests of the child, with opportunities for thinking “out of the box”.
- **Have specific and clear policies** that allow ISC to establish parameters for consistent decision making that are not exclusively tied to supporting documentation from professionals.
- **Develop minimum standards** first, including something on what should be escalated and in what context.
- **Develop tools within database** to support policy directions such as new eligibility and number of attempts to contact the person.
- **Have more specificity in standard operating procedures** to adjudicate better at the regional level and ensure consistency across regions.
- **Reassess required timelines.**
- **Examine and define definitions** of urgent and non-urgent.
- **Develop a comprehensive global approach** to children's health, concentrate on having a wellness plan for the entire person and family; it needs to be a holistic perspective.
- **Need to think proactively and systemically about the needs of First Nations children** and what we are building to address them.
- **Develop a continuous quality improvement plan** for ISC.
- **Consider creating best practices** to encourage a transfer of knowledge to First Nations community members who are working with Jordan’s Principle, to provide tools to support their community, to encourage continuity of care, and promote systems change.
- **Engage regions**, including service coordinators, in developing policies.

Substantive Equality Improvements

- **Provide clarity on information required** for substantive equality requests.
- **Improve consistency among Focal Points** in the level of detail and amount of information required for a substantive equality request.
- **Accept a request through substantive equality**, understanding there is a reason for it.
- **Focus more on substantive equality** than on the normative standard of Canada because the normative standard has underserved Indigenous people. A framework should be created that addresses administrative issues that are filtering through a colonial lens.
- **Examine the substantive equality questions** and refocus them to avoid victimization of First Nations people.

PRIORITIES IDENTIFIED FOR MAKING IMPROVEMENTS TO JORDAN'S PRINCIPLE IN THE NEXT FIVE YEARS

Senior staff were asked for their views on the priorities for improvements in the next five years. Their responses follow.

Enhance Collaboration with all orders of government

- **Partnership between JPOC and the government** for how we implement and what it means for our Contribution Agreements.
- **Engage in tripartite discussions** and work closely with the provinces, First Nations and the federal government and service providers.
- **Organize more meetings with the coordinators.**
- **Grow together the traditional and Western healing mechanisms.**

Strengthen Quality of Policies and Planning

- **Have policies on respite and other products and services** to avoid going through a request driven process, that is getting more unmanageable and unsustainable.
- **Continue to implement CHRT orders with the integrity** that was intended.
- **Bolster the Quality Assurance process**, create terms and conditions.
- **Understand better what we are trying to achieve and how we want to deliver** instead of just being driven by the time frame.
- **Review and update Standard Operating Procedures.**
- **Develop and implement standards, guidelines, and processes** to ensure timely and consistent assessment of substantive equality.
- **Develop proactive policies and practices for securing equitable services.**
- **Clarify the meaning of substantive equality** to link family needs analysis to larger patterns of historical, intergenerational, intersectional inequalities facing First Nations communities, particularly First Nations children.
- **Need a long-term plan for widespread capacity building**, locally and federally.
 - **FNIHB should become its own agency** not a government department.

Strengthen Structures and Processes

- **Retain a Jordan's Principle process for needs** that cannot be met by existing services – the high-cost high needs items.
- **Take a flexible approach to service coordination** and embed it in communities.
- **Need more clarity from federal government for adjudicating requests** not only for region but also for service coordinators and families, including types of requests that will be approved and circumstances.
- **Standardize the application process**, stop changing requirements.
- **Address how Jordan's Principle can evolve** beyond its original purpose as an individual-level mechanism to respond to denials of funding, delays and disruptions of services in exceptional cases.
- **Address the inequalities in First Nations children's lives with a much more preventive, systemic, and proactive approach.**
- **Shift from a reactive, individualistic, and demand-driven approach** that would substantially reduce the burden on individual families already struggling to deal with denials of necessary services.
- **Address the pressure of the timelines.**
- **Create a tiered level of denial decision making.**

Enhance Funding Flexibility and Use of Resources

- **Empower First Nations to prioritize services and programs** and meet most needs locally, including more funding to programs to transition to them to the community to manage.
- **Ensure the regions have adequate resources** to respond to demand.
- **Amend ISC authorities to enhance their offerings to cover gaps in other programs** – suicide, family treatment, youth activities and NIHB denials.
- **Build up capacity in First Nations** through funding positions to take on more responsibilities.
- **Establish stability in service coordination funding** by allowing long term commitment of multi-year budgets and announcing budget early.

Transfer Control to First Nations Communities:

- **Transfer parts of Jordan's Principle to communities** so they make decisions for their families, giving First Nations more autonomy and funding.
- **Develop a First Nations-led long term implementation plan**, focusing on reconciliation and repair and create a First Nations vision and direction.

Strengthen Service Provision: First Nations-led, provincial accountability, service and standards baseline, trend tracking

- **Develop First Nations-led service delivery organizations** to help with capacity development or with contracting services on a large scale.
- **Hold provinces accountable for providing universal, publicly available services** to First Nations children and youth.
- **Establish a baseline of services and standards** that are consistent yet allow for flexibility.
- **Track the trends and take those trends to relevant programs** to avoid Jordan's Principle being 'the be all and end all'.

Strengthen Staffing: Consistency, Retention, Funding

- **Maintain consistent senior leadership and retention** of national office staff.
- **Provide more funding for staffing** to deal with the increasing workload/volume.

2 SETTING THE STAGE

2.1 A Glimpse into Jordan's Principle

Jordan's Principle is named in memory of Jordan River Anderson, a young boy from Norway House Cree Nation in Manitoba who died in hospital while governments were determining who should fund his at-home services.

Jordan's Principle funding helps with health, social and educational needs, so First Nations children can thrive and realize their potential. In 2016, the Canadian Human Rights Tribunal (CHRT) determined the Government of Canada's approach to services for First Nations children was discriminatory. Since 2016, in response and successive CHRT rulings expanding the scope of Jordan's Principle, the federal government has committed [\\$2.36 billion](#), to provide local service coordination and to fund health, education and social products and services to children in need. In addition, Indigenous Services Canada (ISC) has regional staff (Focal Points) across the country dedicated to working with local service coordinators to provide access to Jordan's Principle funding for First Nations children in need.

2.2 Why This Project Now?

Indigenous Service Canada (ISC) initiated this project to learn more about:

- How Jordan's Principle is being implemented across Canada
- Its impact on First Nations children and their families

Informant focus. The project sought out people working as service coordinators or working with service coordination organizations across Canada to hear their perspectives. To obtain a well-rounded picture, individuals responsible for Jordan's Principle in each ISC Region were also included in the data collection.

Overall project goal. The goal of the project is to make further improvements through the collection of data and conversations with service coordinators (SCs) and service coordination organizations (SCOs) working at the frontlines implementing Jordan's Principle to serve First Nations families and children in their assigned areas.

Overall project intent. The overall intent is to gain a clearer picture of the data available on the number of First Nations children being served and the number of

“We want to better understand what’s currently being done, what’s working with the existing policies and processes, what’s not working as well as it could. We want to hear your ideas and recommendations for dealing with the challenges as you see them.”

*Julien Castonguay,
Former Acting Executive Director,
Jordan's Principle, ISC*

services and products being provided, related to funds received under Jordan's Principle. The information is intended to better understand what's currently being done, what's working with the existing rules and processes, what's not working as well as it could along with ideas and recommendations for dealing with the challenges.

Alberta First Nations Health Consortium role. The project was conducted by the Alberta First Nations Health Consortium (FNHC), founded and governed by four First Nations health organizations, to provide service coordination and implement Jordan's Principle in Alberta. The FNHC team consists of experienced individuals who understand the policies and processes underlying the delivery of Jordan's Principle and the needs of First Nations children and their families. A dedicated project team worked with FNHC in carrying out a range of project activities in both English and French.

The project started in the fall 2020 and concluded with the final report at the end of July 2021.

2.3 Purpose of the Data Collection and Analysis

Four major purposes were identified:

- **Document the current state of Jordan's Principle in Canada:** how service coordination is defined by service coordinators and service coordination organizations and the processes being used to provide services and products to First Nations children and their families.
- **Identify the major data types being collected** on the First Nations families and children receiving services, supports and products through Jordan's Principle funding.
- **Identify successes/achievements and gaps** in Jordan's Principle.
- **Identify promising practices and those that need improvement** to fully realize the benefits of Jordan's Principle to First Nations children and their families.

The information is intended to support shared learning among programs across Canada and to contribute to ISC strategy development and improvements for Jordan's Principle.

2.4 Approaches Used to Gather Information

In chronological order, starting in September 2020, several activities were undertaken to gather information to meet the goals and purpose of this project. An overview of each activity follows.

- **Project introduction letter sent** jointly by ISC and FNHC to known service coordinators and service coordination organizations involved in Jordan’s Principle across Canada.
- **Contact information for service coordinators and service coordination organizations in ISC database was validated.** ISC provided a copy of their most current Excel spreadsheet identifying individuals and organizations across Canada involved in Jordan’s Principle. The lists were compiled into one master list (the SCO list), which was then validated by calling all the identified to confirm their contact information and whether they had received a copy of the introduction letter. The validated SCO list contained the contact information for 170 individuals from 114 organizations across Canada and was used to distribute subsequent project materials.
- **Invitation letter was sent to validated service coordinators and service coordination organizations inviting their participation in an online survey** (survey link provided) and **registration for virtual focus groups** (registration link provided).
 - Additional contacts were added to the SCO list as the project progressed, most notably 30 new contacts from 29 organizations in Manitoba and 203 new contacts from 142 organizations in BC were added in April 2021.
 - The invitation was also sent, upon request, to individuals to forward within their networks.
- **Online survey was conducted with service coordinators and service coordination organizations, starting March 22, 2021, and extended to May 7, 2021.** The SimpleSurvey tool was used to conduct the survey.
- **Virtual focus groups comprising service coordinators and service coordination organizations, by ISC Region, were conducted via the ZOOM platform, during April and May 2021.** Eventbrite was used as the project registration tool, which allowed for reminder emails to registrants two days prior to the event, and two hours prior to the start of the session. Participants who had not yet joined the session received an email with the direct zoom link as well as the audio dial-in numbers. Following the session, all registrants received an email, thanking them for their participation and encouraging them to take the survey. For registrants unable to attend, a link was provided for their registration for a future session.
 - Individual interviews were also held with some service coordinators who were unable to participate in any of the focus groups.
- **Interviews were held with key informants involved with Jordan’s Principle at the regional level in ISC during May and early June 2021.** In addition, an academic researcher with extensive experience in Jordan’s Principle was interviewed.

2.5 Understanding the Project Context

Data Collection and Informed Consent underpinned by OCAP Principles

At the outset, we gave careful attention to respectful ways of requesting input from Indigenous peoples. To the best of our ability, we approached all Indigenous persons as partners in the project. Individuals were not expected to share their information if they chose not to, at any time.

- Confirmation that the OCAP (Ownership, Control, Access, and Possession) principles were being adhered to.
- Informed consent form was developed and obtained in the following ways:
 - Project introduction letter informed potential participants of the methods being used and how the information would be shared.
 - An online consent form was developed, seeking approval prior to registration for a focus group. Informed consent was also confirmed verbally at the outset of each focus group.
 - Verbal consent was also obtained at the outset of each interview.

Other Contextual Considerations

The initiation of this project occurred at a challenging time when regions across Canada were coping with the COVID-19 pandemic and its subsequent restrictions. These challenges included:

- **Service coordinators and other support staff shifting from working in an office to working at home** with no or limited days in an office.
 - Confirming contact information was more challenging. Some service coordinators may not have received timely information on the project for their participation. This was compounded by the reliance on the information held at ISC, appreciating that changes in personnel are common in any organization.
 - As well, service coordinators participated in focus groups in the privacy of their homes, which for some, was more challenging.
- **Service coordinators receiving more requests and subsequent demands on their time for different types of services and supports during the pandemic**, such as supports enabling children to do their schooling at home, needs for mental health services and respite.
- **Increased demands on Internet connectivity**, which created some challenges for those living in more remote areas where interconnectivity may be poor at the best of times.

Other considerations influencing the findings in this project include:

- **Our ability to conduct proper ceremony with respect to local traditions**, when asking for information from First Nations peoples, was limited because the meetings could not be conducted in person. Given the variety of ceremonial practices among First Nations, a ceremony to honour the memory of Jordan River Anderson, was held prior to the information gathering in the focus groups.
- **Our ability to engage, promote trust and create relationships with participants** was limited due to lack of in-person interactions.
- **Varying levels of experience of service coordinators across the country**, with some very new in their positions and others with considerable experience. Each situation offered important insights that are captured in this report.
- **Not all First Nations communities being served by Jordan's Principle** were captured in the findings. The list of communities shown in the appendix reflects those served by service coordinators who participated in the survey and focus groups.

As a result of the above challenges, some modifications were required to project processes and timelines to facilitate as high a participation rate as possible.

2.6 Purpose of this Report

The findings in this report will be of value to various groups of people:

- **Indigenous Services Canada and other federal government departments to inform future strategy development** about current processes, practices, demands, and overall experiences in implementing Jordan's Principle across Canada, continuing needs and improvements that can be made to Jordan's Principle.
- **Service coordinators and service coordination organizations to share learnings** about implementation structures, service approaches and practices that are working well with specific community contexts.
- **First Nations communities to share their understanding of Jordan's Principle** and how it supports the health and wellbeing of upcoming generations, as well as to learn how other First Nations are implementing Jordan's Principle across Canada.
- **Provincial and territorial governments to increase learning about the intricate nature of service and funding relationships and accountabilities** in serving First Nations children.
- **Individuals and organizations who advocate on behalf of First Nations children, their families, and communities**, to increase their understanding of the implementation of and continuing need for Jordan's Principle across Canada

All of this was possible because participants shared important information on what is working in their approach to implementing Jordan's Principle and where they experience challenges in helping to meet the needs of First Nations children and their families.

They offered suggestions for improvements to Jordan's Principle in expediting services, supports and products to close the gaps faced by First Nations children.

Perhaps most importantly they reinforced the possibility and potential of Jordan's Principle in continuing to raise the health and wellness status of First Nations children. They shared happy stories where families and children were able to receive the help they needed, whether it was piece of equipment, an essential support, or a pressing service need. They acknowledged much more needs to be done and the importance of sustaining the funding offered through Jordan's Principle.

Participant perspectives and experiences are provided throughout this report.

2.7 Organization of this Report

General Notes

This project was descriptive in gathering as much information as possible about the implementation of Jordan's Principle across Canada in accordance with the project objectives. It is not a review or evaluation of Jordan's Principle. It contains the knowledge, perspectives, and viewpoints of those who participated in the project.

Three different data collection approaches, using similar questions, were used to gather information for this project. For each section in the report, the questions and responses received, are identified by each approach. As a result, readers will note some redundancy in the information gathered which serves to confirm the collective perspective on the aspects of Jordan's Principle that are working well, those where challenges are being experienced, and suggestions for improvements.

The responses are summarized into key themes, followed by participant quotes representing the information and context that applied to that theme and to portray the actual words we heard. Participants could choose to have their names attached to their quotes and where they approved, their name is attributed to their quote. Otherwise, the quotes are anonymized to protect privacy and confidentiality.

This report is long. We chose to use the actual words, the voices of those who participated in the project, to share their experiences as told to us, with you, the readers. We did our best to interpret their comments to consolidate similar experiences into common themes. Within each theme, we've provided actual comments that represent the knowledge, feelings, and desires of those who shared their time and experience with us.

Report Sections

This report is organized into the following sections:

- **Section 1: Summary:** provides a summary of the key findings on each aspect of Jordan’s Principle pursued in this project.
- **Section 2: Setting the Stage:** provides an overview of this project and the context in which the project operated.
- **Section 3: Project Process and Participants: The Voices We Heard:** provides details on the data collection approaches and provides some information on the people who gave their voice to this project.
- **Section 4: Jordan’s Principle: Its Importance and Impact:** provides participant experiences, feelings and perspectives about the importance and impact of Jordan’s Principle in the lives of First Nations children and their families.
- **Section 5: Jordan’s Principle: Diverse Service Coordination Arrangements across Canada:** provides the findings on the governance and service coordination structures and processes across Canada, as described by participants. It also captures values and beliefs articulated by participants as they described what their work meant to them.
- **Section 6: Jordan’s Principle: The Strengths:** provides the findings on the strengths identified with Jordan’s Principle.
- **Section 7: Jordan’s Principle: The Challenges:** provides the findings on the challenges identified with Jordan’s Principle.
- **Section 8: Jordan’s Principle: The Data Being Collected:** provides the findings on multiple aspects of data collection and data management for Jordan’s Principle. This section also contains information on the level and type of services and products being delivered by participants at the time of the survey and focus groups.
- **Section 9: Jordan’s Principle: Looking Forward: Lessons Learned and Improvements Suggested:** provides the findings on lessons learned by service coordinators in conducting their roles and responsibilities, identifying practices that worked well for them. It also contains participants’ suggestions and recommendations for areas that need improvement at the service coordination and ISC regional levels.
- **Appendices:** provide copies of the Service Coordination Survey, Focus Group Questions, and Interview Questions.

3 PROJECT PROCESS AND PARTICIPANTS: THE VOICES WE HEARD

This project was possible because of the people working on behalf of Jordan's Principle who shared their knowledge, experiences, and beliefs be voiced. They enabled this project to proceed with the lessons they've learned, the practices they've found helpful in implementing Jordan's Principle, and, perhaps most importantly, their vulnerability in sharing raw emotions about the circumstances in which they find many First Nations and Inuit peoples trying to survive and thrive amid extremely challenging circumstances. They also shared their passion for the work they're doing, the difference they are making and their yearning to continue to have a positive influence on the lives of the families and children, and ultimately the communities, they serve. While we are not able to disclose their names given our shared commitment to anonymity (unless requested otherwise), it is our hope that each of you reading this report will know who you are.

The survey and focus groups were directed at service coordinators and service coordination organizations working on the frontline to implement Jordan's Principle. These individuals whose positions went by various titles, were working directly with First Nations families and children and, in some cases Inuit families and children, to address their health, education and social needs.

The survey, the focus groups and all project communications were done in both official languages, English and French. We were unable to offer a choice of Indigenous languages. With respect to the official languages, project staff communicated, as much as possible, with participants in their language of choice.

In this section we identify in broad categories the voices across Canada by region served, for each of the data collection approaches.

3.1 Survey Data Collection Approach and Respondents

Survey Approach

The following preparation was undertaken:

- Online survey tool, called SimpleSurvey, was developed and reviewed by the project sponsor to be sure all areas of interest in meeting the project objectives, were captured. Survey questions were adjusted as required.

- The survey was pretested with service coordinators working for FNHC. Further finetuning was done to the survey tool to be sure it would be completed as easily and completely as possible.
- The final survey was translated from English to French.

The following steps were completed to organize and conduct the survey:

- **Introduction to the project.** This work was introduced to the community by a letter sent from ISC to their contacts involved in service coordination. This letter introduced the project, explained its purpose, and listed the upcoming opportunities to provide input.
- **Identification of Service Coordinators and Service Coordination Organizations.** In September 2020 ISC provided several contact lists to the project team which contained records for individuals and organizations across Canada involved in service coordination.
 - These lists were compiled into one master list (the SCO list) that was then validated by the project team by calling all the contacts on the list to confirm their contact information and that they had received a copy of the introduction letter.
 - The validated SCO list contained 170 individuals from 114 organizations across Canada. and was used to distribute the original invitation email sent in March 2021 as well as two reminder emails in April 2021.
- **Distribution of the invitation letter.** The invitation email was sent in English and French and contained two links; one to register for a focus group and one to complete the online survey.
 - When individuals came forward to identify themselves for this project, their contact information was added to the SCO list as the project progressed. Thirty new contacts from 29 organizations in Manitoba and 203 new contacts from 142 organizations in BC were added in April 2021.
 - The invitation was also sent, upon request to individuals who forwarded it within their networks.

Survey Respondents

The survey was completed 99 times in total with five of the surveys being submitted in French. Respondents were given the choice to complete the survey as an individual or on behalf of a group. In total, 70 surveys were completed by individuals and 29 on behalf of groups.

3.2 Focus Group Data Collection Approach and Respondents

Focus Group Approach

The following preparation took place:

- A protocol for the focus groups was developed with guidelines to be observed in each focus group.
 - Seven questions were prepared, including “other comments”.
 - The focus group session included background on the project, how the information would be used, and agreement for respecting each participant’s voices, including confidentiality.
 - A moment of silence was held prior to the start of the questions in memory of Jordan River Anderson. Each participant was encouraged to participate in that ceremony in any way they wished.
- Focus groups were organized for a maximum of six participants to encourage as much input and conversation as possible and limited to two hours to respect everyone’s time. On two occasions the focus groups exceeded this number, having seven participants. In these cases, participants were agreeable to extending the conversation time to complete the focus group questions.
 - Focus groups were held using the ZOOM platform.
 - Each focus group was supported by facilitation, notetaking, and technology functions.
 - The focus group process was pretested with service coordinators working for FNHC to refine the process for using an online meeting platform and to validate the planned questions. The testing session also included an opportunity to test of the registration system for the focus groups.

The following steps were completed to organize and conduct the focus groups:

- Focus groups were offered for every region of Canada and invitees were encouraged to register for the event designated for their area.
- Registrants received a reminder email two days before the focus group as well as two hours before the start of the event.
- Shortly after the start of the meeting, the host sent an email directly to registrants that had not yet joined the session that contained the direct zoom link as well as the audio dial-in numbers.
- Registrants received an email shortly after the event, thanking them for their participation and encouraging them to take the survey. In the event a registrant was unable to attend the focus group, this email also contained a link to register for a future session.

Focus Group Participants

Fifty (50) individuals participated in focus groups. In addition, five service coordinators were interviewed using the focus group questions. Their responses are included in this document as focus group participants as well.

3.3 Summary of Survey and Focus Group Participants

The following table shows the number of survey respondents as well as focus group participants by ISC Region for the survey and focus groups. Please note that individuals who completed the focus group questions during an individual interview, are listed under 'interview'.

Number of Participants by ISC Region Served and Approach

Region	Survey	Focus Group	SC Interviews (those unable to participate in FG)
Alberta	6	11	
Atlantic	9	5	
British Columbia	10	8	
Manitoba	48	0	1
Northern Canada	0	1	4
Ontario	6	8	
Quebec	12	11	
Saskatchewan	9	6	
Total	99	50	5

Notes:

- All ISC Regions across Canada were represented.
- Number of participants across the approaches does not reflect unique individuals as participants were encouraged to participate in both the survey and focus groups.

3.4 Senior Level Interviews

In order to collect data on strategic and management experiences and perspectives with Jordan's Principle, we interviewed 11 individuals working at senior levels in each Region across Canada and an academic researcher who has done extensive research on Jordan's Principle. A specific interview protocol was developed with questions pertinent to their area of involvement.

4 JORDAN'S PRINCIPLE: ITS IMPORTANCE AND IMPACT

*“There needs to be an ongoing understanding; to move away from this idea around a normative standard that's being set for Indigenous children in comparison to Canadian children, because we are not trying to make Indigenous children Canadian children. We're trying to keep Indigenous children, Indigenous children. Their needs are going to be vastly different in comparison, and we need to recognize that, and **that's what the spirit of Jordan's principle is supposed to be.** So, if you asked me what's working in service coordination, I think it's comprehension and communication and understanding THAT. That's why Jordan's Principle is so important is because it allows them to look at that and say, this would be really important so that my child can thrive within the constructs that they're given today without losing who they are.”*

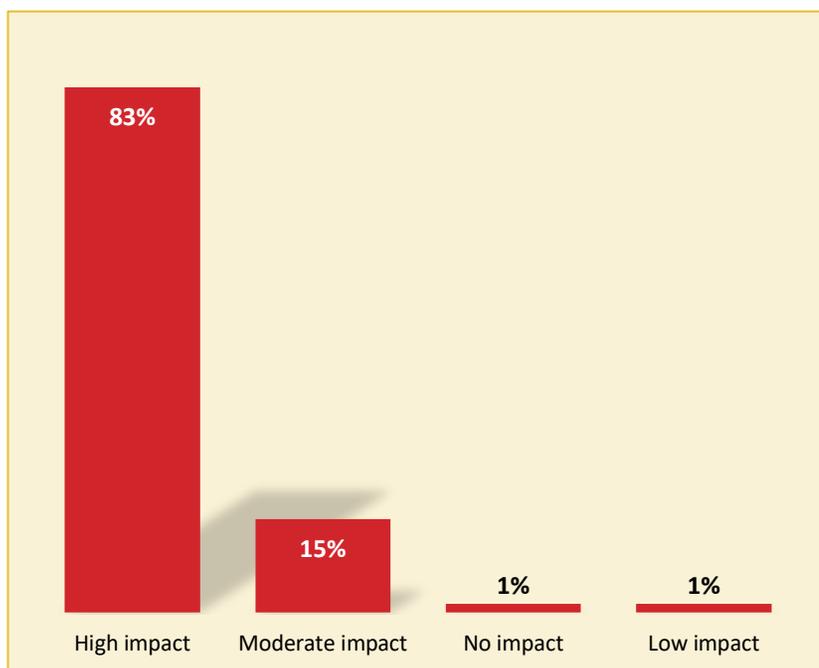
*Joss Ann Johnston, Maameegwum Ndizhinikaaz, Anishnabek Kwe, Makwa/Nigig N'dodem,
Independent First Nations Jordan's Principle Navigator*

This section focuses on the thoughts and feelings given by participants to three similar questions, through the three data collection approaches, on the importance and impact of Jordan's Principle. This section starts with the survey findings, followed by findings in the focus groups and concluding with findings from the interviews.

4.1 Survey Findings

SURVEY QUESTION: What do you view as the level of impact of your work with children and their families? Please check the response that most closely matches your experience.

Level of impact on children and families by survey respondents



- **83%, majority** of survey respondents, felt that their work had a **high impact** on children and their families
- **15%, moderate impact**
- **2%, either a low or no impact**

While comments for the impact ratings were not requested, other survey and focus group questions provided possible insights into the responses. The responses to the next survey question in this section speaks to the benefits provided through Jordan's Principle. Moderate, low to no impact may be a result of denials and/or delays in service approvals. As well, the limited experience of newly hired service coordinators may have contributed to the lower ratings.

SURVEY QUESTION: “Overall, what are the major benefits that Jordan’s Principle has provided to your families and communities?”

The question was aimed at hearing what is working well to enable Jordan’s Principle to build on those achievements. Seventy-five (75) people responded.

What respondents said:

“It has given some children a chance to succeed, to develop self-esteem and confidence. It has helped some children know that they are normal.”

“With access to treatment, these individuals are now engaged in their lives, returning to schools who now understand their needs, families who have hope for their child’s future.”

“The impacts are so huge I could not ever be able to capture in words the impacts of Jordan’s Principle on the lives of the families we work with.”

Benefits of Jordan’s Principle. Responses about benefits of Jordan’s Principle are listed in order of frequency mentioned:

▪ **Access to needed services**

- **Reduced gaps in services and products through access to a multi-disciplinary team** that would not have otherwise been available. Services include mental health (e.g., psychiatric assessments, suicide risk assessments, youth wellness workers, abuse/trauma support); education supports (e.g., assistants, tutoring, assistive technology); health services (e.g., dental, occupational therapy, physiotherapy, speech language therapy, fitness, spiritual wellness, telehealth) and respite services to support multi-need families. Products include but are not limited to medical supplies, financial supports for medical travel, housing renovations, wheelchair accessible vehicles.
- **Reduced wait times for needed therapies** through financial assistance for private providers, enabling bypass of long wait times for public services.
- **Maximizes service availability through greater collaboration** with community and other service providers. For example, a paediatrician can make a diagnosis and refer to appropriate services.
- **Creates greater awareness among communities and families** about services and products available to help them.

▪ **Advocacy**

“We should be working to strengthen their voice on their own behalf so that they can have the tools that they need to advocate for themselves.” (Joss Ann Johnston)

- **Increases access to service coordinators/navigators/case managers to help families and builds trust between families and service providers.** Service coordinators advocate for families to better fulfill the children’s needs. They provide cultural supports and guidance for service providers and families. They also develop care plans for families to ensure all services and products are accessed for best outcomes.
- **Parent/guardian support**
 - **Relieves family stress in managing their children’s needs; families are happier and better able to cope** because of Jordan’s Principle supports.
 - **Helps families better manage addictions, learn skills, and understand their children’s needs** through supports such as travel assistance for medical appointments, educational assistants, and mental health services. In some cases, these services have prevented a Child Protection placement or have returned children to their families following a placement. Jordan’s Principle has helped to reunite families.
 - **Provides help to families in securing and preparing supporting documents** for their Jordan’s Principle requests.

- **Hope**

“Before Jordan’s Principle, families had no hope, no direction. They were left to suffer in silence. Jordan’s Principle has provided hope for many children and their families.”

- **Allows communities to truly identify their needs and has directly contributed to its capacity for self-governance.**

4.2 Focus Group Findings

QUESTION: “Of all the things we have discussed today, please summarize why Jordan’s Principle is important.”

The question was aimed at identifying the strengths of Jordan’s Principle; its importance to families and communities; and to build on those strengths as Jordan’s Principle evolves over time.

What participants said:

“There is no child forgotten.”

“To remember why Jordan’s Principle was developed and the memory of Jordan River Anderson.”

“Very important for families to have some kind of hope and Jordan’s Principle represents a hope.”

“Jordan’s Principle is important to me as a Mi’kmaw mother, because it can be a point of reconciliation for Nations with the Government of Canada when you get approvals.....but also becomes a point where

reconciliation is not happening when we get denials. It means a lot to be able to work towards reconciliation for some families.”

“It’s important because it’s time our children are recognized.... it’s taken a long time.”

“Jordan’s Principle allows us to see what’s working and see some gaps for services increase, seeing what doors are opening and seeing what needs are still there, and bringing that information forward to decision makers.

“It’s very vital for our People.”

“Jordan’s Principle allows us to do what is most effective in preventing human suffering. It gives us the tools to take care of the children, so they don’t suffer unnecessarily once they become adults.”

The importance and impact of Jordan’s Principle. Responses are listed in order of frequency mentioned:

▪ **Timely access to needed services and products in home communities**

“We would actually help them move so they could access the services they need, so it’s great that we don’t have to do that anymore”

- **Fills existing gaps in services** to children and provides an opportunity to identify current gaps that need to be filled. Filling the gaps gives the best chance of moving out of generational trauma. It gives the opportunity to bridge service gaps, where discrimination exists because of a lack of knowledge. It gives First Nations a voice in navigating needed services for children.
- **Helps First Nations children quickly receive the services and products they need.** For example, a child can get a wheelchair to go outside, which some never can do without being carried. It gives children the opportunity not just to survive but thrive in their communities, broadening their horizons and overall contributing to their health and wellness on all levels. If children cannot access the health, education, and social services they need, they don’t have a fair chance at life.
- **Enables wrap around service model to meet a variety of needs** by several service provider organizations.
- **Provides opportunities to have services within First Nations communities** rather than having to drive for hours or fly out. Including travel time, health appointments can take 3 days. Jordan’s Principle has provided funding to fly therapists and other service providers into communities. Families don’t have to move off reserve to access services. Jordan’s Principle provides funds for services to come to reserves.

- **Prevention and family support**

“I consider Jordan’s Principle to almost be a blessing for children in difficulty. I think to myself, ‘Dear God, thank goodness this is there for the children. Because it prevents so many things....’”

“Although we are giving service to that child, it’s the integrity of the family unit that benefits too. If you change the life of a boy, you change the life of one man. If you change the life of a girl, you change the life of a family”

“We have to look at ways of changing the trajectory of someone’s life at a young age”

- **Provides preventive measures.** When children fall through cracks, they end up on the street, in addictions, and in jail. Jordan’s Principle offers a chance to catch these kids before they fall.
- **Fills gaps created by other programs.** For example, when the Early Childhood Intervention Program lost its government funding in one province, Jordan’s Principle funded it.
- **Impacts families positively** to the point it changed their entire life; without it, they would have struggled. Jordan’s Principle helps to keep families together and prevent the “ripple effect of tragedy”.
- **Addresses the “chronic disease issue that we have as Indigenous People** when kids are young.”
- **Provides mental health programming** which has helped in preventing suicide in children. We see Jordan’s Principle making a huge mental health impact in our communities.

- **Education, advocacy, and hope**

“I always have explained that we spent 500 years learning the colonial language and I think it’s time that the colonial structures learn our Indigenous language of being and I think that’s the crossroads we are at right now. We’re saying ‘no, you have to learn who we are. I sat at this table long enough to understand who you are. Now it’s my turn to talk and you to learn.”

“Western education has limited information on First Nations People and their history.”

- **Brings the history of First Nations people and provides a springboard for conversations,** as people seem more receptive to children’s needs. Jordan’s Principle offers a chance to educate service providers, families and staff that work with First Nations.

- **Provides the ability to meet the needs of Indigenous children**, looking at it from a different world view. Jordan's Principle access is more comfortable because it is delivered from an Indigenous perspective that matches the child and family's world view and experiences.
- **Helps families to navigate complicated systems.** Working collaboratively with families, service coordinators, Focal Points and Headquarters will only improve the system.
- **Will impact future generations positively.**
- **Gives hope to families** where they had no services and with Jordan's Principle services, things have improved so much with their family.
- **Highlights the needs that are not being served** for First Nations families and communities.

- **Reducing systemic barriers and facilitating equity and reconciliation**

"It's important because our children are finally recognized. We were denied services. If your child needed a basic service, 'we don't pay for that; we don't pay for that'... It's a big opportunity for children to finally be recognized as children of Canada."

"When you look at the huge disparities and the fact that children are living in inadequate housing, getting inadequate education, living in remoteness without the benefit of everything else that other children within this country get, we need to close that gap."

- **Helps to bring equity to First Nations children.** They can grow up in a better world around them, even on their reserve. We still see huge disparities between what First Nation children receive compared to other children.
- **Addresses systemic barriers to services**, that have been in place a long time; they are now being somewhat addressed through Jordan's Principle. Jordan's Principle has highlighted how First Nations' children have been treated unequally in Canada.
- **Provides a tool to navigate the bureaucratic colonial system** on behalf of Indigenous children and families. It has levelled the playing field a bit.
- **Addresses lack of access to basic health care in isolated communities** due to no service providers (dentists, doctor, speech language pathologist etc.)
- **Addresses poverty, lack of employment, hungry kids** (high cost of food in the North). People had plenty of wild meat to eat in the past. Since diamond mining has been in the North for the past 25-30 years, people have to travel days to find caribou. Many cannot afford that travel.

4.3 Interview Findings

QUESTION: “On the federal government website, it states a vision for Jordan’s Principle: ‘All First Nations children living in Canada can access the products, services and supports they need, when they need them.’ How can Indigenous Services Canada (ISC) best deliver on this vision?”

The aim of this question was to hear the importance, impact, and attainability of the Jordan’s Principle vision, which is the clear and aspirational long-term desired change that Jordan’s Principle aims to achieve. Eleven individuals responded to the question during the individual interviews.

Seven most common themes were identified:

- 1. Navigating complex landscape because of historical under-funding and jurisdictional gaps**
- 2. Respecting and upholding legal obligations according to CHRT**
- 3. Increasing First Nations’ control and jurisdiction over their families and services**
- 4. Giving people the authority to make changes and having the right kind of people are needed to implement the changes**
- 5. Collaborating closely with First Nations and service coordination agencies**
- 6. Clarifying the meaning and effectively operationalizing substantive equality**
- 7. Developing an evaluation framework to identify positive impacts on children**

“I believe the investment we are making today, with time, will be much less expensive and we will see more positive outcomes. That’s what we have seen here. Kids who could not talk, talking because we have speech language pathologists going to our communities. We’ve also had children not walking, walking, because we have occupational therapists going to the community. I’ve seen kids graduating high school who had been written off and we (Jordan’s Principle) came along and provided tutoring for both kids, and they are now doing fairly well in college. Those are the things that will be the positive outcomes if we invest more and work from a First Nations perspective.”

1. Navigating a complex landscape because of historical under-funding and jurisdictional gaps

“The important word is ‘access’. Federal government response has been as a funder of access, but true access is a whole different thing from funding. Federal government activities are far from the frontline where access takes place.”

Comments included:

- **Make investments in the right local programs for needs to be met and gaps closed** and embed these services/products/supports into a more systematic continuum of child and family services from pre-conception to age of majority.
- **Make sure the age of majority does not have such a drop off in services.** Better to connect children to services that can continue through adulthood, for those whose needs are continuous.
- **Highlight underfunding in some programs** (e.g., mental health) and a **lack of programs** aimed at children.
- **Consider that normative standards vary across provinces** with different benchmarks for qualifying and different supports offered; often depending on income and disability.
- **Identify gaps in services and funding through federal-provincial structures and Nation to Nation**
- **Hold provinces, territories, and health authorities accountable under the Canada Health Act** to eliminate discrimination against Indigenous children in accessing services.
- **Resolve jurisdictional issues where Indigenous children are excluded from provincial services** especially on reserve. Discriminatory practices are institutionalized.
- **Fix policies in other existing programs like NIHB policies** on funding glasses, pre-mixed formula and dental as examples.
- **Address challenges with access** to resources, food, connectivity in rural and isolated communities.
- **Avoid using Jordan’s Principle funding to fix the failures and gaps in other programs and jurisdictions.**

2. Respecting and upholding legal obligations according to CHRT

Comments included:

- **Respect the governance body decisions** and be responsive to Jordan’s Principle Operating Committee (JPOC) guidance.
- **Start from a place of “yes”** to eliminate barriers rather than putting them up.

3. Increasing First Nations' control and jurisdiction over their families and services

“The way some people interpret self-determination means there can't be information sharing and they don't need to be transparent. And that they don't need to provide capacity supports. That's not self-determination; that's neo-colonialism.”

“If you give us the funding and allow us to manage the support for our kids, we will do it in our own way and the kids will receive what they need – quality services using their own healing and us working together.”

Comments included:

- **C-92 legislation on Child and Family Services would support First Nations** to negotiate their responsibilities for child welfare and families.
- **Future vision supports communities and First Nations to play the role they intend** according to self-determination wishes and not only rely on the federal government. Empower First Nations government for First Nations' public officials to have them serve their own Nation, on and off reserve. Right now, Jordan's Principle has a strong federal presence that adjudicates requests and calls the shots.
- **Sustainable and powerful capacity strengthening in some communities** is needed, through help from other First Nations communities. Where we have seen the most progress is where First Nations organizations are set up to manage.
- **Transfer control of Jordan's Principle to First Nations.**
- **Grow and transfer current services and prevention services to local communities.** “The money should go to communities, and they should make their own decisions on how they want to use it.” Each community gets funding and makes their decisions about how they will use the money, how many people to hire, their qualifications and roles.
- **ISC role could be as a back-up if families do not feel served by their Nation** and to track trends and identify gaps. The data on gaps could be used to negotiate with provinces and other service providers (e.g., NHIB to increase their reach to First Nations' children).
- **Stop telling First Nations how to do things**, but we must give the tools they need; government to government.

4. Giving authority to people make changes and having the right kind of people to implement the changes

Comments included:

- If the **right people are in federal jobs** with the right approach and attitude, you can make progress.
- **Focal Points should be selected by First Nations Peoples**, and they should be First Nations. Most of the Focal Points have likely never been to a First Nation.

- Having a **mix of enough positions and the right staff**.

5. Collaborating closely with Nations and service coordination agencies

Comments included:

- **True partnership and collaboration** are important.
- Having **strong relationships** with many First Nations organizations and urban service providers is really important to developing tools, products and outreach.
- Have **meetings throughout the year** with the First Nations Commission on Health and Social Services
- Have **service coordinators in Friendship Centres for support** to people living off reserve.
- **Build Jordan’s Principle from the ground up**, based on engagement with partnership the regions. “Work really hard to meet CHRT service standards and to have it based on partnership.”
- **Improved collaboration and relationships** help access. There is wide variation across the country with federal regional offices influencing access inconsistently.
- **Using a case management approach** moves toward increased access.
- **Making change from the First Nations perspective**. If we want to see long-term, positive change, it must be from the First Nations perspectives. “If you want to change people’s lives, you have to give them the tools so they can change their lives.”

6. Clarifying the meaning of and effectively operationalizing substantive equality

Comments included:

- **Substantive equality provides us with a principled basis**, therefore ensuring that First Nations children can attain health, social and educational outcomes comparable to other children in Canada.
- **The federal government must clarify the meaning, implications, and full promise** of an approach to Jordan’s Principle rooted in substantive equality.
- **Genuine substantive equality requires that both the concrete conditions of inequality be remedied** and that the structural sources that reproduce it be transformed.
- **Substantive equality is both a process and an end goal** relating to outcomes that seek to acknowledge and overcome the barriers that have led to the inequality in the first place.
- **Substantive equality is not a new idea in legal circles but is a new idea for Indigenous Services Canada** and to apply it to Jordan’s Principle was not an idea that the CHRT had completely thought out when they wrote their decision. There are a lot of implications they did not predict.

- **Substantive equality and normative standard are being tracked but it is a subjective assessment** by the Focal Points who are trying to determine, without a lot of information, ability to navigate, ask questions or challenge, whether it is normative standard or above
- **Substantive equality is a role for Jordan's Principle** that requires approval above the normative level of service.

7. Developing an evaluation framework to identify positive impacts on children

"We know how much money is spent but we don't know the impacts."

Comments included:

- **Need an evaluation in terms of implementation and the impact** Jordan's Principle has had on children. How will we know about the positive impacts on children if we don't have some sort of evaluation?
- **Need a feedback mechanism** to result in a change of policy.
- **Need an evaluation framework.** We just look at the monetary now – how much funding has gone out, but we don't know what the funding relates to – how it impacts children positively.
- **We don't collect enough information on the impacts of Jordan's Principle** and the difference Jordan's Principle is making.

5 JORDAN'S PRINCIPLE: SERVICE COORDINATION ARRANGEMENTS ACROSS CANADA

This section provides information on service coordination activities, structures, and processes as described by the survey respondents and focus group participants.

5.1 Service Coordination Activities

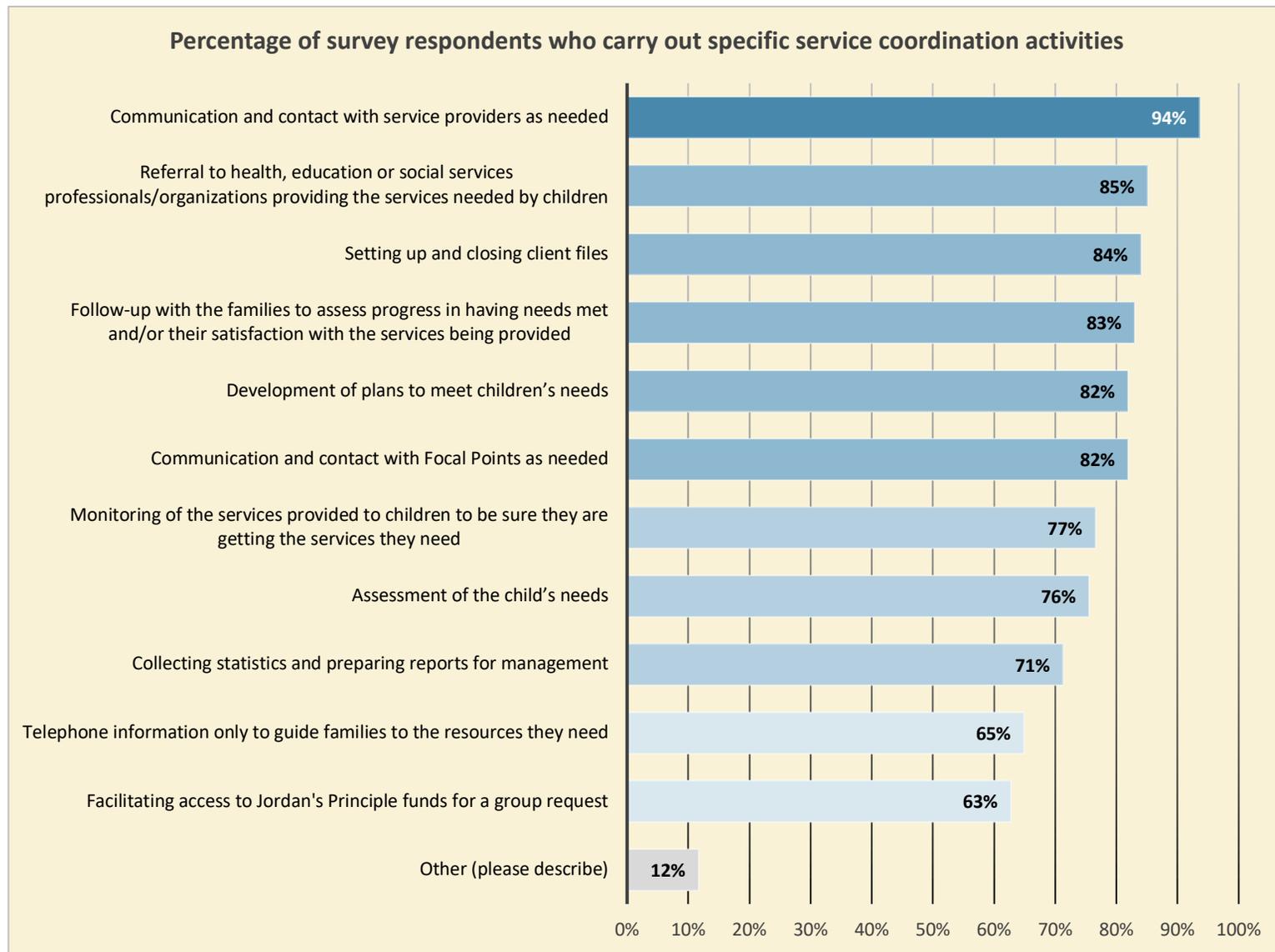
SURVEY FINDINGS

The online survey provided a list of responsibilities that may be carried out by service coordinators.

SURVEY QUESTION: What are your responsibilities in coordinating services to First Nations/Inuit children and their families? Please check ALL that apply.

- a) Telephone information only to guide families to the resources they need
- b) Assessment of children's needs
- c) Development of plans to meet children's needs
- d) Referral to health, education or social services professionals/organizations providing the services needed by children
- e) Communication and contact with service providers as needed
- f) Communication and contact with Focal Points as needed
- g) Monitoring of the services provided to children to be sure they are getting the services they need
- h) Follow-up with the families to assess progress in having needs met and/or their satisfaction with the services being provided
- i) Setting up and closing client files
- j) Collecting statistics and preparing reports for management
- k) Facilitating access to Jordan's Principle funding for a group request
- l) Other (please describe)

Ninety-four (94) responses were received. The following chart gives an overview of the responses received.



Key Observations:

- As expected, given the role of Jordan's Principle service coordinators, **94% of them carry out communication and contact with service providers**. The remaining 6% may be attributed in part, to some service coordinators who were very new in their role and had yet to deal with any referrals.
- As expected, most services coordinators, 80% and higher, carry out tasks related to communication and contact with Focal Points, referrals, client files, care planning, and family follow-up.
- About 70-75% of service coordinators are involved in assessing a child's needs, monitoring services provided, and collecting and preparing reports for management.
- Involvement in 'providing telephone information only' may be carried out by others in the organization such as intake/access workers.
- Some service coordinators are not involved in processing group requests, which may be carried out by other organizations or service providers.

Other activities identified by service providers included:

- **Administrative responsibilities:**
 - Promotion of Jordan's Principle, creation of pathways, policies, and procedures within different Cree organizations (Cree school board, Cree nation government, Cree health board).
 - Financial: processing invoices for services, payments to service providers through contribution agreement.
 - Overall management of resources, staff, policy, finances, and infrastructure.
 - Reporting, programming planning, financial reviews.
 - Help/teach parents, employees of band to fill out individual and/or group requests.
- **Coordinating activities:**
 - Coordinating Land Based activities to promote cultural activities.
 - Coordinate individual and group respite, organize land-based learning, programming
- **Providing services:**
 - Providing training to staff as requested. Topics are relevant mental health issues including management of stress experienced by staff.
 - Counselling services.
 - Wrap-around collaboration with community teams.
 - Providing mental health 'helps'.

FOCUS GROUP POLL FINDINGS

Fifty-two (52) participants (47 in the focus groups and 5 in an interview) responded to the focus group poll question. In some cases, participants were relatively new to their positions and had not yet had time to carry out certain activities, or participant roles were focused on other aspects of Jordan’s Principle such as advocacy.

FOCUS GROUP POLL QUESTION: Please select all the service coordination activities that you carry out (Select all that apply)

Service Coordination Activity	% Respondents
Communication and contact with Focal Points as needed	96%
Referral to, communication, and contact with health, education or social services providers	90%
Setting up and closing client files	90%
Collecting statistics and preparing reports for management	90%
Telephone information only to guide families to the resources they need	88%
Development of plans to meet children’s needs	83%
Follow-up with the families to assess progress in having needs met and/or their satisfaction with the services being provided	79%
Assessment of children’s needs	75%
Monitoring of the services provided to children to be sure they are getting the services they need	75%
Facilitating access to Jordan’s Principle funding for a group request	65%

- **Communication and contact with Focal Points, most common, 96%**
- **Other top activities:**
 - Referral, communication and contact with service providers, 90%
 - Setting up and closing files
 - Collecting statistics and preparing reports
 - Facilitating group requests was least common

Note: Telephone information only was considerably higher among focus group participants (88%) compared to survey respondents (65%)

Findings from the Focus Group Conversations

Service coordinators described the service coordination processes carried out in their geographical area of responsibility. The descriptions included an overview of the structure in place for that region/geographical area as well as the activities carried out on behalf of First Nations families and their children. In addition, service coordinators shared their values and beliefs about the ways in which they conducted their coordination work.

Some considerations for information provided in this section:

1. **Processes used reflected the geographical areas of responsibility of the service coordinator or service coordination organization:** 1) From a single First Nations community to a cluster of First Nations communities; 2) Region within a province/territory; 3) Province/territory as a whole.
2. **Not all situations across Canada may be reflected in the information provided.** Because the descriptions are limited to service coordinators and service coordination organizations who participated in the focus groups, they may not be exhaustive of all situations across Canada.

5.2 Service Coordination Structures, Processes and Value Systems

SURVEY QUESTION: How does your organization carry out service coordination through Jordan's Principle for services and products needed by First Nations children [and Inuit children for the northern territories] and their families?

The responses to this question are organized into three categories:

1. **Organizational Structure**, both governance and service coordination
2. **Service Coordination Process** and associated activities
3. **Service Coordinator Values and Beliefs** identified

ORGANIZATIONAL STRUCTURES FOR IMPLEMENTING JORDAN'S PRINCIPLE

From our assessment of the information provided, organizational models vary across Canada based on geography, population, historical relationships, existing governance models, and community capacity.

Governance

- **Community model with First Nations Chief and Council governance structures** serving a single community or a cluster of communities within their First Nation. Jordan's Principle may be placed under a health, education or child services department, dependent on which department applied for the Jordan's Principle funding.
- **Regional model with First Nations Tribal Council governance structures** serving a larger geographical area consisting of several First Nations.
- **Provincial model with centralized governance, a First Nations governance structure** serving all First Nations within the province. Some unique situations exist where not for profit regional programs throughout the province focused on children with special needs, are being funded through Jordan's Principle. In some provinces a centralized body has either been funded (e.g., First Nations organization), to serve several purposes such as policy, education, community engagement and consultation, or a new provincial structure has been created to serve as a resource and training hub for service coordinators located throughout the province.
- **Territorial model with First Nations governance structures** (Yukon and Northwest Territories), and **one Inuit governance structure** (Nunavut).

In one provincial situation, a mixed model exists where First Nations families and their children living off reserve, receive services through two First Nations governance models, i.e., on reserve families and children are served by their Nation and off reserve families and children are served by a Tribal Council.

Service coordination organizational structures

- **Community-based model** is the most common regardless of the governance structure. Generally, participants expressed the importance of the service coordinators being as close as possible to the communities that they're serving. Several advantages were cited:
 - Knowledge of the communities and their living situations, enhanced by those who also know the local Indigenous languages. The importance of knowing the mother tongue was particularly helpful in situations where elders/grandparents are raising their grandchildren.
 - Knowledge of and established relationships with the families and children living in the community.

- Knowledge of local service providers in the health, social, and education fields, either in the community or in the region. Where service coordinators had an established relationship with the service providers, the processing of children’s needs through Jordan’s Principle was expedited.
- Established relationships with the First Nations governance structure. These relationships are important for several reasons:
 - Promoting awareness of Jordan’s Principle, and, acting as a referral source when appropriate.
 - For pre-payment of services, supports and equipment where the First Nations holds the funds for Jordan’s principle in a Contribution Agreement. Pre-payment arrangements for services can be made, and reimbursements made directly to the First Nations Council.
 - Advocating on behalf of the needs of children and their families that are not being met through regular service channels.

For the same reasons community-based models have appeal, they also experience some disadvantages:

- High expectations raised for the type and frequency of services approved through Jordan’s Principle, although most service coordinators appear to be cautious in managing family expectations by reinforcing their role in the process and that the approval is out of their hands, although they will do all they can to support the request and ensure that all required documentation is complete.
 - While some respondents said trust levels between service coordinators and community members appear mostly satisfactory, any negative family/member histories can deter families from seeking help with a particular coordinator.
 - Service denials may be challenging to manage with some service coordinators bearing the brunt of criticism and disappointment.
- **Regionally-based models** were most apparent when serving large geographical areas and sparse populations, especially in remote and isolated communities. In these instances, the service coordinators are typically located in urban centres and rely on virtual communication and connection through telephone and computers, with travel to local communities (pre-COVID) centred on meeting multiple purposes while on site. In addition, regional models exist where Jordan’s Principle functions under a provincial governance model.

SERVICE COORDINATION PROCESS AND ASSOCIATED ACTIVITIES

The service coordination processes generally involve several common activities:

- **Intake/ access activity**, which may involve self-referral or referrals from other professionals, leaders, and families in the community
- **Needs assessment/confirmation of the child(ren) and their family's needs**
- **Identifying and connecting families with service providers as well as navigating health, education, and social services systems** to meet the need, or facilitating / navigating the family's connection the service providers
- **Facilitating payment/reimbursement of service providers and vendors**
- **Handling application denials**
- **Follow-up with families**
- **Promoting/ building awareness of Jordan's Principle**

Jordan's Principle service coordination activities may vary depending on the situation in which the service was created. Four approaches appeared most common:

- **Service coordination as the mandate and/or mission of a new organization** created primarily for the purpose of implementing Jordan's Principle at a provincial or regional level.
- **Service coordination within an existing organization.** In situations where the Jordan's Principle service coordination is part of a larger organization such as Education, Child Services or a Health organization/department, the coordination processes may be modified to fit into the typical service processes of that organization. For example, an application might need to be referred to another person in the organization for approval to submit for funding rather than being sent directly for approval by the service coordinator. Also, financial procedures typically follow the processes already established within the organization.
- **Service coordination through an integrated team model.** Jordan's Principle service coordination may be integrated into an existing team structure or model. Some of these approaches were referred to as wrap-around models where the child is served holistically and "seamlessly" by an interdisciplinary team.
- **Service coordination as an enabler for delivery of new programs** within an existing organization. Jordan's Principle funding has also enabled the development of programs to serve the unique and basic needs of families and children, especially in remote and geographically dispersed communities with limited access to professional resources. In one situation, the executive director of the organization serves as the service coordinator while also carrying out the functions involved in the senior management role.

Intake/Access

The intake/access activity may involve an initial assessment of the child /family needs, which is communicated to the service coordinator. In other situations, a telephone call may come directly to the service coordinator which then leads into the needs assessment activity. Comments included:

- When a family calls the access [1-800] line, access workers answer the phone and support them right away with getting information going and explaining the process and how the file gets transferred to a regional service coordinator.
- We have an intake worker who does all our intakes. From there, the intakes come to me as the coordinator, and I will direct them to case managers or case aides.

Sources of referral. In other situations, the referral comes directly to the service coordinator. The sources of referral include community members, caregivers, parents/self-referrals, schools, day care, child protection workers, child-in-care workers, and health professionals. It may also include colleagues who work in the same department or same organization as Jordan's Principle service coordinators.

In remote smaller communities, where community members know each other well, including the service coordinators, requests may come through a variety of approaches, including "through my cell phone, through texts, through the phone, work cell phone, and I also get messages in my Facebook."

Needs Assessment/Confirmation of the Child(ren) and Family's Needs

Assessing the needs of the child and family vary depending on the process being used and the source of the referral.

If the referral is from an access/intake worker, service coordinators may connect with the families in person, on the phone, or via email. Comments included:

- When you get that email from the access worker, I tend to send an email immediately to the parent letting them know that I have their file and I'll be looking at it to see what needs to be done and then the next day, I'll give them a call. I let them know these are some of the supporting documents that we need, and I will send them an email also stating what I've told them on the phone call.
- I love that the requests go to a Case Aide, because our Case Coordinators do it all. As a Service Coordinator in this area, the difference here is I handle the more difficult cases (i.e., home renos) and the Case Coordinators will handle the day cares and the respite, etc.

If the referral is from a professional who has already done an assessment and recommends funding the service under Jordan's Principle, then the service coordinator might not be involved in further assessments or conversations with the family. Comments included:

- The referral comes to me, I will send it to the professional for a quote. I receive the quote and fill out the intake form... without ever meeting the parents (if it's a referral from the professional I don't need more information from the parents). Sometimes my applications are approved the same day. I'll reach out to the professional and give them the green light to reach out to the family. I will submit the application with either an invoice or a bill. It can be an estimate for how much the service is going to cost or a bill to refund the family for the service (if they have already paid for it)
- I do all the forms, I do the applications... get the cost estimate from the provider, and then permission from the parents. And also get the referral, the recommendation, and supporting documents.
- I get consent from the parents first, and then we do the application together. I start gathering supporting documents, obtaining referral letter(s) and, of course, invoice or receipt.
- I process the requests (by email more often than by phone). My role is to pass on the procedures to the parents. Letter of recommendation. I have to explain to the parent or the person making the application, what it takes to send an application to ISC. And then we send the request and I follow up with the parents. ...created a list of suppliers [that] I give to the parents when they have no idea where to go. When the parent needs an assessment, they are sent the list so they can make phone calls and choose the professional with which they want to do business.
- When I receive a call, I respond to the parent, and they explain their child's need. I ask them at that point to get a recommendation from a professional who can validate the need. Afterwards, I ask them to obtain a quote from a service provider to be able to gain an idea of how much the service might cost. At the same time, I send them a more detailed reminder so that the parent can begin the process. Once the parent sends that all back to us, that's when we will open a file for the child and add all the supporting documents we've gathered to date for the application. Then that information is sent to [a designated person responsible for this part of the process] who will make the application and send the documents to Jordan's Principle. When we receive the approval, my role is to send it to the parent and also to the service provider to inform them of the amount we received for the child's service(s), and I enter that into my Excel spreadsheet afterwards. The rest comes when the invoices come in: I take care of those.
 - When a request comes in, we always add it to this table – we call it our 'colour-coded table' – to note who we had first contact with; and then we add that we received the documents...So everyone sees it and we're able to monitor the files and their progress. We code it by colour, so when it's orange, it means that the application has been sent to ISC.

- When we first make contact with a family or professional, (school, social worker, doctor, etc.) we contact family, complete an intake and gather consent to contact any professionals to get the information to help with the application, or ask if the family is interested in services if it wasn't them who first contacted us, assess whether it is a Jordan's Principle application, then proceed with submitting application to ISC, then we contact the family once we find out if it is approved to coordinate services or purchase items (order for them and have it shipped directly to them), and if it is for things like travel they pay themselves then we help them with the reimbursements process.
 - With an approval, we get funds, I'm responsible to coordinate the service that the funds are allotted for, such as psych ed, therapy, travel funds, etc.
 - Sometimes we reach out to service providers before we send the request for approval, so we can get accurate costs for the service.
 - I might suggest services based on their needs. I also ask if they have had any assessments done or would like to possibly do some assessments to explore other methods that they could benefit from.
- We have a form that asks for strengths and needs of the kid, but also rely on assessments from professional services, which can be psych ed assessments, ADHD or ASD assessments, or letters from school stating what the children need at school.
- If it's an approval, we ask the families if they would like us to coordinate the services or purchase the items they need. We'll decide together. We reach out and do bookings and service acquisition or purchases for them if it's requested.
- We'll do the intake and then we assess for child need. Sometimes the parents can't identify the needs. We refer to services for assessments, just to make an identification of what the child needs are, because we don't want to be implementing things when they're either not needed or putting children through assessments if they're not needed. Once services or products are implemented or applications are received and approved then we implement such things, whether it's ordering products, getting children set up for certain services that might have been approved through Jordan's Principle and then, of course, monitoring that child and those services as time goes on and until the completion of that.
- If a family calls me for support, I explain the process and ask if they want to carry out the request form on their own, or if they want me more involved, and I give them the choice. And then if a family wants a lot of support, I will contact any of the service providers that they are working with that might be necessary to complete the application.
- Practice is always to connect with family first, especially in schools as they will say one of the students needs help and when we ask if the family knows about this, not always. Some referrals do come directly from service providers, but we make sure this is something the family is aware of and what they want.
- Assessing children's needs is more of a conversation; don't use an intake form... Hard for families to articulate their own stories, can be traumatic, alleviates stress, don't want them to be retelling their story if it's not necessary. Feels less clinical. Some families cannot fill out the form and /or may not have technology to do so. Processes can be daunting...

Group Requests. The service coordination focus and associated activities may vary by individual or groups requests. In some regions, service coordinators only handle individual/family applications and in others, only group requests. Comments included:

- Contrary to many other organizations, we haven't focused on working with the private sector, we haven't done the case-by-case approach. We only do group requests, e.g., speech therapists, occupational therapists, neuropsychologists... There may be a few individual requests [through the group request].
- In all our communities, we mainly make individual requests more than group requests. Group applications pertain to groups of families (e.g., a mother and her children) or, for example, requests from specialized educators for adapted classrooms.

Identifying and Connecting Families with Service Providers as well as Navigating Health, Education, and Social Service Systems

Comments included:

- Some communities are a lot smaller and don't have that capacity. Our navigators work more intimately or on-to-one with communities, both individually, as well as on the enhanced group applications that would be for a program or as developed or as needed by the community. There's a two-tiered approach that we take based on the capacity and need. Some of our communities are very large, and they warrant more community help, so they have a community navigator on the ground. Some of our communities are a lot smaller, and we're able to navigate that as best we can and helping our community members that way.
- If there's system navigation required to different systems, whether it be social, education we would start that process with the family and get that child connected and if there are some services where there is a gap, (services that may not be offered publicly, and we require Jordan Principle) then we would start to identify what applications need to be made for such services or products.
- I think there is a lot of relationship building that needs to be done... I've had a lot of families say, "I've been to Child and Youth Mental Health, I don't want a case worker, they don't do anything for me" or "I've looked at that list of psychologists, I'm not going back to that person", so a lot of navigating too.

Facilitating Payment/Reimbursement of Service Providers and Vendors

Financial arrangements and organization of personnel to handle the financial needs, varies by region. In some cases, specific individuals with knowledge and experience in finances, are employed under funding through Jordan's Principle to handle only the receipt and payment of invoices, tracking them on established financial systems within the organization where they work or establishing other tracking approaches to manage the revenues and expenses related to Jordan's Principle applications. Comments included:

- I send it to my admin assistant in my department and they send it to our band office finance department. The contribution agreement contains a portion (a lump sum) for Jordan's Principle funding. The funding is always available... it would be what is being requested is not approved, it's not essential.
- My organization supports me for the finance part. For example, approval for speech therapy. The provider sends me the bill.
- I get lots of requests for reimbursement for parents, for things that they have paid in the past and would like to get reimbursed. And then that requires a letter from the parent, and they really have to explain like their socio-economic situation and their family situation. And I don't really think is fair on them. Obviously, the reason why they're asking for, you know, a reimbursement for something that they paid for their child before is because they couldn't afford it in the first place. Quite a few parents that make comments about that, like, "why should that matter to Jordan's principle, what kind of, you know, family situation I live or if I'm working, or if I'm on unemployment insurance?"
- I take care of the invoices here and coordinate with the service providers.
- When we receive the approval, my role is to send it to the parent and also to the service provider to inform them of the amount we received for the child's service(s), and I enter that into my Excel spreadsheet afterwards. The rest comes when the invoices come in: I take care of those.
- The files are closed when the service has been provided, but if there are funds left, we defer that amount and leave it on their file in case there is an additional need.

Financial transactions and the related data collection may also be a service coordinator responsibility, although the financial administrative system typically falls under the governance structure. Later in this report, challenges related to data collection are identified. Comments per the service coordinator role related to funding included:

- We have an Excel table at the financial level that no longer responds... you have to calculate 400 applications manually, the actual amount spent, and it is impossible to do. If I manage to make my Excel table, because currently our table is completely skewed, the data does not add up, it is not calculated automatically. We do a lot of our calculations using a

calculator... I'm submitting a group application so that we can have an Excel template made by a professional, so that we do not have to reproduce our table from year to year, so that it calculates automatically.

- Rather than administering spending through chart of account codes that are standard in finance, expenses are assigned to the Jordan's Principle approval codes. It's going to change everything. Because when they receive an invoice, an expense, it is the Council that will have to classify it with the Jordan's Principle approval code.
- We work with budget codes, the codes assigned to the Jordan's Principle program. But what's tricky is, sometimes we have requests that were made in 2018 or 2019, but there was a delay in providing the services, so what finally happens? Do we have to reapply? Do we still have a contribution agreement?

Handling Application Denials

Service coordinators also deal with applications that are denied. In most cases, if the family is agreeable, they are encouraged and supported to pursue the appeal process. Comments included:

- If it's a denial, we meet with families again to assess why it was denied and determine what further information can be added to the service request, i.e., can we add some substantive equality?
- If it is a denial, I help family find other service avenues, either a referral to province, Nations Council, or an appeal.
- With the appeal process we try to get more information or support for the request and submit back to ISC.
- When I get a denial, I do my best to try to appeal it with the parent.
- If denied, let them know about the appeals process and that it needs to be done within one year.

Follow-up with Families

The extent of the follow-up with families varied and was usually affected by the size of the caseload and the demands on the service coordinators' time. Where follow-up is routinely carried out, the following comment was representative.

- How I follow up is when I get an approval from Jordan's Principle, I will contact the provider with the amount set. And we made up a form where the parent has to sign with the date that the child has received the service. If it's not possible for them to do that, they have to, with the invoice send an email confirmed by the parent. This is how we know that they're receiving the service. So that's how we follow up.

Promoting/Building Awareness of Jordan's Principle

In one community, a kiosk was developed with information on Jordan's Principle and provision of application forms for making requests. Other activities were identified in other comments and included:

- We advertised Jordan's principle with community announcements in the first year, but we didn't really have time to advertise or organize information sessions.
- We do events to get our name out there. Bear Witness Day will also get our name out; it's in all the schools and day cares.
- For service coordination, we started off with getting an approval of a written statement from Indigenous Services Canada, for a social media post. [With approval], we have posted it on Facebook.
- Connected with my team [employer organization] and other service providers in all the communities to let them know what I'm available for, so that if they are working with a family who needs support, they will get referred to me if they want that support.
- Developed own marketing materials (Facebook, radio, General Assembly, etc.). Developed PPT that can be given on request that explains Jordan's Principle, service coordination role and referrals.

SERVICE COORDINATOR VALUES AND BELIEFS

While service coordinators were not explicitly asked about their values and beliefs pertaining to their role and responsibilities, many expressed sentiments that we felt reinforced the significance and value of the work they do. We believe it's important to capture these sentiments that also align with their expressions of the importance and impact of Jordan's Principle.

“Ensure the process is completely family led, whatever decisions are being made, the family is always aware of what is going on. We listen to their story and weed out what the specific needs are. Sometimes, a family comes to us and might not know what supports are available, our job is to educate families on resources that are available and what resources are federally and provincially available, and if they need extra support, if they have all the other stuff going on, we can step in. I offer support, for when they are feeling overwhelmed by all the service providers they're dealing with.”

- **Supporting a family-led process.** Comments included:
 - **Making things easier for the family.** Reaching out to service providers, as some families don't even want to call the dentist, so I can reach out and get documents they need to complete the best application moving forward. Lots of Indigenous families have trouble with people guiding them and walking them through the process, so it's important to help them each step and provide them with different resources to help them navigate the process or build the best application so we're able to fill in the gaps.
 - **Assessing children's needs is more of a conversation; don't use an intake form.** Hard for families to articulate their own stories, can be traumatic, alleviates stress, don't want them to be retelling their story if it's not necessary. Processes can be daunting...
 - **Walking alongside the family** to help them reach their goals of what their children need.
 - One of the best benefits between us, as service coordinators, and going to Jordan's Principle separately, is **we get the story**. We can dig for that need, that true need that they're hiding or maybe they don't want to say, because they're too proud. They've been given 'no' so many times, so sometimes in talking to them we find out (what) is going on with the child 'but I've already asked three places and they said no' so we won't even deal with that. And then I find out it's something just simple for us to access for them.
 - Have to build trust and safety within [assessment] questions and explore that alongside of family and at the end of the day, our grandparents, our caregivers, our aunties, our mommies, our daddies, they know their children best, they are the experts on their children. No matter their child's age. We really honour that and sit within that with and for a family.
 - It's important that that everything that we do here is **guided by a couple of the Elders** that we have on staff and in consultation with the individual First Nations communities. And I think that's incredibly important because they know their community needs so we may do things differently in each community.
 - If the family is open to that [assessment] ... we do that with the family. It's **very family centred and very child focused**.
 - Just focusing on one thing at a time, because it just **gets too overwhelming for the family** to have to go through five different items. So, we're trying to focus on one of the children and then go through the line.
- **Mediating and advocating on behalf of the family and child.** Comments included:
 - Advocacy piece is really important in what we do because sometimes a family goes into service provider's office and might not be given the best treatment. We ensure they get the best help for what they need, that children actually get the services they require, and there are no discrepancies between public funded services for Indigenous children.

- Teasing out what the real issues are sometimes, it's working with service providers, it's advocating, it's being creative. Oftentimes we have to think outside the box and figure out ways to address the needs, being creative.
- One of the things that's unique about our job is our past experiences that we bring to the table, things that we're strong in. Sometimes how we see stuff that we did in the past before... how it helps us to be a stronger advocate, liaison, that guy that has to plow through things for stuff to happen sometimes.
- I advocate for a lot of the applicants. I also speak and write my language really well, so I connect with a lot of communities up north, because a lot of the community members up north don't really understand, especially the grandmother caregivers, they don't really know the language.
- We advocate, a big part of what [what we do] is advocating, providing school support... so a lot of times, especially in the remote northern communities, you may not have an EA that has any experience, so we'll go in and help do some training with that EA on what the child needs and support them as much as we can.
- We do not do service coordination here; we do more of the advocacy with the applications. We will do whatever we need to do to support our communities. We are not supposed to be service providers or case managers here but we do assist when community members have situations that arise that are challenging and unique but that is not our role. Our role is to be advocates and supports. When there is a new worker or coordinator within the community, we will do an onboarding process for the community...
- **Building relationships with service providers.** A representative comment was:
 - The relationships that we build with other agencies, organizations, and service providers, and how we are able to explain what we do, and what it is that we are looking for the families... I want to make sure that I get what I need so that I don't have to call back again... [it's] building that relationship with the people at these other organizations. You build your network with these agencies and services, so you can reach out to connect them to families.
- **Respecting and empowering parents/families.** Comments included:
 - Very important to establish rapport with that client and what their needs are and their boundaries as well. We know our communities and we know that what our grandparents try even if they lack the, I guess, sophistication to grasp technology, they fill that with their traditional knowledge and our traditional raising of our children, and so it's respecting those boundaries.
 - Empower our parents so that at the end of this they don't feel like it was [the Service Coordinator] who did it for them, they feel it was the parents who did it for them and then that gives them that voice to go on and try to get other things and coming out of that shyness and being able to speak to others in authority.
 - What we're doing with these parents. We're here to help them and that's empowering them to step up and have their voice heard. And that's important for them.

- Service coordination is so important and a lot of it is the education to the families and giving them hope again.
- Every file that I get, I get excited. I always hope for the best for the families and giving them that ability that they've have the strength themselves to help out with the application as well.
- We should be working to have ourselves out of a job by creating a better advocacy, when you really look at why the Jordan's Principle has been, the discrimination against Indigenous children and families, so we should be working to strengthen their voice on their own behalf so that they can have the tools that they need to advocate for themselves.
- **Giving families hope.** Comments included:
 - I find service coordination is so important and a lot of it is the education to the families and giving them hope again. This poor mom, she gets so overwhelmed because there's been so many doors that have been closed. The Mom and Dad, both said "You know, we're never giving up on these kids. We're never going to stop fighting for them so Jordan's Principle has given us the ability to keep going and to know that there are supports out there to help."
 - It's definitely the best thing I've ever done in my life, and I absolutely love this. Just giving families hope right? Like that's the biggest thing for them. There was nothing before and now it's hearing that they could have these different things. It's a different world for them, especially with children with disabilities when they were a lot of times staying amongst themselves.
 - The last thing that a person who has a child with special needs wants to hear is "Sorry, that's not my job", so that's actually a rule in our office. You're not allowed to say that. We just figure it out.

6 JORDAN'S PRINCIPLE: THE STRENGTHS

“Just to be able to provide families with services or products that improve the lives of their children. One of the other things that works well, besides relationships, is having the versatility and ability to adapt when things change.”

This section focuses on the aspects of service coordination that are working well for Jordan's Principle across Canada as expressed by the service coordinators and service coordination organizations.

6.1 Survey Findings

The strengths identified through the survey were summarized as part of the section on the impact and importance of Jordan's Principle under the topic of the benefits of Jordan's Principle. Consequently, they are not repeated in this section.

6.2 Focus Group Findings

QUESTION: “What has worked well with service coordination of Jordan's Principle?”

This question was aimed at identifying the strengths of Jordan's Principle to promote building on those strengths as Jordan's Principle develops over time and with experience. Responses about what is working well with Jordan's Principle are listed in order of frequency mentioned.

Four common themes were identified:

- 1. Positive and collaborative relationships through outreach and community engagement**
- 2. Enhanced service coordination**
- 3. Easy and equal access to Jordan's Principle on and off reserve**
- 4. Financial reimbursement mostly works well**

1. Positive and collaborative relationships through outreach and community engagement

Respondents often referred to the ethic of relationship, mutual responsibility and social cohesion being important to Indigenous peoples.

“We’ve worked hard to develop the relationship; do regular meetings with all colleagues.... have conversations, express what we need; find out what they need. High Priority applications are handled very well. Having that relationship with our Focal Point is very beneficial.”

“What’s worked well is not working alone. I don’t understand when I hear people do this job alone because the needs are exponential.”

“What is behind the communities where communication is working well? It’s the individuals – they understand Jordan’s Principle helps their community.”

Benefits of collaborative relationships identified by participants. Participants frequently mentioned the benefits of having collaborative relationships with the needs of the child as the focus. Beneficial relationships were noted with:

- **Regional Focal Points** – having conversations about what is required in the application, advocacy for the family with the Focal Point. Focal Points make every effort to respect timelines. “When you send a request for a child who is waiting to be registered with INA, Focal Point will accept the request, if you can document the child’s wait.” The Focal Points have been “very helpful”; “absolutely amazing”.
- **Service providers** – collaborative service provision and follow up; including referring to providers not covered by Jordan’s Principle (e.g., if the family needs mental health services). “Good transition between age-based programs and Jordan’s Principle. For example, the Early Childhood Intervention Program serves children 0-6 years. When children enter school, they transition to Jordan’s Principle. Good communication between these services helps families.”
- **Service coordinators – among team members** – sharing what works for applications and knowledge of resources. Regular coordinators meetings are helpful.
- **Families and their children** – building trust to gain the information needed for an application. One region mentioned a broad family consent form to be helpful in facilitating conversations with authorities and providers to get applications approved and services delivered. “Parents are connecting with us by text with updates – either things are going well or they are deteriorating.”

- **NIHB – move of NIHB to ISC to the same system for travel and accommodations** so families can now be booked together. In one situation, the Jordan’s Principle service coordinator travelled with the NIHB navigator so they could address NIHB and Jordan’s Principle matters together.
- **Good transition between age-based programs and Jordan’s Principle.** For example, Early Childhood Intervention Program serves children 0-6 years. When the children enter school, they transition to Jordan’s Principle. Good communication between these services helps families.
- **The Independent First Nations Alliance is working well** for community engagement, building rapport and awareness of Jordan’s Principle.
- **Other provinces and regions** – example being an English-speaking community in Quebec, that is close to the Ontario border, getting services from Ontario.
- **Keeping authority for decisions local/regional** rather than pushing to Headquarters is more beneficial.

2. Enhanced service coordination

“By encouraging the involvement of all First Nations, Jordan’s Principle has actually taught our office a lot of amazing things. We have learned a lot of traditional ways that we use with all of our kids cause it is just fantastic. I have learned more from our Elders in 5 years than I did in the first 35 years of my world.”

Specific positive attributes identified about service coordination. Participants identified the following specific positive attributes of Jordan’s Principle service coordination:

- **Having a full capacity of coordinators** allows more follow up and communication with families. It really improves the quality of service offered. Each community has a service coordinator.
- **Local application process.** Intake process works well – the application process is child centred and very easy to understand. Families are easily overwhelmed with paperwork and the application form is easy.
- **Training offered through the Health Commission and the Band Council** is a great resource.
- **Having flexibility** – for example, working from home and not always on the road has freed time for phone calls and follow up.
- **Having versatility to react and adapt to changes coming from CHRT** and the changes in the child’s situation of changing needs.
- **Developing service coordinator knowledge and communicating requirements** are critical to good service coordination.
- **Involves a strength-based process.**

- **Working to get a holistic basket of services around the child** through case management coordination.
- **Having service coordinators in the heart of the community** and people know them.
- **Understanding what substantive equality is** and how to ask for it from service providers who are writing support letters. Watching the film *Jordan River Anderson, The Messenger*, also helped the understanding.
- **Working in a designated Aboriginal agency like Friendship Centres** helps Jordan’s Principle service coordinators to link to other programs and provide wrap-around services for families.
- **Being in communities; being local.** Meeting families in-person – navigating, advocating, and facilitating families to get supports.
- **Having access to Jordan’s Principle awareness resources** like posters, banners, information kiosk, art contest etc.

3. Easy and equal access to Jordan’s Principle on and off reserve

“I have been able to get services for these children when families didn’t even think that was possible. For example, a boy with FASD, who had been told by doctors that he would never be able to recite the alphabet. And now he is reading at the Grade 3 level because we’re able to get supports for tutoring and that 1:1 support.”

“Just to be able to provide families with services or products that improves the lives of these children.”

“It’s important because our children are finally recognized. We were denied services. If your child needed a basic service, ‘we don’t pay for that; we don’t pay for that’... It’s a big opportunity for children to finally be recognized as children of Canada.”

“What is working well with the service is, when approval is given, it meets the needs of the child. It also meets the needs of the parent.”

Importance of equal access to services and products also identified. Participants frequently mentioned the importance of equal access to services and products through Jordan’s Principle service coordination.

- **Helps to bring equity to First Nations children.** They can grow up in a better world around them, even on their reserve.
- **Starting to address systemic barriers to services,** that have been in place a long time, through Jordan’s Principle. Jordan’s Principle has highlighted how First Nations’ children have been treated unequally in Canada.
- **Helps families to navigate complicated systems.** Working collaboratively with families, service coordinators, Focal Points and Headquarters will only improve the system.

- **Reveals disparities.** “We still see huge disparities between what First Nation children receive compared to other children.”
 - Highlights the needs that are not being served for First Nations families and communities.
 - “When you look at the huge disparities and the fact that children are living in inadequate housing, getting inadequate education, living in remoteness without the benefit of everything else that other children within this country get, we need to close that gap.”
 - “Requests for professional services are being approved but the issue is orthodontics.”
- **“Gives us a tool to navigate the bureaucratic colonial system** on behalf of Indigenous children and families. It has levelled the playing field a bit.”
- **Serves children on and off reserve.** Children can live in a town or city and still get help.
- **Impact positively on future generations.**
- **Gives hope to families where they had no services** and “with Jordan’s Principle services, things have improved so much with their family.”
- **Gives access to respite,** which is invaluable. “We strengthen families by allowing them to have a break to keep going.”
- **Highlights the lack of access to basic health care** in isolated communities given no service providers (dentists, doctor, speech language pathologist, etc.) and existing poverty, lack of employment and hungry kids. For example, “people had plenty of wild meat to eat in the past. Since diamond mining has been in the North for the past 25-30 years, people have to travel days to find caribou. Many cannot afford that travel.”
- **Meets the needs of Indigenous children,** looking at it from a different world view. Jordan’s Principle access is more comfortable because it is delivered from an Indigenous perspective that matches the child and family’s world view and experiences.

4. Financial reimbursement mostly works well

- **Contribution Agreement offers advantages.** “...we have a Contribution Agreement that allows communities to pay service providers easily. It’s a double-edged sword because there is financial management. But it’s still easier to have a Contribution Agreement. At least there is an advantage related to payments.”
- **Data and file management systems expedites the work** and gets the supports to families quickly. Electronic file system for intake and application is helpful as can be filled in and shared electronically. Data management has made a difference in how we coordinate our jobs.

6.3 Interview Findings

Two related questions asked: 1) **“Given your experience, what Jordan’s Principle policies are working well?”**; 2) **“Given your experience, what service coordination structures and processes are working well for the implementation of Jordan’s Principle?”** The aim of this question was understanding the policies that are working well to ensure, as Jordan’s Principle evolves, that successful policies are maintained. Recognizing successes is an important step as the initiative moves forward in its development.

“The best thing we have done is the service coordination model. Service Coordination is one of the best pieces, given they are located in communities. They really know their communities.”

Service Coordination and Structures that are working well. The most common themes we heard follow.

- **Community-based service coordination has a positive impact on children and their families.** “We need to be focussed on service coordination for families, using a case management approach.”
- **Service coordinators are the ones working across service structures in a region.** They can see similarities and differences among regions. They should be resourced to help service systems to connect and understand one another for a seamless delivery of services to families.
- **Community-based service coordination is positive; they know their children’s needs, the families, different services, etc.** Feedback is very positive; they make a difference.
- **Service coordination organizations’(SCO) approach is that any door is the right door.** E.g., “... we have two First Nations SCOs and one Inuit SCO. First Nations and Inuit clients can go to any of those organizations where they feel comfortable. Eliminates barriers around people in small communities knowing people working in a particular position where they have some history. Keep flexibility between service coordinators and regional level. Openness and flexibility and not setting specific catchment areas has been very helpful for families.”
- **Good coverage with model, but doesn’t work as well for smaller communities,** due to population-based funding.
- Service coordination structures need to be well integrated and embedded with other community services (like maternal child health, day cares, child, and family services).
- **BC model is a good one- ON moving toward this model** – front line, community-based service coordination structure with a secondary support structure (Hub in BC). Secondary support structure has a mandate for a larger geographic area;

supports local service coordination structures with policy development, training, data analysis, management support and human resources support. Hybrid model where community-based workers are supported by a province-wide organization.

- **Collaborative relationships among providers, coordinators and government people** are valuable and working well.
 - **Regional meetings**, try to meet three to four times a week to share lessons learned, good practices, issues (specific issues for some regions so “we can get the pulse”), whether they need any support from us such as tools.
 - **Overall, the system works very well** for their regions; structure and relationship with partners are positive. It’s like a team with the government employees but it’s really an exchange... “we’re fortunate to have that kind of relationship with all these people.”
 - **Service coordinators provide support for the communities through regional education and regional meetings**, helping to resolve some issues, coordinating regional/provincial meetings. They’re more of higher level/secondary support.
- **Substantive equality, mandated by the CHRT, provides a principled basis** for ensuring that First Nations children can attain health, social and educational outcomes comparable to other children in Canada.

“Policies” that are working well. The most common themes we heard follow.

“We don’t have policies. We have a Guide and Standard Operating Procedures manual but the requirements of the CHRT are so tightly defined that it is difficult to see policy development within that landscape.”

- **Continuous quality improvement is in place.** “We do everything we can to make it better within compliance and meeting needs and respecting First Nations.”
- **Standard Operating Procedures helps to understand parameters but also allow flexibility.** “Without policies, you don’t know your parameters, but it allows ultimate flexibility to serve needs.”
- **Approval and revision of standard operating procedures (SOPs)** by the JPOC national joint table.
- **Good policies in place.** “There are a lot of good policies – parental consent, community-based leadership and having to get supporting documentation for requests.”
- **Responses to time-sensitive urgent requests are well done** but there is a large volume of them.
- **Policy to serve First Nations children who live off reserve is positive.** And for those children who don’t have status but are living with a caregiver who does.

- **Denials aren't done at the regional level.** "We can't deny a request at the region, which is good. The only person who can render a denial is our ADM."
- **Delivering services to a lot of children that need it and who didn't have services before.** "Have spent about \$40M per year for services children didn't have previously. Positive outcomes from the services that were put in place..."
- **Delivering services to youth with mental health services.** "Have 12 cases of youth with mental health issues where they need to find a place of security. Over time became aware of places that take kids with issues. Have funded private schools for some kids who are struggling for various reasons, often mental health and not doing well in regular school systems. Facilities are not in First Nations communities but a couple of places across the region that are accessible /run by First Nations."
- **All SOPs work well, evolved over time, started from nothing.** "SOPs give information on what information is needed to adjudicate a case. That's very helpful, especially when working with SCs making them aware of what's required; it's helpful for them."
- **The government has become more aware and more discerning in supporting requests coming from First Nations.** "This has changed over the past two years. At the beginning, government had become so used to looking at something the same way; they weren't thinking 'outside the box'."

7 JORDAN'S PRINCIPLE: THE CHALLENGES

7.1 Survey Findings

Challenges Experienced due to Funding Approvals and Delays

Experiences with funding approvals and delays. Several survey questions were about funding approvals and delays.

SURVEY QUESTION: Approximately, what percentage of approval decisions for Jordan's Principle funding are made at the following levels?

Note: Of the 99 surveys, 50 respondents either did not answer this question or indicated that they 'did not know'. This data was not included in the calculations.

Level of Approval Decisions as Experienced by Survey Respondents

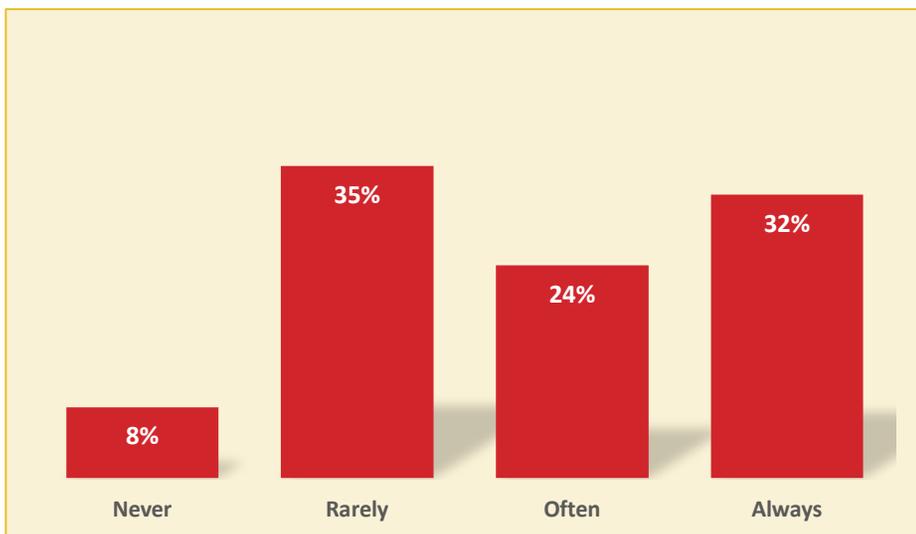
	# Respondents	% Respondents
More than 75% at regional level	33	67%
50-75% made at regional level	14	29%
Less than 50% made at regional level	1	2%
100% made at headquarters level	1	2%
TOTAL	49	100%

- Majority of funding approvals, more than 75%, occur at the regional level
- Overall, 50% percent or more of funding approvals occur at the regional level

SURVEY QUESTION: How often do you experience delays in receiving information on the approval of funding decisions?

Eighty-two (82) individuals responded to this question. Of those, 20 respondents did not know how often delays were experienced.

Frequency of Delays Experienced by Survey Respondents



Of those who had information:

- **35 (56%) experienced delays either often (15, 24%) or always (20, 32%)**
- **22 (35%) rarely experienced delays**
- **5 (8%) never experienced delays**

SURVEY QUESTION: What are the major reasons for the delays experienced?

Fifty (50) respondents provided their perspectives on the major reasons for delays:

- **Regional office workload.** The regional office is overloaded with applications/volume of requests.
 - Average length of decision time is 2 months, and as long as 10 months.
 - I believe that sometimes the Focal Points are extremely busy and forget at times to send an approval to the RSC [Regional Service Coordinator] assigned to the case.
 - I follow up after a month of sending an application.
 - Some decisions take longer than 48 hours.
- **Regional Office requests for additional information.** The regional office/Focal Point doesn't have enough information/requests more information. Some feel that the focal points are requesting information that has already been

submitted with the application or requesting information that is not applicable. Once that information has been sent it is still a waiting process.

- Indigenous Services Canada always wants more information in terms of justification for example, every item requested by a professional, needs to have a lot of details for the justifications.
- Request for information include letters from parents, professionals, prescriptions, letters of support from schools, and social workers.
- The Intake forms for individual requests are exactly the same amount as the approval letters but still require corrections.
- Paperwork not being submitted. As FNIHB changes form requirements, it would be good to have a session to understanding changed processes.
- **Regional/national office staffing, assignments, and follow-up:**
 - No Jordan's Principle officer attached to the request.
 - The Jordan's Principle Coordinator does not follow up with our institution.
 - Staff turnover at the regional office.
 - Changing of roles in the office at the headquarters, which causes miscommunications and some delays.
 - On occasion, a request was overlooked at the regional level.
- **Backlogs occurred due to COVID.**
- **Some delays experienced for specific requests/reasons:**
 - Braces/orthodontics.
 - Amount of funding requested for a child to attend a camp outside of the province.
 - Complicated requests that don't have a direct impact on the child.
 - Cases that don't meet substantive equality criteria will be refused.
 - "CFS and other offices i.e. First Nations Family Advocate Office tend to send referrals to Jordan's Principle with unrealistic expectations such as help a family with food or housing when there is really no issue with the children. The whole "poverty" line in the Jordan's Principle Toolkit needs to be reviewed."
 - Fiscal yearend can contribute to delays.

However, one respondent commented: "If there is an emergency application, we have never had an issue getting an answer in the appropriate timeframe."

SURVEY QUESTION: Do you track time between the time when the request was submitted and when the funding decision was given?

YES, 74% (42 of 57 respondents) stated they do track the time between when a request was submitted and when the funding decision was given.

YES... 74% of respondents track the time between when the request was submitted, and the funding decision given.

SURVEY QUESTION: What is the average length of the delay?

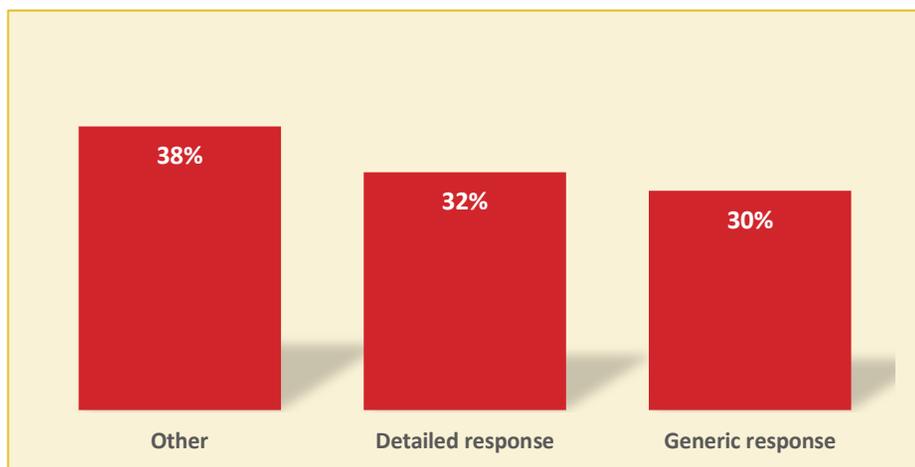
Average Length of Delay Experienced by Survey Respondents

	# Respondents	% Respondents
Less than one month	21	57%
Two to three months	13	35%
Four to six months	2	5%
Over six months	1	3%
Grand Total	37	100%

- **57% of respondents experience delays of less than one month**
- **35% of respondents experience delays of two to three months**

SURVEY QUESTION: What is the most common type of response received when a request is denied?

Type of Response Experienced by Survey Respondents



The results were fairly evenly split between detailed and generic reasons being given and no reasons being given:

- **32% (26)** receiving a **detailed response** with the reason for denial
- **30% (24)** receiving a **generic response** with no reason specified.
- **38% (31)** responded **other**. Details given below.

For the “other” category, respondents made the following comments:

- Provides a response but **always the very same reasons** provided.
- **“Being escalated to the national level”**. “Most of the time they will explain it to me to tell the client, but the client always wants to get a detailed letter with the explanation, and this could take over 3 months”
- **Non-normative standards/doesn't meet substantive equality** or not available to all children.

Others responded that they are not involved in this part of the process, hence they were unable to comment.

SURVEY QUESTION: What is the impact of the denial on the child and family? Please describe what, in your experience, happens next.

Seventy-nine (79) respondents provided comments on the impacts of a denial on the child and family.

The Impact on the Family

“It is hard to tell families that their request has been denied. The family is usually at a point where they are desperate and struggling, any negative decisions cause harm, mistrust and despair and reinforces the belief that nobody cares about their struggles and their child’s needs, and nothing has changed.”

“The family sometimes have a hard time asking for help in the first place, and then when there is a denial, they feel defeated.”

“Denial of funding usually results in gaps or unavailable required resources for families in their communities.”

A denial has a great impact and can be devastating to the family, as First Nations people have experienced rejection from the federal government and other agencies. Multiple feelings were described... **the family feels:**

Hopeless... Disappointed... Let down... Upset... Failed... Emotional... Angry... Sad... Discouraged... Frustrated

Families may experience:

- **Extra stress and hardship** on the child and family.
 - A lot of times, the families are not surprised.
 - Families feel Jordan's Principle was their last hope for the child.
 - Jordan’s Principle is failing them.
 - “Often when families are requesting service via Jordan's Principle it is truly based on a need their child has, and they do not have the means to fulfill on their own” and “want a better life for their child.”
- **Burnout and mental health struggles; the family disengages.**
- **Further colonial oppression and that the federal government has let them down.** Jordan's Principle appears to be another "government program" with narrow parameters of what is needed to be eligible for support.
- **Further financial hardships.** An example given of a denial as the child who had just reached age majority. “That family will have to try to come up with finances to get their child what he needs for education purposes. The family is under financial hardships and could not be helped.”

Other responses that some families may take upon learning about a denial:

- **Will want to appeal, but denials are often appealed several times** before they are approved.
 - A major struggle experienced is not getting the reason for denial, which results in families not wanting to make an appeal, as they do not know on what grounds to address the denial, or what additional documentation might address the verdict.
- **Choose to go without the service or product** that was requested, which has a negative impact on their lives.
- **Pay for the service or product** which adds financial stress and hardship.
- **Most don't want to try again**, "they feel there was no one advocating for them. They don't want to "beg for government money".

The Impact on the Child

"Sometimes the service is no longer available due to the length of time taken to process. The child falls through the cracks."

"-- 'NO Child is Left Behind'-- My child is left behind."

"Denials affect how we support our children and youth."

Denial means a child...

- **Is going without a service or product** that more often than not, does meet the requirements of "substantive equality".
- **Is waiting on publicly funded programs** with "very long, unrealistic waitlists, or the long wait to hear a decision is a barrier to the family making other requests."
- **Will not have the service or product when needed.**
- **Escalates challenging behaviours** without the service or product and in the worst cases ends in suicide.
- **Will not be able to develop optimally** and fails to receive what is needed to thrive.

The Impact on the Service Coordinators

Service Coordinators...

- **Must manage expectations** from the beginning of the application process because “not everything gets approved.”
 - The need is identified and supported, and a great deal of work sometimes goes into the application. Upon denial, the service coordinator alerts the family of the decision, and provides them with the information regarding the appeal process, should they wish to proceed with an appeal.
 - The family doesn’t understand the reasoning for the denial, sometimes a reason for the denial is not provided.
- **Find the conversation awkward in telling families an application was denied** especially if they paid up front for a service and thought they were getting reimbursed, but it is also a teaching moment.
- **Try to find other ways to help the family.**
 - The region will pay for the cost depending on the situation to support the child and their family.
 - The community will raise money to help the family.
 - Families are referred to other programs, but this is not always successful.

Specific Denials Identified. Some respondents included specific denials in their comments.

- **Braces/orthodontics:**
 - Denial of braces leaves a child with low self-esteem.
 - A teenager was denied braces because of her age (from the time she was denied through regular channels and came to us, she had turned 18). She was 17 when we applied but getting the necessary documents from her dentists and assessments was difficult. As a result, she aged out by the time we got everything together.
 - All denials were for orthodontics. Many of these families have low socio-economic status and will forego orthodontic treatment for their child.
 - With orthodontics, the service coordinator has to explain how the decision is made and that everything was done to support the request, but it is just not a benefit of any child in Canada.
- **Specialized vehicles.** There have been denials for specialized vehicles for families, the family continues advocating or trying to fund their own money to purchase.
- **The answer is mostly the same: “Not child-related”.**
- **Single Moms program.** As a result, single moms had to drop out of school. Some single moms return later but many do not.

- **Extracurricular sports.** One request was for an extracurricular sport to be covered. To complete the request, a letter from a social service worker was required but social services can be a deterrent for some families.

One respondent noted that the applications that are denied, are always for a good reason: “not a gap in service or parents who are abusing Jordan's Principle.”

Challenges Experienced due to Barriers

SURVEY QUESTION: Please indicate how much of a barrier the First Nations and Inuit children and families face in accessing existing health, education, and social programs.

Type of Barriers Experienced by Survey Respondents

Barrier Type	Extreme Barrier	Moderate barrier	Not a barrier
Number of health professionals / resources	62%	32%	5%
Navigating systems to get services and / or products	60%	35%	6%
Geographic distance from services	59%	38%	3%
Knowledge about available services and/or products	45%	46%	5%
Number of social services professionals	45%	42%	8%
Language/literacy	43%	36%	12%
Number of educational resources	41%	47%	8%
Transportation to access services	39%	46%	9%
Service provider cultural knowledge and understanding	36%	42%	16%



Top three extreme barriers:

1. Health professionals/ resources supply
2. Systems navigation
3. Geographical distance from services

SURVEY QUESTION: Please describe any other barriers First Nations and Inuit children and families face in accessing existing health, education, and social programs.

In general, respondents gave further comments about the nature of the barriers being experienced as they were identified in the question and shown in the above table.

- **Travel distances to access services:**
 - Distances to access specialists are a particular problem.
 - Due to some geographic distances, it can be difficult to bring services to the communities at times, especially with COVID.
 - Remote supports are partially effective, but internet connectivity is a big limitation.
 - Challenges of bringing services into communities and travelling outside of communities for services, made more difficult due to COVID.
 - Challenge for some First Nations children who live off reserve outside of large urban centres where they have no access to service coordination.
- **Number of health professionals, level of training/cultural awareness with professionals and service providers:**
 - Limited specializations for approved psychologists as well as very limited cultural specializations in the types of therapy offered. Federal Schools do not have appropriate amount of allied health supports.
 - Access to Mental Health professionals (Traditional & Western).
 - Education Assistants (EA's) need “more training for good of children.”
 - More therapies needed in communities.
 - Difficulties to access the provincial services because of long waiting lists and geographical areas.
- **Historical and inter-generational trauma directly and indirectly related to service providers, schools, child welfare, police and, in some cases basic needs:**
 - Challenges caused by family dynamics, lack of education, addiction, food security, housing shortages, and travel denials.
 - Perceived association of service providers with child protection services.
 - Many families struggle silently... it has been difficult to engage all families, as the distrust in the system is prevalent.
- **Language and cultural barriers:**
 - Language and cultural differences among First Nations peoples.
 - Access to English services for English-speaking communities in Quebec.
- **Racism in the healthcare system, in social service programs, and in education as well as fear of being judged.**

- Racial discrimination in health can be a barrier; many community members are more comfortable accessing health services that are offered here in community rather than travelling for health services.
- Fear of racism in health, social programs, and education.
- **Lack of or limited documentation:**
 - Lack of Treaty registration, including grandparents providing caregiving to their grandchildren encounter barriers in navigating the supports needed for the children in their care, e.g., registering children.
 - Support documentation required from social services can be a barrier for families.

7.2 Focus Group Findings

QUESTION: What has NOT worked so well with service coordination for Jordan’s Principle, and why? The question was intended to uncover areas where challenges are faced, and improvements might be made.

Participants said:

“I understand there are a lot of Jordan’s Principle requests, but it’s advertised as providing services without delay, and it’s frustrating to have to keep advocating for families when we have provided a complete application.”

“We need to sit down and do a road map and actually show what the issues are because the data they’re sharing with us... they’re saying that they have this great 96% approval rate and it happens within the timelines... absolutely it does not happen within the timelines.”

“Remove timeframes from the website if they are not being met. Take that promise off the website to protect the service coordinator role even or explain that somehow. We’re trying to be aware; we’re trying to do reconciliation and meet these needs when they are needed. So then take the timelines off the website, “without default of services” and “Get the need when it’s needed and then we’ll fight for the payment.” I’ve never seen that happen. I have only seen delay.”

“When you don’t get that answer for months, you know, the family can get really frustrated, really overwhelmed. The child can go without services for that period of time. It’s almost like Jordan’s Principle is there to provide the relief of a gap in service, but yet they’re creating a gap at the same time by leaving that waiting period there.”

“And my understanding of Jordan’s Principle is that they’re supposed to give the service first and wait for the documentation second. That’s never been my experience. It’s always been ‘If you don’t have the documentation and you can’t support this, then your application is being denied.’

Eight common themes identified:

- 1. Delays in application process impact children and their families**
- 2. Service providers and agencies working in silos**
- 3. Focal Points turnover and communication challenges**
- 4. Inconsistencies in approvals and denials**
- 5. Substantive Equality and Normative Standards documentation challenging**
- 6. Denials and appeals frustrating for service coordinators and families**
- 7. System processes felt to be ineffective / inefficient**
- 8. Isolated and remote communities face unique challenges**

Details on the context of the challenges are provided in the following pages to assist in the understanding of the nature of the challenges, the particular barriers and constraints created for the families, their children and the service coordinators. Participants comments provide the details.

1. Delays in application process impact children and their families

“When looking at things like adaptive equipment, or technology due to provincial directives for home education (due to COVID), it can be a real delay in the child’s life. One of the key principles is that there should be no delay.”

- **Delays in processing applications by focal points.** The expectation set in the agreement is that ISC would respond to non-urgent requests within 48 hours, and within 24 hours for urgent requests.
 - Currently Focal Points are extremely backed up, and depending on the application, the wait may be weeks or even months. A backlog of files at the national level, causing months of delays before an application may be looked at, while families are waiting for a decision. Sometimes files are lost.
 - If a service coordinator flags an application as urgent, sometimes there is pushback saying it is not.

We're waiting for months to get an urgent application. And they decide whether it's urgent to them or not. When we have an isolated community where urgency is a whole different meaning; if it's urgent to the person who has filled out the application that should be who it's urgent to. They're supposed to respond to an urgent application within 12-24 hours and they're not doing that.

- Focal Points are unable to comment on the predicted wait time for an application.
- Lack of communication between Focal Points and service coordinators also creates additional delays.
- When service coordinators contact Focal Points, the responses they receive can be generic ones, which does not provide service coordinators with the information they need to expedite approvals. The speed of approval seems to depend on who receives the application, and response times vary.
- **Delays in approvals cause delays in accessing services:**
 - Psychoeducational assessments have a long wait time, so even once an approval comes through, there are limited psychologists available to complete the assessment, meaning additional delays. "There is a huge time gap between when the application is first sent in until the child finally receives that approval and the service. Psych-eds is the biggest one we wait for.
 - Once an assessment is completed, the report from the psychologist with recommendations can be used as a letter of recommendation to apply for additional services such as assistive technologies, or behavioural supports.
- **Delays put pressure on service coordinators and families:**
 - Service coordinators can't set up services for a child without knowing if it will be approved and must also maintain the relationship with the family, with no answers to give them. Delays in approvals also put financial management pressure on those who are paying for the services or products up front, without knowing whether they will get an approval and be reimbursed.
- **Delays can occur when more information for an application is needed:**
 - I don't want to send requests as a time sensitive request all the time, but now that's starting to become a default, because I know they're going to take three weeks, and because I know in three weeks they will come back and want more detail that I can't get until they ask for it. The people they hire into these positions don't have the experience that we do. It is defeating to do all that work and then to have to come back to the family and ask them [for more information]. It is embarrassing for me to have to do. Then I have to go through all these other routes so that the family doesn't break down and the child goes into care.
 - Having to refer a child to services that they do not meet the criteria just to demonstrate that all other options have been explored on a request, is a waste of time and services and creates a delay in the child accessing services.

- **“Renewal Season” at the end of the fiscal year creates a lot of interruptions for children during that time due to delays:**
 - Now everyone is sending all their applications to renew, all their group applications, all those things. Last year we were delayed in some cases for seven, eight months. We did get a rollover approval, which meant ‘we haven’t actually made the decision yet but if it was approved last year, continue to pay it.’ And then a lot of those cases...people didn’t understand why they were being approved but then denied six months later. Because it is really difficult to explain to a family why they were approved last year and not this year.
 - Having to reapply for a continuation of services creates a lot of work for service coordinators and delays in service for children, because unused funding does not roll over into the next year.
- **Delays due to applications that were previously denied now being eligible given new CHRT ruling.** The new Canadian Human Rights Tribunal 36 ruling to support children living off-reserve means that some applications that were previously denied can be resubmitted, “but they are being sent to the national level for a decision, resulting in prolonged delays”.

“CHRT rules on timelines are not being followed, then it goes to someone else who deems whether there’s enough information there or not and 90% of the time they say there is not enough information there when we know there’s enough information there and then that lengthy process for them to get back to you so it’s not working. It’s 100% not working.”

2. Service providers and agencies working in silos

- **Lack of coordination between service coordinators and NIHB.** Sometimes a focal point will ask for a denial letter from ... NIHB, and there isn’t a way to contact them directly and request that information.
- **Referral of families by agencies to Jordan’s Principle, rather than providing services directly.** As an example, a file was sent to Family Services for Children with Disabilities, the file was accepted, but then the family contacted the service coordinator again, saying that FSCD told them to try other services first, including Jordan’s Principle. So that really does frustrate me when you see that FSCD is supposed to be somebody that champions... A request was put in and approved, but the service coordinator followed up with FSCD to put the ball back in their court and indicate that while the two organizations can work together, a Jordan’s Principle application is not a long-term solution, to make sure needs continue to be addressed for children and families.
 - **Contribution agreements are being compartmentalized** and not fully addressing the needs of the communities, which have set up many silos that communities work in. Jordan’s Principle has highlighted these silos by looking at a child’s needs as a whole. When looking at the services needed, we also look at why they aren’t being serviced, and what is available in the community.

- **Many children are not registered**, and without that registration, are accessing Jordan’s Principle instead of other services that they could access if they were registered.
- **No collaboration between provincial departments** such as Education department, FSCD (Family Services for Children with Disabilities), CFS (Child and Family Services), and ISC (the federal government). Children are still paying the price for those arguments in funding, and it's tragic I think, because these children are the ones who are going to pay the long-term price in their education, their learning, and the cycle is going to continue. I just really hope that they can find a way to work collaboratively and address these gaps...
- **Getting support letters can be challenging.** The reasons are varied:
 - **Schools or school boards may refuse to provide letters of recommendation, even when presented with information about Jordan’s Principle, as the letters take extra time outside of their jobs.** School liaisons could write letters but need permission, which has sometimes been denied. All of this makes it difficult to get education-related requests approved. This refusal is extra challenging in areas where there is only one school or school council for the entire region such as the NWT. Some school boards will only write letters for services within the school; they won’t write letters for education assistants, tutoring, or laptops.
 - **Service providers, professionals, schools, medical professionals, and counsellors are not aware of Jordan’s Principle and therefore are reluctant to write letters to support a request.** Sometimes a child waits months just to receive a referral or recommendation letter. Documentation is required for a request to be approved. Some doctors charge a fee for writing a letter, which presents another challenge to families, who may not have that extra \$10 or \$20 to pay for that letter. Getting letters from psychologists for orthodontics is a challenge — parents think it is unreasonable to need it in order to fix their child’s teeth, and professionals are reluctant to write the letters as it seems like a stretch, but in order to have a better chance at an approval, a mental health professional’s letter is necessary.
 - **Increase in number of support letters required.** Getting support letters can be challenging for families. Letters need to be written in a certain way with specific details by specific types of professionals, which can be annoying for the people writing them, as well as for the service coordinators trying to be sure the right criteria are included, and then that leads to them refusing to write letters at all. It has to be specific, and I just wish it was all across the board that these were the things that were approved. For example, if an Otter Box is required for an iPad, the letters written by the professionals have to specifically state that an Otter Box is required to protect the equipment, or the request will approve the iPad but deny an Otter Box. Without these cases, iPads can be damaged or broken easily, and sometimes are the only means of communication for the child.

- **Specific wording, attention to criteria in letters, and time required to obtain letters can be difficult.** Participants discussed the type of requirements needed, and the work arounds to expedite the process:
 - Once service coordinators have established a rapport with a professional such a pediatrician, they discuss the child’s needs, then they will write a draft of the recommendation letter and email it to the pediatrician for any adjustments and a signature. This process is time consuming but ensures that all the specific wording and criteria that letters seem to require is included.
 - Whenever a proposal was prepared, service coordinators have to get support letters from the Chiefs before it will be looked at, the Chiefs are very busy and don’t have time to look at the proposal, approve it and write a support letter. The organization’s CEO is the person who approves the proposal, but there is the additional requirement of the Chiefs’ support letters.
 - A question was raised as to whether service coordinators could use their relationships with families, knowledge, and background expertise to provide letters of support, especially in communities with limited access to service providers, or whether that would be a conflict of interest.

3. Focal Point turnover and communication challenges

- **High Focal Point turnover** which hinders the development of effective working relationship and effective communication. Specific challenges mentioned:
 - A service coordinator might email the Focal Point regarding a request and get a response back from a different person
 - Changes in Focal Points also seem to cause changes in criteria for requests.
 - New Focal Points often request more information or further clarification for requests.
 - Files are sometimes misplaced in the shuffle, which requires the service coordinator to resubmit an entire application which is time-consuming and adds to delays. For example, one service coordinator explained that there is a first-level person at ISC who receives the information and places it into the adjudicator’s folder, but sometimes the adjudicator is not notified there is new information. Delays also put the service coordinator in a bad light with the families, as they are the contact point for the process.
- **Requests for additional support letters or information create delays in approvals and gaps in meeting children’s needs.** Comments included:
 - Focal Points sometimes seem resistant to discussion and appear reluctant to engage with service coordinators.
 - Perceived lack of attention to detail in the supporting documentation resulting in requests for more supporting documentation that has already been provided. I feel like sometimes the support letter isn't fully read, or my

substantive equality letter isn't fully read. And sometimes I wish as a specialized support facilitator, my voice mattered more.

- Service coordinators are also trained to write an application objectively, but some Focal Points will ask for a subjective opinion, which is frustrating for the service coordinators.
- Service coordinators sometimes have to explain why other funding programs (such as autism funding) won't pay more, which is frustrating for the service coordinator to have to explain that it is outside the scope of the other funding program, which is why the request has been put to Jordan's Principle.
- Applications for services approved previously along with support documents come back requiring further justification or support that wasn't required before.
- Sometimes denials are received for one child in a family, when the other children are approved, all for the same product or service.
- Requirements needed to justify some emergency requests when the reason is clear, such as diapers.

4. Inconsistencies in approvals and denials

- **Applications for services previously approved being denied.** Some families are approved for services or products for years, and then suddenly something changes, and it is denied. Families are wondering why they were approved for years then get cut off... a child approved for an Education Assistant one year might have their application escalated to the national level and then denied the next year.
- **Rule changes around Group applications resulting in some applications previously approved being denied the next year.** These occurrences create difficulties in planning from year to year in terms of funding.
 - Sometimes there are partial approvals when an application with supporting documentation is submitted for programming that was fully approved previously, meaning that there is less funding to deliver the same level of programming.
 - Group applications are more challenging to write and seem to be more of a challenge to get approvals.
- **Application approvals and denials appear dependent on way the application is written** and its corresponding support documentation.
 - As you go on and you do more of it, you wind up knowing how to wordsmith to the lines, because you know when it isn't going to get approved, but if you word it this way, it's more likely to get approved.
 - Lack of clarity on criteria used to determine an approval or denial.
- **Inconsistencies in approvals seem arbitrary, dependent on who is reviewing the application.** Examples were provided when an approval or denial seemed to depend on which Focal Point adjudicated the request. In any given situation, a

request would be approved by one Focal Point and the very same request denied by another Focal Point. Comments included:

- It shouldn't be someone's opinion on what people need that that shouldn't even be part of the equation.
- When making applications for respite care, Focal Points may ask whether it is for the child or for the parent, “but it should not be distinguished that way, because if a family is requesting respite, whether for parent or child, it is still a need for supporting the child.
- Some applications are submitted and receive an approval within days, but then a similar or identical application can take months or be denied.
- I have three families in the same community with three identical proposals. Two of them were approved and one was not. It’s the same community, the same reasons...so why are two getting approved and one isn’t? It can be a frustrating thing.
- At one time, requests for Chromebooks would be approved and could include the machine plus mouse and headphones for at-home learning, then there was a cap where they could only get a Chromebook and no accessories.
- Sometimes an application will come back needing more information when another similar request is approved as is.
- If a request is not well documented, it gets escalated to the national level, which can take 4-6 weeks for an approval or denial.
- Sometimes even if a request is well documented, it gets escalated to the national level and then denied. A family had two requests, one for dental and one for glasses, with receipts and support documents, and the requests were denied and are now in the appeal process.
- **Applications are family-led, sometimes making it difficult to decipher needs vs. wants.** Service coordinators must remain non-judgmental and put in the request.
 - Sometimes they get the approval, and you are shocked that this was approved, and it feels like we move away from the true purpose of Jordan’s Principle as it was originally intended.
 - It is difficult to define the boundaries between need and want because for one family, something might be a need, but for another it could be a want.
- **Perceived denial of applications sent for review to the Minister or national level.** Orthodontics applications that are sent to the national level are usually denied.

5. Denials and appeals frustrate service coordinators and families

“You wonder sometimes about all those things that you know would really benefit a child and for some reason or another, they [ISC] just can't see it. Even though they can see that the needs are there for that kid, but they still deny it. It makes you wonder why we're doing this in the first place...if you're always going to second guess what we're giving you. We have all the information that we have and it's still not good enough so that part sometimes gets frustrating. If we feel frustrated, I can't even imagine how the family feels when we have to give them that news.”

- **Crisis management required for families angry and upset over perceived injustices.** Service coordinators often need to perform crisis management for families who are angry and upset with perceived injustices in denials. Comments included:
 - There are no detailed explanations regarding denials. The refusal emails give no detail except that an application has been escalated at a national level, and then it can take a long time before an approval or denial is received.
 - Parents get frustrated because they don't know the reason it was denied or what was escalated to the national level and feel like they failed their child.
 - Denial emails do not have enough information to allow a service coordinator to explain to a family why the request has been denied.
 - Denial letters take months to arrive, delaying the appeal process.
 - Service coordinators feel frustrated because they put together a complete application and it is denied.
- **Some families feel discouraged pursuing the appeals process.**
 - If an application is denied, it can be appealed, but “historically, when somebody's told ‘no’, you don't go any further.
 - Parents often lose confidence in the system and give up, feeling discouraged after knowing their request was denied and sent to the national level.
 - Some families pursue appeals, but the process can take months, and it goes to the Minister for review. In the meantime, the child either goes without services, or the family has to find alternate funding such as a loan.
 - Appeals require gathering even more information to support the application, but if a specific reason for the denial is not stated, it is difficult to know what information is needed, and denial letters take a long time to arrive with the official explanation, delaying initiation of the appeal process.
 - Sometimes the additional information required is simply not available or accessible to include, such as letters of support from service providers in a community where there isn't a service provider available.

- And I still don't have a reason to give to the parents why it was refused. And so, I find it's not fair, not only to the coordinators, but to the parents to not be able to give them a reason why.

6. Substantive Equality and Normative Standards documentation challenging

“The normative standard can be a guideline, but the way that they're approving or denying is based on what's not given to other kids. Well, it's not given to other kids, but that would allow this child to at least meet and benefit them [the normative standard] in a meaningful way. And then they're also taking it into the context of, we're trying to get them to meet the normative standard of cultural care, based on a Western and colonial society, which has underserved them anyway. So even to get them to a normative standard in a colonial structure is still going to underserve indigenous children, because it's only serving a colonial outcome.”

- **Increasing requests for some substantive equality support have perception of delay tactics.** Comments included:
 - Substantive equality letters take time for a service coordinator to write, and they have to reach out to the family for more information. This is frustrating because it often feels like substantive equality isn't required for the request.
 - This also upsets families as it can be traumatizing for them to have to talk about their history. I have parents that will tell me that it's re-traumatizing them, that they don't want to/ shouldn't have to talk about their history, that they feel like the whole process is just another way that they're being re-traumatized. And so, it's a struggle for me to ask a client to go through that. And the actual process of it is horrible for a lot of people.
 - Families don't want that personal story or information sitting in a file somewhere, or on public record.
 - Service coordinators question the appropriateness of information being requested with substantive equality, such as financial status of the family, which should not have an impact on whether a request is approved or not. Sometimes parents refuse and then the child goes without the service because the application is denied.
 - Proving substantive equality shouldn't be the service coordinator's responsibility because the Focal Points and ISC should know which communities people are from and the challenges that they face; service coordinators shouldn't have to write out substantive equality letters with every application to justify a child's needs.
 - When a denial is received based on normative standards, it is difficult to explain to the family and have them understand.

- **Frequent changes in normative standards**, within all systems making it difficult to be up to date, trying to find eligibility and finding what to compare things to. Collaboration and communication with normative standard are not there and service coordinators spend a lot of time trying to figure out normative standard on their own.
- **Interpretation of substantive equality and normative standards questioned.** Comments included:
 - The way that the government interprets the normative standard is the standard in which non-indigenous children are treated and have access to various products and services, and then add the substantive equality argument, which is that if this child is at a deficit with this gap in service or need, it may take more to get them to a normative standard than a non-Indigenous counterpart, as we can't compare a child that hasn't suffered the historical traumas that indigenous children have, which is where substantive equality comes in. So when you're looking at that, the government is then comparing it to a normative standard that they see fit to be able to provide the same level of care...but, I feel like the order is to examine how that individual family goes from an unmanageable position to a more manageable position, given the obstacles that they're facing that are vastly different than their non-indigenous counterparts.
 - It is not really fair to compare a non-First Nations child to a First Nations child, or on-reserve versus off-reserve situation, because the situations are completely different. They talk about equitable services, but they are not equitable because the situations can't be compared.
 - Orthodontics requests are very difficult to have approved and are often denied because they are not seen as substantive equality cases.
- **Obtaining letters of support for substantive equality can be challenging, especially for families.** Comments included:
 - Sometimes families are required to pay for extra visits to professionals such as mental health professionals, or going to see a social worker, and families are reluctant or outright refuse. It puts the service coordinator and the families in an awkward and uncomfortable situation.
 - Sometimes the service coordinator is the only one available to write a substantive equality letter, but then the request is denied because it requires a professional's letter. This can be upsetting to the service coordinator and the family, not only because of the denial, but because it is not possible to get a professional's letter, and the service coordinator has gotten to know the family well enough to write the letter in the first place.
 - Because I feel like — I've met this family, I've been in their home (maybe not because of COVID now) but I've seen them at an appointment, or I've talked to them over the phone for the last three months. And sometimes I feel like Jordan's principle doesn't take that into account. That what I say could be more valid than a professional who has met them once. So that can be frustrating, because I write those substantive equality letters and then I get another

denial. They want it from a professional that has letters behind their name ... sometimes I'm all they got right now... personally, sometimes that hurts my heart.

- Sometimes a letter of substantive equality is provided even when the request may not be a Jordan's Principle request but the family has exhausted other options, or doesn't have access to other options.
- In some communities it is difficult for families to get doctor's letters, as they are without a family doctor or don't want to go to a walk-in clinic and face racism that they face in the health care system. If I didn't supply it, it's because we don't have it, and that is why I added in the substantive equality information. I don't know how to communicate that. Do I give my own spiel of what I've done and not done as well as the request? So that is my big rant and what is not working for me. The required documentation guide is vague. If it is meant to be open ended, then it needs to be actually open ended. If the letters are helpful to have, and I don't have them then don't require me to have them, that is not fair to the child. If a child doesn't have a family doctor, it is still a need.

7. System processes felt to be ineffective/inefficient

"I've been working with Jordan's Principle since its inception...and it's never worked out. They come out with new ideas, and nothing has been done that has improved the timelines, at all. They need to start thinking outside the box for that and we've brought this up many times that we should be involved in your system. If your system is the issue and there's a delay because so-and-so has to get that email then that email somehow has to get into their system then let's cut that out and let's get access to your system and fill out those applications and that information right on your system so that then it gets generated to a worker right away."

Numerous comments were heard about system processes that are not working, resulting in delays and frustration.

System Navigation

"Navigating the system is a challenge and frustration for families who do not understand the process. Service coordinators assist in this navigation but sometimes it can create issues in the process."

Specific challenges related to system navigation include:

- **Duplicate requests for Jordan’s Principle support through different organizations.** Service coordinators have to ensure that families understand that if they begin an intake with Jordan’s Principle through them, they have to work with them through the whole process.
- **After hours emergencies.** When an emergency arises, and a service coordinator is not available, the family is given a 1-800 number, which is generally not successful, or they’re transferred to multiple people, and the information they give is not reported appropriately. Service coordinators spend a lot of time trying to find the information. Sometimes a client can be directed to the service coordinator they are working with, but sometimes they get an on-call operator, and it is not a good experience. I dislike giving them the 1-800 number because I know it's going to be a frustrating experience or not a successful one.

Service coordinator role and capacity

- **Increasing need for service coordinators to keep up with demand.**
 - With increasing numbers of requests, there is an increasing need for service coordinators and support staff.
 - Case load management can be a challenge as intakes increase and it can be challenging to find balance between efficiency and quality.
- **Substantial requirements for service coordinator role and responsibilities and training/on-boarding.**
 - Job description for a service coordinator is huge and it can be a challenge when an organization is short-staffed and the service coordinator must perform all the roles related to Jordan’s Principle.
 - Support staff such as assistance for intake and referral workers or communications staff can relieve some of the workload but are difficult to find. Without support roles filled, a service coordinator can’t just focus on applications. [I] have to do Bear Witness Day, and building a training model, and communications. I did the on-boarding training, and that was super helpful, but I want to know exactly what I’m required to do, but because it is up to each agency to do this how they want, so the case management vs other pieces, will it always be whatever is Jordan’s Principle is on you... will it continue to be agencies deciding that. So that is my concern with the position itself. The job description is lengthy. Sometimes I get something and say well that isn’t my job, but then look and it IS my job. It is a huge job.

- **Limited training and on-boarding for new staff.**
 - New service coordinators feel as though there is little orientation and on-boarding, so they are being left to fend for themselves in terms of finding their way, with a lack of training, resources, structure, and management.
 - They are on their own and there are long delays in responding to requests. They described feeling as though they are having to learn on the job, sometimes reaching out to other service coordinators.
 - ISC recently came out with a Jordan’s Principle operations manual/service guide, but prior to that, there were no internal processes for meeting with families. Some organizations are creating their own manuals to outline best practices, lessons learned, what they do, how to refuse family services, suggested language, etc.
- **Family follow-up and monitoring.** Service coordinators stated that their opportunity to follow up with or monitor families once a request has been processed, is limited. If a request is denied and the family wants to appeal then the necessary follow-up occurs.
 - **What happens to kids where services and supports are denied?** I think a theme is emerging around monitoring and follow up with kids and what's happening to those kids. The ones that are receiving service for sure [are monitored] but also the ones that don't and what happens to them and who's following up.
 - **Monitoring group requests when a child is not receiving services.** There are questions around monitoring how services are being provided to a child, particularly with group requests, where a child is approved under a group request, receives funding, but isn’t receiving the service.
 - **Monitoring professional qualifications.** Service coordinators reported they didn’t know how to know whether a service provider is qualified to deliver services to families.
 - **Monitoring private contractors** to ensure child is receiving the services that the contractor is approved and funded to provide at the approved rate.
 - **Additional work when duplication in requests approved [“double dipping”].** In some cases, families access funding for services directly through Jordan’s Principle in Ottawa, and then make the same request at the local level, hence, receiving double funding for the same services. This creates extra work for service coordinators, as they have to check to see if Ottawa has already provided the funding.
 - **Monitoring misuse of funding under Jordan’s Principle.** Examples were given related to misuse of funding: 1) families selling products/equipment received through Jordan’s Principle through online sales sites; 2) services approved but the child is not receiving them; 3) Publicly funded institutions/professionals like school boards or social workers applying for funding through Jordan’s Principle and saving their budgets for other purposes. Social workers and school boards apply for Jordan's Principle instead of using government funding that they received for Education

Assistants and Chromebooks, which would be used by all children in the school, not specifically the First Nations children needing the support.

- **Monitoring and preparing for “aging out” situations.** Service coordinators talked about concerns regarding the immediate continuity of services for children whose needs may be lifelong. Concerns revolved around long waitlists to assessments and to access provincial services. Comments included:
 - If an older child is needing services, they can be in a situation where they can’t qualify for anything because of their age, so the challenge is managing situations where children might need a service or product for an extended period, into young adulthood or possibly for the rest of their lives, depending on their needs, such as people with autism or FASD, or other disabilities that don’t go away when a person turns 18.
 - A teen could be approved for funding for an assessment, but due to long wait lists for some assessments, teens can become ineligible for Jordan’s Principle funding if they reach the age of majority before receiving the assessment.
 - Service providers are conscious of potential for delays when submitting requests for children about to turn 18, sometimes flagging them as urgent, but are reminded that not everything is urgent.
 - Some communities have a high rate of special needs children, and there is concern as to what will happen when they turn 18, because ISC says they fall under provincial services, but there are long waitlists for those services, and there should be a better way for them to continue having their needs met.
 - Some extensions have been granted due to the pandemic, but it is not known how long the services will continue to be funded, causing anxiety for families.
 - Additional complications occur when children who are not registered turn 18 and can’t access supports available for those who are registered.

Inefficient application processes and lack of information management systems

“The application process itself is inefficient and creates many delays, requiring coordinators to “jump through hoops” but it doesn’t improve the timelines, and actually creates more delays. The system can be really frustrating when all you want to do is get the services and the supports to the families as quick as you can and there’s nothing you can do other than keep sending emails asking for updates.”

- **Series of emails involved.** Service coordinators go through the application process, then have to send that to an email, and then that gets transcribed into a database, and then there is an automated email saying the application has been received, and there is never follow up. Privacy and security prevent confidential information from being sent via email, so

files need to be encrypted before being sent, which takes more time, and then a follow-up email must be sent with a password for access.

- The **group application process is even more onerous** than the individual request process. Group requests require a great deal of personal information about all children involved in the request to be sent via email, which causes concern from service coordinators, but when they are told that is what is needed to get an approval, they do not want to create further delays. One coordinator said that when they are asked for that information, they do not provide it in advance because they do not necessarily know who will participate in the program, and because their year-end reporting is reflective of every child that takes part in group programming or the group application process. Requesting such detailed information is perceived as another obstacle created in the application process.
- **Service coordinators have to go through the toll-free number** instead of knowing where an application is and speaking to the person looking at it directly. Having to leave messages or be transferred from person to person creates delays. Being able to contact the person directly via email or phone would save a lot of time.
- The **change in the ISC application numbering system creates confusion in tracking applications** for each child. Previously, the system used a single number for a child's file, then added a decimal number that would indicate how many claims had gone in on behalf of that child. This made it easier to track approvals and funding. Now, with the new system, it is challenging to track what applications have gone in for a child from various agencies, which can lead to multiple requests for one child for the same product or service. So, we've had, for instance, three people put in for a crib for a child that was going to be coming home. Why were there three people, it didn't need to be?
- The **tracking system is more labour intensive** in terms of application tracking and follow up. One coordinator described how they had to create a form for their own reference that tracks the data for the application, the new ISC number, the information that needs to be collected based on the ISC number, and then when the application is approved or denied, that form is added to the child's file. In addition, they created a reference binder for all the ISC numbers because that number is needed if a service coordinator calls the toll-free number to follow up on an application.
- **Emails and letters regarding approvals or denials are not written in an understandable way for families**, necessitating post approval follow-up. The service coordinator has to pull out the important information, because the wording is not accessible, if there are any issues with literacy or capacity.
- **A lot of paperwork is involved in the process** due to working within the financial constraints of government.
- **Short-term approvals for long-term needs create a lot of administrative work.** Having to reapply for services every three months causes stress for families and overwhelm for service coordinators.
- **Lack of database** is a challenge in information management. Service coordinators have to create their own which is time-consuming.

Reimbursements and finance procedures

- **Understanding that Jordan's Principle is a reimbursement program.** Comments included:
 - Applicants don't always understand that Jordan's Principle is a reimbursement program and that they have to wait for reimbursement. Families don't always have the resources to pay up-front, which creates frustration and having a long delay between approval and reimbursement is a challenge.
 - It is also challenging when the approval email is received, but there is no money, so the email can be sent to the service provider and parent to explain, but no one gets paid.
- **Length of time to receive reimbursements.**
 - In some situations, organizations such as Band offices, that initially paid for goods or services up front now refuse to pay because reimbursement takes too long.
 - Service coordinators don't have time to follow up with families to see if they received their reimbursements.
 - Some organizations have developed approaches such as arranging for service providers to cover the cost and wait for reimbursement or contacting another organization like a Friendship Centre that can cover the cost in the interim.
- **Organizational structures and procedures may be lacking to deal with reimbursements.** Comments included:
 - Organizations that wish to take over the finances receive mixed messaging with ISC promoting it but then having the application denied.
 - Other organizations are responsible for finances but are not equipped to manage it with structure or procedures in place. These organizations have payment agreements, so they receive the invoices directly and make a request for payment. Due to the structure of their organization, with many partners involved, information gets lost, and the financial management portion is very time-consuming and creates delays in making payments with service providers.
- **Contribution agreements amounts fluctuate.** Financial reports are also a challenge, as it is a big budget to manage.

Clarity lacking in understanding responsibilities for Jordan's Principle

Comments included:

- ... challenges in **understanding the policies and procedures** and what's guiding those policies and procedures for approvals and denials.
- A lack of clarity around **whether each community just serves its own community**, or whether communities have the ability to take requests from those living outside their community. If a service coordinator gets a referral from a family outside

their community, should they take the request regardless or should they be referring that family to the Jordan’s Principle coordinator nearest to their community? Some situations such as children in foster care are processed regardless, but there is confusion around the appropriate procedure for families not in the community served. Are those living off-reserve falling through the cracks because the guidelines are unclear? Off-reserve families face challenges because when they contact their home community, they are referred to the coordinator in the area that they currently live, but then that coordinator may tell them they have to go through their home community.

- **Jordan’s Principle is an order put on the government**, rather than the government addressing the situation on their own. But they have never, in the past, addressed it authentically and sustainably to every community that they’re serving and have a fiduciary responsibility to, and now Jordan’s Principle is saying you have to do it this way. And so that interpretation of that order is being put through two different lenses because the community is saying: “This is how I see it, I see that I’ve been heard. And I feel it, this tribunal has seen and understood our challenges and barriers to being serviced in a culturally appropriate and sensitive way.” And then the government is here saying, “Well, through our jargon and our understanding of this language, this is how we’re going to address it.
- **Who makes local decisions to apply to Jordan’s Principle?** This concern can arise when various organizations or a hierarchy of organizations are involved in Jordan’s principle, who has the ultimate authority to authorize proceeding with an application to Jordan’s Principle, is it Bands Council who may have funding capability (through contribution agreements) or the organization who has service responsibilities.

8. Isolated and remote communities present unique challenges

Living in isolated communities poses unique needs and unique challenges to meeting needs. To fill gaps and meet needs, additional factors must be considered. Participants noted that different criteria need be considered for remote communities as there are additional costs involved in accessing services such as transportation and accommodation, especially when providing for the whole family when there are additional children.

“When you are talking about just taking someone out for a walk in our isolated communities you’re thinking about all sorts of other things. The clothing that we need to have or if there’s any sort of special equipment or the fact that there is no indoor space for kids to go and play because they just don’t have the housing, so anything we ask for we have to ask for like 5 times the amount of money it would cost in a southern situation [province].”

Comments about unique circumstances included the following:

- **Land-based programming needs** with requests such as equipment (boat, satellite phone) or supplies to go out on the land.
 - These requests are often denied, regardless of the support documentation that is provided, the reason given that the requests are “not child-specific.
 - It's very frustrating, because the people up North, this is what we do. We live on the land, we connect on the land, this is what life is. And to have these children that are, you know, are autistic or have special needs... They need to be connected to the land; that's who we are.
 - We try to help northern Focal Points and people in Ottawa understand how things work here, how different they are from reserves... The culture is very different; communities are very connected here, people are on the land throughout the year, living on the land is a part of life. Need for support for on the land is very real need... We have our camps, culture is embedded in our schools, etc. A lot of organizations are looking for healing on the land.
 - A lot of these things are products and needs, that are there to help strengthen an already dying resource, that if that's what's hindering them to get out in the land to learn from their Elders who are aging, or those people who are in a community for that short time willing to go out there and do that work with them. The obstacle of getting that and explaining that, because you're submitting this application to someone who's never visited or lacks understanding these communities.
- **Fences are another unique need in some communities**, that aren't covered by other funding sources such as housing but are required to keep children safe in that community.
- **Poverty, lack of employment for parents.** “Sometimes children go to school hungry ... food costs are high. Diamond mining in the north has impacted peoples' livelihoods as wild game such as caribou and moose populations have been driven further away from the communities. Some can't afford the gas it requires to travel to hunting areas. All children, not just First Nations children should have their health, social and educational needs met. Food security and poverty are major issues and the quality of food available is challenging, and Jordan's Principle only allows one grocery request.
 - Cost of living is much higher in remote communities. What might cost \$5 in southern Ontario, might cost \$500 in a remote community. This needs to be factored into funding requests and should be taken into consideration when applications are being reviewed. Instead of putting up all these barriers, this should be a much more accessible funding source.
 - Acquiring goods is a challenge as many don't have credit cards to order things online to be sent to a community.

- **Access to [professional] human resources** is a challenge in remote areas, and the pandemic has made that more complicated.
 - Isolated communities do not have basic health care access ... “do not have professionals such as doctors, dentists, psychologist or occupational therapists. These services are very limited and sometimes families have to wait months to access these services. Many issues could be fixed if these services were available. There are many gaps in services.
 - Communities have to bring in service providers from other places, and don’t always have a list of providers. There is no way for them to know which providers are good and which are not. Many communities have to fly in specialists such as physiotherapist, or occupational therapists, pay per-diems, and don’t have adequate housing for the service providers to stay or feel safe in.
 - There is a huge difference in children’s services on and off reserve, and some of the First Nations providers should be picking up the costs but say they don’t have funding to do so.
 - There are extra hurdles for getting support letters, services, and resources in small and remote communities due to a lack of available services and resources.
 - Some communities have few community resources such as a social worker or RCMP, so they ask Elders, or community members such as MLAs or other families to write letters.
 - Some communities rely on group requests in order to fill gaps, such as a group request for a psychologist to serve the children in the community.
- **Communication can be a challenge in rural or remote communities** with limited internet services.
- **The COVID-19 pandemic has a major impact on communities with extreme needs**, everything takes a backseat to COVID response, so basic needs such as a laptop for online learning or virtual meetings with service providers fall through the cracks.
- The **pan-Indigenous approach to Jordan’s Principle goes against the order itself** because the order is based on substantive equality, which means each case needs to be evaluated individually and not as a collective. If we want to look at the barriers faced in implementing Jordan’s Principle, it’s in the framework, the worldview and how the funds are distributed through the colonial lens, which has underserved indigenous people from the time of contact.

7.3 Interview Findings

The challenges in this section relate to policies applying to the application of Jordan's Principle. Readers should note while conducting this project, we learned that Jordan's Principle does not have policies given it is not a program, rather Standard Operating Procedures (SOPs) guide the implementation of the CHRT rulings.

QUESTION: Which Jordan's Principle policies are problematic? Please give an illustration.

Five major themes were identified:

- 1. Lack of clarity and consistency in applying Standard Operating Procedures**
- 2. Variable interpretation of substantive equality**
- 3. Limited supply and escalating costs of service providers**
- 4. High demands on Focal Points to meet application timelines**
- 5. Lack of consistency on denials and appeals**

1. Lack of clarity and consistency in applying Standard Operating Procedures

- **Lack of policies creates unclear parameters and contributes to inconsistency.** Comments included:
 - **Uncertainty fostered with lack of policies.** The lack of policy can create uncertainty in whether an appropriate course of action is being taken. The lack of policies is a weakness, policies are not updated or created on a timely basis... there is a lack of consistency.
 - The current model has some unintended negative consequences. The policies are not necessarily related with the implementation [Jordan's Principle] and the reality of what we are seeing. Policy may be problematic. We've started calling First Nations health directors to raise the issues, not because we don't want to pay but to increase awareness.
 - **Case-by-case approach is problematic.** Policy is slow to develop. The decision was made to use a case-by-case approach... leading to a priority not to create a lot of policies. ISC hasn't created lists of eligible products and services or exact criteria for applications... no policy on applications. This has given high flexibility in the policy area, but the absence of policies has been problematic.

- “Projectification” (case-by-case, even in group requests) encourages people to think that a problem can be fixed without addressing the underlying processes that created the problem in the first place.
- **CHRT rulings are tightly defined along with frequency in changes.** The requirements of the Canadian Human Rights Tribunal (CHRT) are very tightly defined which makes policy development very difficult. Which each new ruling (up to seven now) the policy, procedure, directives have to change, and the staff and service coordinators have to be informed.
- **Lack of clarity and consistency around product liability and warranty.** If rent and a damage deposit are provided to a family, who does the damage deposit go to when the family moves out?” “There is no guidance around who pays if a product gets broken, or if it requires ongoing maintenance... there is an inconsistent approach across the country.
- **Assessment of quotes for the cost of services or products is challenging.** Sometimes service coordinators sign for requests with no quotes, “blank cheque”. Nowhere across Canada, would a manager, organization ... sign a blank cheque. For example, respite is a broad service, with no minimum or maximum fees, but Jordan’s Principle needs to reimburse real costs.
- **Problematic policy/process around “incomplete files”.** Current policy is that headquarters makes decisions on incomplete files. They are routed through the entire process and then get denied because the application is incomplete. This adds to headquarters workload; to their ability to respond in a timely way and it creates a bottleneck. The family then provides what is needed for the application (what’s the need, who is supporting it, etc). This work doesn’t need to be there – making a decision on an incomplete file is a policy that needs to be changed.
- **Age of majority is an issue.** When first implemented, the policy was age of majority was defined as that of the child’s province or a child or youth in the publicly funded program offering the service. Some high school programs consider someone a youth until the age of 22. Some youths have complex special needs and are going to transition into adult services in the ‘grey area of ages 18-22’. Legal advice was to change the grey to black and white and set a standard age of majority of 18 across Canada.
- **Some aspects of SOPs lack specificity and clarity.** Comments included:
 - SOPs reflect CHRT decisions and provide guidelines for Jordan’s Principle staff ... Orders are implemented and interpreted as they arrive. If there are issues and problems, solutions need to be found.
 - More clarity / specificity in SOPs would allow Focal Points to better adjudicate at the regional level and also have consistently across regions. Some regions just approve them, others escalate for denial so it’s very different from region to region.

- Some of the procedural guidance is not specific enough, which creates situations where Focal Points are not sure if a request can be approved at the regional level, so it ends up being escalated... for example, requests for necessities of life such as clothing, groceries, and rent. Focal Points don't feel they have enough direction on whether these kinds of cases can be approved or denied.
- We haven't provided clarity to families. When they don't know what a child-specific request is, then they will throw anything in. We are too grey. There is a need for clarity in the threshold of our policies. Our SOPS are so open because we don't want to create burdens for families. We are creating expectations that we cannot meet and that is also causing anxiety for families.
- **Disconnect between federal and provincial policy problematic.** Comments included:
 - The CHRT does not apply to provincial governments so there is no incentive ... to put Indigenous children first.
 - Jordan's Principle is disconnected from federal policy, and NIHB does not work well. Once Jordan's Principle was put in place... there weren't clear and decisive actions to fix things that weren't working. The problems include:
 - An individualistic and demand driven process.
 - Inconsistent implementation and discretionary decision-making.
 - A burdensome request process.
 - Delays in provision of funding and services.
 - The lack of an independent appeals process.
 - There is no feedback mechanism to result in a change of [federal] policy. For example, if FNHIB pays for only one pair of glasses and many requests come to Jordan's Principle for a second pair of glasses, ... ridiculous not to change the policy at FNHIB. If, for example, Alberta has a policy to provide pre-mixed formula to families who live in a boil-water community, it seems unconscionable to say in other parts of the country, we'll wait till someone has a Jordan's Principle request.

2. Variable interpretation of Substantive Equality

- **Misunderstanding of Substantive Equality:**
 - Substantive equality ... can be misunderstood as "favouritism" in that indigenous children get more than others and it is unfair for non-First Nations children. This is not about discrimination of non-First Nations children, but rather an effort to reach equal outcomes for all children. This is a difficult concept for people to understand and accept.
- **Challenge in assessing whether request is within or above normative standards:**
 - ...subjective assessments involved in determining substantive equality and normative standard, given... limited information, ability to navigate, ask questions...it is a challenge to make a determination of whether it is within normative standard or above.

- **Lack of clarity on whether substantive equality is required per type of request, or whether it can be implied:**
 - For example, one region decided that substantive equality is implied for assistive technology in schools during COVID and applied that blanket substantive equality for all children residing on reserve – nobody had to submit a request, but the financial consequences were dramatic.
 - Some Focal Points will request a separate substantive equality document and others will look for implied substantive equality in the existing documentation which creates inconsistency across the country.
 - Some Focal Points want a written letter, and it can be very confusing to families to explain what it is. Some Focal Points try not to ask for it unless it is nowhere to be found in the documents.
- Data deficiency on substantive equality:
 - The data set is not an appropriate reflection of what is happening, Jordan’s Principle is doing more under substantive equality than ever.

3. Limited supply and escalating costs of service providers

- **Limited supply of service providers** creates challenges.
 - Support letters and recommendations can cause problems where there are not enough providers to give them. Other solutions have to be found in these situations.
 - Service providers do not consider urgency in the same way Jordan’s Principle does.
- **Perceived conflicts of interest with some service providers**
 - **Jordan’s Principle is so open**, that service providers recommend services to families that are not necessarily appropriate – and it is work that they do themselves... for example, [some organizations] are actively marketing themselves to families when it may not be the right solution or marketing to families who are looking for any solution because they need help... convincing families that it is needed and then they benefit themselves.
 - **Jordan’s Principle has become an income generation stream** for some service providers... Year after year, we see three times/week physiotherapy with no goals or indications of improvements. Jordan’s Principle has created an industry.
 - Even for remote families, we should pay to fly them for **3rd party neutral assessments**.
 - **Cost escalation over time.** At the beginning of Jordan’s Principle, an evaluation for ADHD was about \$200 and now the same kind of evaluation is for \$2,000. No issues with the majority of the health professionals and tutoring teachers.
 - Some communities put maximums on requests. Uncertain whether putting maximums on quotes would be helpful in ensuring a child’s needs are met without the funding being taken advantage of. This is especially an issue with soft services like respite.

- Sometimes higher service fees include cultural approaches where some specialists have a special approach and know a specific Nation. They develop specific tools, but there's a rationale for the price given its quality. However, when there is for example, a psychologist with no distinct specialty invoicing for a \$3,000 evaluation, that seems unreasonable.
- **Lack of monitoring or follow to ensure service delivered as funded.** There are no opportunities for follow-up or monitoring, no way to validate that the services occurred or were helpful.
- **Informed consent is lacking sometimes.** ...getting someone to check a box on a form is not informed consent; families must understand what they are agreeing to and have been provided options. For example, a school provided a group request for psychoeducational assessments, but hadn't consulted the families and some families refused. The school had already been funded for the group request.

4. High demands on Focal Points to meet application timelines

“Timeline pressure on staff can cause burn out and staff turnover. With the timelines of 48 hours for non-urgent, they feel they can't step away – they are always under pressure. It is a hard balancing act between the needs of the child and the needs of the staff.”

- **Limited capacity at national level to meet mandated timelines.** Comments included:
 - ... the resources given to fulfill the [mandated service standards are unmanageable, given the volume of requests.
 - Some people assigned to urgent requests, so those are managed well, but there is such a high volume of non-urgent requests that the human resources are not available to process them within the mandated timeframes.
 - Human resources capacity at the national level is low and turnover is also high.
 - Timelines are stressful; backup systems in have to be in place on weekends and have someone on call, and there is a lot to consider in in a 24/7 timeframe. No other federal department has to deal with these kinds of timelines.
 - We get so much pressure for compliance to the 48 hours that we have no time for follow up or to get to know the family. Jordan's Principle is a machine tethered to the 48-hour response time. I know of no other program in the government of Canada that has that kind of timeline.
 - COVID has added a problem because supervisors check on the staff to see how they are doing... Families are in great need and it's [COVID] has gone on for so long.
- **Basis for the 48-hour timeline.** A question was raised about the information used to determine the response time of 48 hours.
- **Definitions of urgent and non-urgent requests unclear.** Comments included:
 - Focal Points have a definition of urgent and families, agencies and communities have a different idea of urgent.

- Focal Points look at “is the child in irremediable harm” and have to make sure these types of “urgent” cases are not hidden behind the real urgent cases.
- **Expectations about Focal Point knowledge and responsibilities.** Comments included:
 - What are the **responsibilities for case management**? Clients may not want to work with a service coordinator, but they need some help to navigate through the system. Focal Points are told that isn’t their responsibility but end up doing it regardless.
 - Focal Points cannot possibly be trained in all the fields ... where requests are being made.

5. Lack of consistency on denials and appeals

- **Subjectivity on adjudication.** Comment:
 - There are some flaws in the denial and appeal processes. Everything goes to headquarters for denial. In the early days there would be no rhyme or reason for a denial, such as two siblings with same need but both cases went forward separately.
- **Variable philosophical views on what constitutes child-specific requests.** Comments included:
 - Some requests are not child-specific, such as requests for monthly rent but still clearly benefit the child, but it is unclear how to manage these requests. The documentation is not super clear on how it benefits the child specifically, so sometimes it gets denied and labelled as not being child specific. However, children need safe shelter to be healthy and happy, it’s not only beneficial to the family but clearly beneficial to the child. Another example are requests for addictions treatments for parents; it’s usually well documented around how it will benefit the children, usually around child protection concerns, but it is denied because not child specific. But partners feel strongly they are child specific.
 - If we want to improve things for First Nations children, we need to look at things holistically and not just from the narrow focus of birth to age of majority. What other things in their life could help support them? Child-specific needs to be kept in mind when adjudicating requests.

Question: What service coordination structures and processes need improvement?

Three major themes were identified:

1. Lack of uniformity in service coordination processes
2. Lack of uniformity in service coordinator role and associated training
3. Lack of consistency in federal government approach and other challenges

1. Lack of uniformity in service coordination processes

“There needs to be more uniformity in how service coordination is done. This should be complemented with another wave of investment to do case management at the community level, (i.e., ... a structure so there are resources in the community); regional levels to gain economies of scale; to do networking and capacity building.”

- Service coordinator structures have been regionally determined, and generally have health-oriented governance structures. However, Jordan’s Principle is broader than health, so sectors that represent children should be present in the local governance model. First Nations governance tables need to include education, social justice, and child protection as well.
- The Service Coordination model needs to be challenged where it is and to be connected to a stronger community-based system of service coordination and case management.
- Standardization should be baseline, but not across the board – things should be tailored to context too and allow for innovation.
- A more flexible approach to service coordination structuring would be useful, as some communities who have decreased capacities would benefit from a service coordinator within in their community to help with Jordan’s Principle applications, to help horizontal discussions in a community with Child Family Services (CFS), Education, health etc. A coordinator at the community level will increase capacity at the Nation level and can bolster self-determination moving forward.
- There is a need for more service coordinator support in remote and smaller communities. For example, ... all the service coordinators are located in [one city], but families living in some northern communities do not have connectivity, so a local service coordinator would be helpful. Related to this issue: The isolated community structure needs improvement”.
- Examine models that have been implemented in various regions.

- Need to spread the model that's working really well. Share communications on that model e.g., hybrid model – community-based workers who are supported by a larger organization.
- There should be more governance that is First Nations driven.

2. Lack of clarity and uniformity in service coordinator role and associated training

- **Role description lacking.** There is no role description for service coordinators/navigators. Sometimes role descriptions are put in Contribution Agreements (CAs), but they are very general. Service coordinators need a clear role description.
- Isolated service coordinators **need training and support.** A person is hired to be the Jordan's Principle Coordinator, but they are isolated and don't know what the role actually entails or what they are supposed to be doing. They may have no training or support, they may or may not read the CHRT orders, and get minimal information from the federal regional office, but they don't know their role.
- **Role expectations identified:**
 - Service coordinators should have a role in **connecting families to services.**
 - Service coordinators should have a role in **case management.**
 - Service coordination is one of best pieces if they are in communities. They are funded under Jordan's Principle and they really know their communities. One of their functions could be to **look at long term solutions** in their communities. The whole aim is self-determination.
 - Service Coordinators are the ones working across developing service structures in a region. They are able to see the differences and similarities in services across regions. They should be resourced (not an add on) to do **broader coordination across regions at the institutional level** – not just helping this family to get the services they need, but will help the service systems they are interacting with to be able to connect and understand each other, so there is more seamless delivery of services. Someone has to have that role.
 - In some organizations, service coordinators are falling into an advocacy role, supporting an immediate Jordan's Principle application without trying to navigate with existing services. There should be **good navigation to existing services at provincial level** in every province so Indigenous families are fast tracked for existing services first.

- **Education and training challenges identified:**
 - There needs to be **more training and consistency of training** for service coordinators. Currently there are only a few documents on what a service coordinator is but there hasn't been a consistent investment in training, professional development or core competencies. Make sure they are well supported, and they have the training and understanding of existing programs.
 - Service coordinators in the regions **may not know what an application requires**. This depends on how they are trained and oriented. If the federal government played a part in their orientation, they would have the knowledge. It varies across the country.
 - They need a **structured curriculum** (i.e., go to school for 3 months to learn to do the job).
 - The relationship between service coordinators and the regional team is complex. There is a **reluctance to train them because of an inherent conflict of interest**, but the lack of training is also a stressor in the relationship. ISC supports them in funding the service coordinator positions but then if they don't approve some things or approved in the way they want, it can damage a relationship and cause conflict.
 - Service providers **can't possibly be qualified to assess need on the broad range of requests they get**. Services must be provided in a manner that ensures accessible and timely care for all children.
- **Other challenges identified:**
 - **When the service coordinator is not a good fit**. There should be a way to follow up with the organizations hiring service coordinators if the person in the position is not a good fit.
 - **Expecting service coordinators to communicate denials to families**. Service coordinators should not have to communicate the denials to the families. That should be done by ISC.
 - There is **no national network for Jordan's Principle service coordinators**. A national network connecting service coordinators would be valuable.

3. Federal government approach and challenges

- **Expansive understanding of Jordan's Principle and substantive equality:**
 - The CHRT outlined an expansive understanding of Jordan's Principle, reinforcing its procedural aspects and conceptually linking it to non-discrimination and substantive equality. The CHRT concluded that Jordan's Principle applies to all First Nations children, regardless of community of residence or (dis)ability, and to a broad range of services, including, but not limited to "mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.
 - The CHRT clarified that a substantive equality approach means that the federal government has an obligation not to "perpetuate the historical disadvantages endured by Aboriginal peoples."

- Inequitable services or funding (i.e., services or funding that do not ensure the same level and kind of services provided to other children) violate Jordan’s Principle. Substantive equality provides a principled basis, therefore, for ensuring that First Nations children can attain health, social and educational outcomes comparable to other children in Canada.
- The current Jordan’s Principle processes do not specify the way in which the guiding questions will be used clearly enough to ensure the consistent application and assessment of substantive equality across cases and jurisdictions. This, in turn, makes it difficult to assess whether the goal of equal outcomes is being achieved.
- **Focus on denials and litigation:**
 - This is a system that puts a lot of focus on denials, but approvals are within compliance. The system is built on litigation and finding the cases that are egregious. The Caring Society is focussed on finding errors to pressure ISC into serving kids’ needs. The tolerance for errors is zero because every request is a child.
- **Individualistic and demand-driven process.** One of the persistent problems with the federal government’s approach is its individualistic and demand-driven process.
 - The demand-driven approach to Jordan’s Principle means that responsibility for identifying needs, bringing these needs to the attention of Focal Points, and compiling documents to justify a Jordan’s Principle request falls largely on First Nations families, organizations and communities.
- **Role of the Caring Society:**
 - A **source of stress and burnout for staff** is all of the pressure from the Caring Society. Emails critical of staff are sent to headquarters, and then responses must be prepared for headquarters, and instead of working for families, they are preparing emails for the Caring Society.
 - The Society **isn’t aware of all of the details, and they act as the advocate** for the family. Families go to the Caring Society when they are unhappy with a Focal Point decision.
 - There **needs to be a separate, independent complaint process**. The Caring Society does not have a role in appeals and complaints. There should be litigation protocol policy to provide guidance.
- **Focal Point accountability and job stresses:**
 - Focal Points decide whether requests are approved, but they have **little guidance with which to make these decisions**.
 - **Focal Point accountability** is to federal government not to the Caring Society. There is no buffer for staff who are being held accountable to an organization that they don’t report to.
 - **Focal Point timeline pressures to respond to requests within 48 hours**. The only comparable federal government service is consular services – they have 24 hours to get into contact with someone if you get arrested overseas. No

other public servant is operating under this type of time pressure, and the federal machinery is not built to operate within these timelines.

- **Working environment and staff burnout** are a concern. Staff are targeted for abuse but is discounted because they are government employees. The atmosphere that has been created is very poor for staff—turnaround time pressures, difficult subject matter, fatigue, difficult families abuse staff. The atmosphere is not sustainable and staff turnover is high. Staff are not equipped to handle all the requests for professional help.
- **Monitoring of accountability for provincially funded services:**
 - Monitoring is needed. Monitor how the provinces are managing and holding them accountable for their services, such as services funded through provincial government funding.
 - Monitoring the requests that come in that may be an abuse of the funding (there are many factors around this).
 - The silos between programs, organizations and service providers need to be broken. It is an issue to ensure continuity of services with the province as services provided by private providers at the community level aren't recognized by the province, and that makes it difficult to go outside of the community if other services are required.
- **Quality assurance process for implementation of Jordan's Principle:**
 - ...ensure Canada's responsibility in implementing Jordan's Principle according to the ruling.
 - Uphold stewardship and compliance responsibilities to the Treasury Board for the Contribution Agreement management process. Ensure the integrity of the order to ensure equity among what is being approved and what Contribution Agreement holders are also delivering...
 - Better data infrastructure on the Contribution Agreement side. Managing large dollar value projects with an Excel spreadsheet is not smart. There needs to be a more sophisticated data infrastructure... when a CA holder has Jordan's Principle funding, they should have a mechanism to report in on the deliverables that Jordan's Principle Operating Committee is looking for, which would provide integrity to the overall funding. When it goes out to a community there is no mechanism beyond an Excel spreadsheet of what can come into JPOC. When the regions were using an Excel spreadsheet, it was messy.
 - Jordan's Principle should track trends; identify gaps and make sure gaps are filled first by service providers that have the mandate. Jordan's Principle is a parallel 'band aid' structure to address gaps that are systemic and should be addressed that way.
 - There is no mechanism linking the services provided through Jordan's Principle to broader efforts to ameliorate the underlying barriers to equitable service. While the barriers faced by these families are systemic, the burden to overcome these barriers is individualized.

8 JORDAN'S PRINCIPLE: DATA COLLECTION AND MANAGEMENT

This section addresses data collection on two fronts:

- **Data currently collected on services and products** along with examples of the types of services and products being provided. The data also includes information on the distance involved in accessing the services. This information provides insights into the requests being made to meet the needs of children and their families who support them.
- **Data collection and data management in general**, the approaches being used, the use of the data and the challenges in data collection and its management.

Notes:

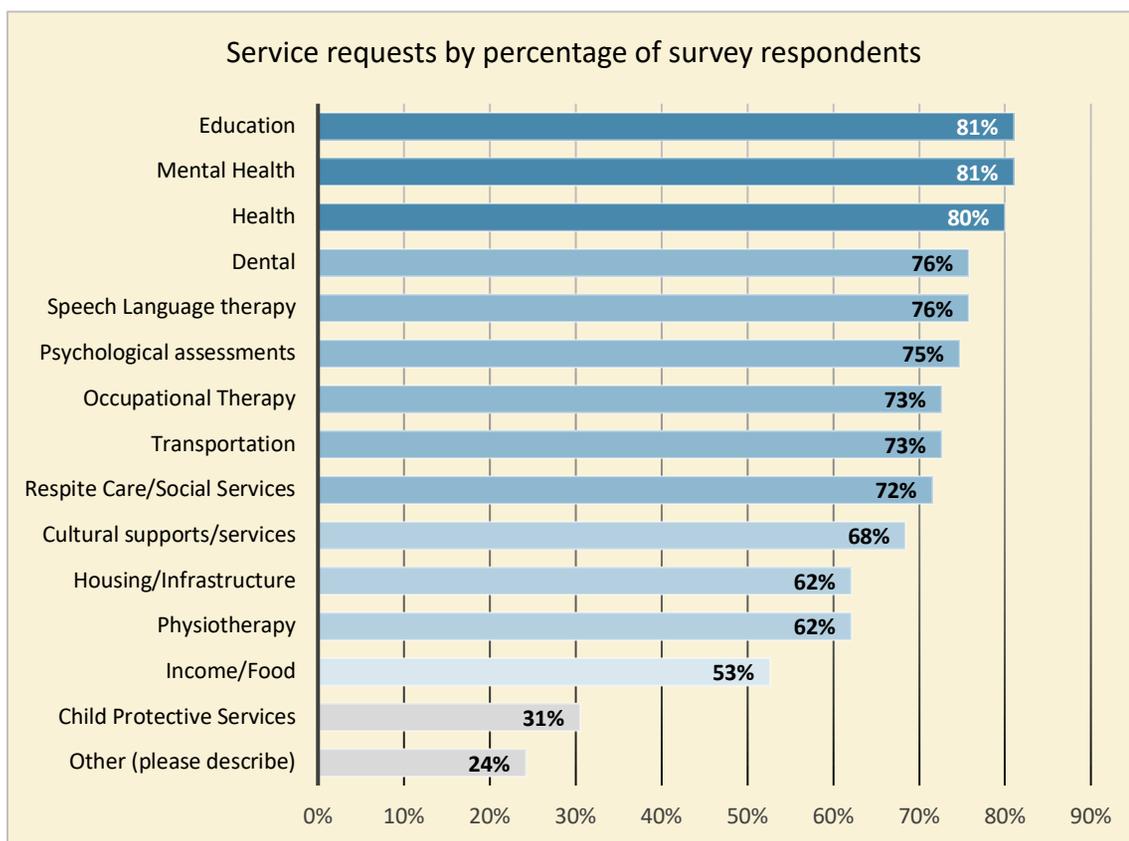
- Information was requested for the timeframe, April 1, 2019, to March 31, 2020 (fiscal year). During this period, the COVID pandemic occurred which had an influence on the nature of the services and products being requested. In particular, the closure of schools meant online learning at school, requiring access to computers, which many children/families lacked. As well, respite services were in higher demand.
- Where appropriate, responses of "I don't know" were removed from the calculation of percentages.

8.1 Service and Product Request Findings

Three questions asked respondents to identify all the services and products requested during the period April 1, 2019, to March 31, 2019.

SURVEY QUESTION (1/3): What services for First Nations/Inuit children are being requested through Jordan’s Principle funding? Please select ALL that apply and give examples.

Ninety-five responses were received.



- **Highest cluster of service requests (80%+): Education, mental health, and health**
- **Second highest cluster of service requests (70% range):** Dental, speech language therapy, psychological assessments, occupational therapy, transportation, and respite/social services
- **Third highest cluster (60% range):** cultural supports/services, housing/infrastructure, physiotherapy
- **Fourth highest area (53%):** income and food

Respondents provided examples of the services requested in each category. The following table gives the top three examples given in each category. The categories are listed by frequency of mention.

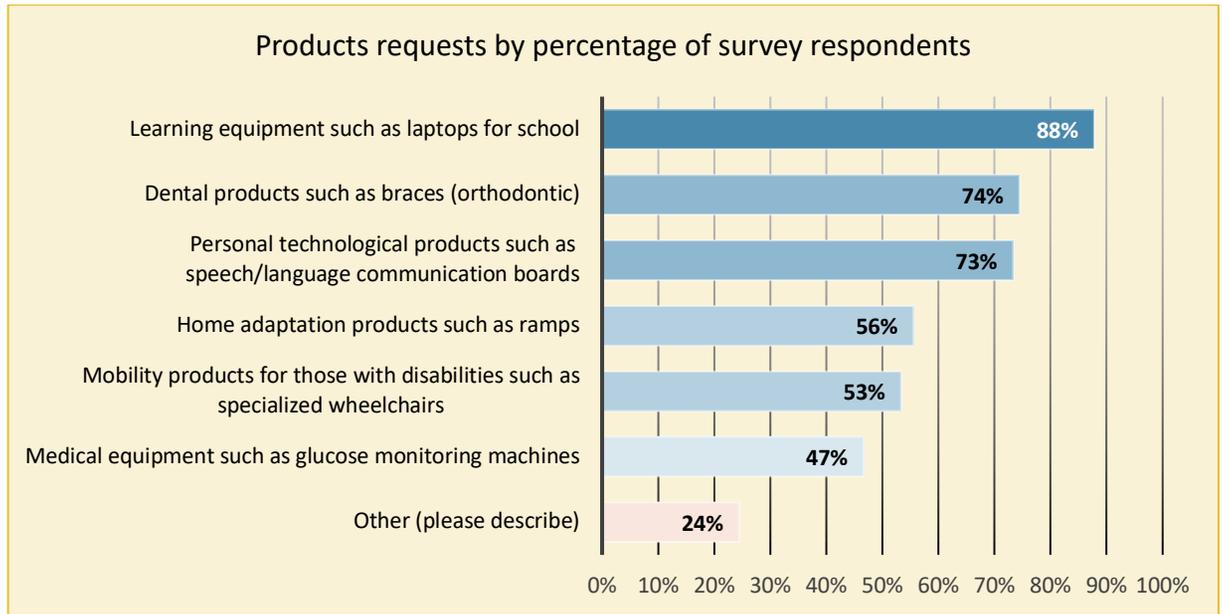
Top Three Examples of Types of Services Requested

Type of Service	Top Three Examples
Child Protective Services	Services to prevent child apprehension including advocacy, respite, mentoring, reunification supports
	Supervised access and exchanges
	Family domestic situations support and advocacy
Cultural Supports/Services	Cultural mentorship, specifically Elders
	Accessing and attending ceremonies and cultural events, including sweats
	Camps and Land-based education, including survival skills, fishing, hunting retreats, horseback riding
Dental	Braces and other orthodontics
	Dental surgery
	Fees and services not covered by NHIB
Education	Education Assistants
	Tutoring
	Technology including assistive/adapted technology
Health	Medical equipment and supplies, including specialized equipment
	Prescriptions
	Speech and language services

Type of Service	Top Three Examples
Housing/Infrastructure	Fences
	Housing modifications, accessibility/special needs modifications such as ramps
	Housing acquisition or rent assistance
Income/Food	Food security including funds for more expensive healthy groceries not easily accessible in some communities
	Specialized foods for diet/medical requirements
	Income support
Mental Health	Counseling
	Assessments
	Various types of therapy: Equine, psychotherapy, art, play
Psychological Assessments	Psychoeducational assessments
	Psychological assessments
	Autism assessment, ADHD, Neuropsychological, FASD, Cognitive assessment
Physiotherapy	Assessment and direct therapy
	Equipment, including maintenance and repair
Occupational Therapy	Assessments and private therapy
	Special equipment and supplies including sensory items and adaptive tools.
	Access to an occupational therapist
Respite/Social Services	Home care and respite
	Supports for parents
	Mentorship
Speech Language Therapy	Assessments and therapy
	Equipment and supports
	Group requests for a therapist for the community or school

Type of Service	Top Three Examples
Transportation	To medical appointments
	To and from school, sometimes out of town
	Specialized van/vehicle
Other	Equipment such as playground equipment, safety harness, specialized car seat
	Technology such as assistive technology, technology for school
	Land Based Tradition Teaching and other life skills or recreation

SURVEY QUESTION (2/3): What products for First Nations/Inuit children are being requested through Jordan’s Principle funding? Please select ALL that apply and give examples.



- Top three products requested:**
- **Learning equipment for school, 88%**
 - **Dental products, 74%**
 - **Personal technical products, 73%**

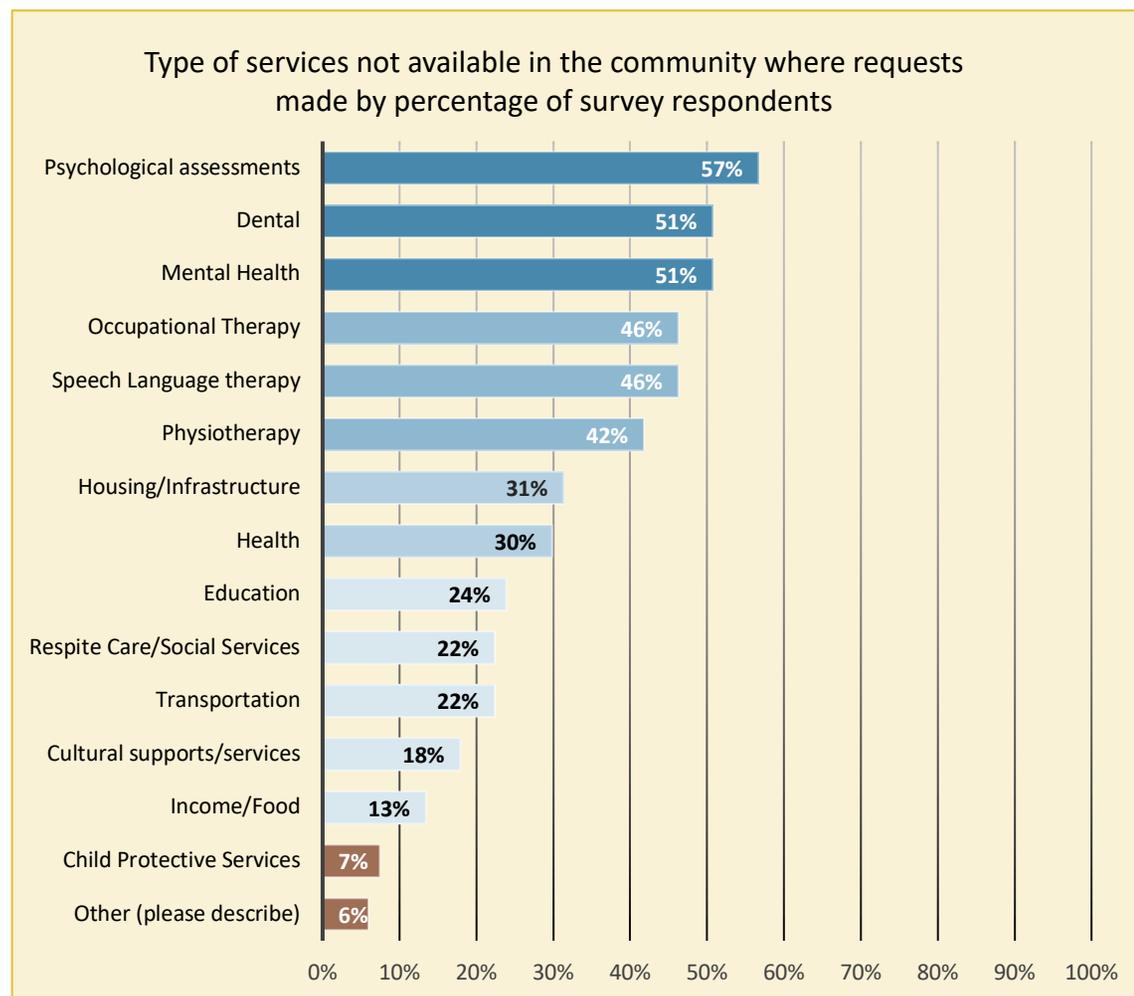
Respondents provided examples of the products requested in each category. The table on the following page gives the top three examples given in each category.

Examples of Products Requested

Types of Products	Top Three Examples
Dental Products	Braces
	Surgery
	Orthodontics
Home Adaptation Products	Ramps
	Fences
	Bathroom adaptations
Medical Equipment	Glucose monitoring machine
	Freestyle machine
	Medications not covered
Mobility Products	Wheelchair
	Specialized bicycles and strollers
	Specialized car seat
Personal Learning Products	Laptops
	iPads
	Equipment for remote/online learning due to the pandemic, as well as software and apps
Personal Technological Products	iPad or laptop
	Communication apps
	Communication products such as boards
Other	Travel to specialists or medical appointments
	Weighted blankets and other sensory tools
	Fences

SURVEY QUESTION: Of the services being requested, which ones are NOT available IN THE COMMUNITY WHERE THE CHILD LIVES? (Please list and describe the reason they are not available).

Sixty-seven (67) responses were received.



- Three most common types of services unavailable in local communities:**
- Psychological assessments
 - Dental
 - Mental Health
- Other services also frequently unavailable:**
- Occupational Therapy
 - Speech Language Therapy
 - Physiotherapy

Respondents provided examples of services unavailable in the community in each category. The following table gives the top three examples given in each category. The categories are listed by frequency of mention.

Top Three Examples of Services Not Available in the Community

Type of Service	Top Three Examples
Child Protective Services	Child Protective Services Officer.
	Supervised Access and Exchange (certain dates/periods).
Cultural Supports/Services	Cultural Mentoring/Elder involvement.
	Access to culturally safe services such as counseling, respite, parenting support/supervised access.
	Access to medicine healer or reiki healing.
Dental	No dentists in community or on-reserve; hygienist visits infrequently.
	Orthodontics/Specialists are usually only available in urban centres.
	Dental Surgery .
Education	Only elementary school is available in the community. Secondary, public school are not in the community and some children have to leave their communities to get an education.
	Limited resources in rural/remote communities such as special needs support, education assistant support, technology, and tutoring.
	Specialized education for children with disabilities, such a blindness.
Health	Limited access and resources in the community.
	Specialists/Professionals such as dietitian, pediatrician, hearing clinics, mental health professionals, osteopath. Some families need to move or travel for specialized services.
	Specialized respite care or home care for special needs children.

Type of Service	Top Three Examples
Housing/Infrastructure	Available and affordable housing.
	Funding and resources in the community.
	Funding and resources for modifications. Specialized equipment or modifications such as ramps for children with special needs can take a long time to acquire.
Income/Food	Access to healthy, affordable food. Sometimes there is no grocery store or food bank in the community. Parents can't afford food for a specialized diet.
	Lack of funding and resources, families living in poverty.
Mental Health	Mental health services are very limited in community/on-reserve.
	No professionals or therapists on-reserve or in community. Some families request services outside the community for privacy/trust/cultural safety.
	Limitations on what is covered by NIHB.
Psychological Assessments	Not available in community.
	No psychologist/professional in the community.
	Very limited access through schools, but with extensive waitlists.
Physiotherapy	Professionals need to travel to the community, or the child needs to travel for services.
	Private service providers not covered by provincial programs or NIHB.
	Schools may offer it, but it is not available to non-school aged children.
Occupational Therapy	No professional in the community. Difficult to find professionals willing to come into the community.
	No funding for in-community services.
	Equipment or tools needed are not funded.

Type of Service	Top Three Examples
Respite Care/Social Services	No services on reserve; children have to be sent out of the community for services.
	No funding for services.
	Lack of culturally safe services available.
Speech Language Therapy	No professionals on reserve, difficult to get them to come to the community.
	Limited access through school; waitlists unless families can pay for private services.
	Difficult to get and keep contracts for professionals in the community.
Transportation	Not available in the community, lack of funding.
	Access to wheelchair accessible vehicles.
	Limited access to medical transportation; doesn't always access Jordan's Principle approved services.
Other	Crisis stabilization, housing and residential supports for special needs or neurodevelopmental population (including comprehensive special education supports).
	Ophthalmology.
	Behaviour supports for autism.

SURVEY QUESTION (4/4): Do some requests for services or products go to other organizations and/or government departments for funding rather than to Jordan's Principle?

Seventh-eight (78) individuals answered this question:

- **YES:** 54%, 42 respondents.
- **NO:** 13%, 10 respondents.
- **Did Not Know:** 33%, 26 respondents.

SUPPLEMENTARY QUESTION: Please indicate who these requests for funding are sent to. (Select all that apply)

Of the forty-two respondents that indicated that some requests are referred to others:

- 67% (28) do referrals to local Health, Social Service, or Education organizations (off reserve)
- 67% (28) do referrals to local Health, Social Service, or Education organizations (on reserve) provided by the Band
- 55% (23) do referrals to provincial government department
- 29% (23) do referrals to others such as:
 - NIHB
 - Non-profit organizations
 - Prevention programs on reserve
 - ISC medical
 - Private donation
 - Child Protection Services

54% of respondents send service requests to other organizations and government departments, other than Jordan's Principle

The **two most common referrals to others, both at 67%**, include:

- Local health, social service, or education organizations **off reserve**
- Local health, social service, or education organizations **on reserve** (provided by the Band)

Third most common referral, 55%, is Provincial government departments

8.2 Data Collection and Data Management Findings

This section provides findings on questions asked on the general collection and management of data by service coordinators and service coordination organizations.

Survey Findings

Eight questions on data collection and management were asked in the survey:

1. Do you/your organization collect data on the implementation of Jordan's Principle?
2. What data are you/your organization currently collecting for children seeking services/products under Jordan's Principle?
3. What software do you/your organization use to capture Jordan's Principle data? (Select all that apply)
4. How do you/your organization use Jordan's Principle data? Select ALL that apply
5. Who do you report Jordan's Principle data to?
6. How often do you/your organization report this data? (select all that apply)
7. To what extent does the data help you/your organization in improving service coordination for Jordan's Principle?
8. Is there data that you are not currently collecting that you feel would be beneficial in your work? Please provide detail.

SURVEY QUESTION (1/8): Do you/your organization collect data on the implementation of Jordan's Principle?

Seventy-seven (77) respondents answered this question.

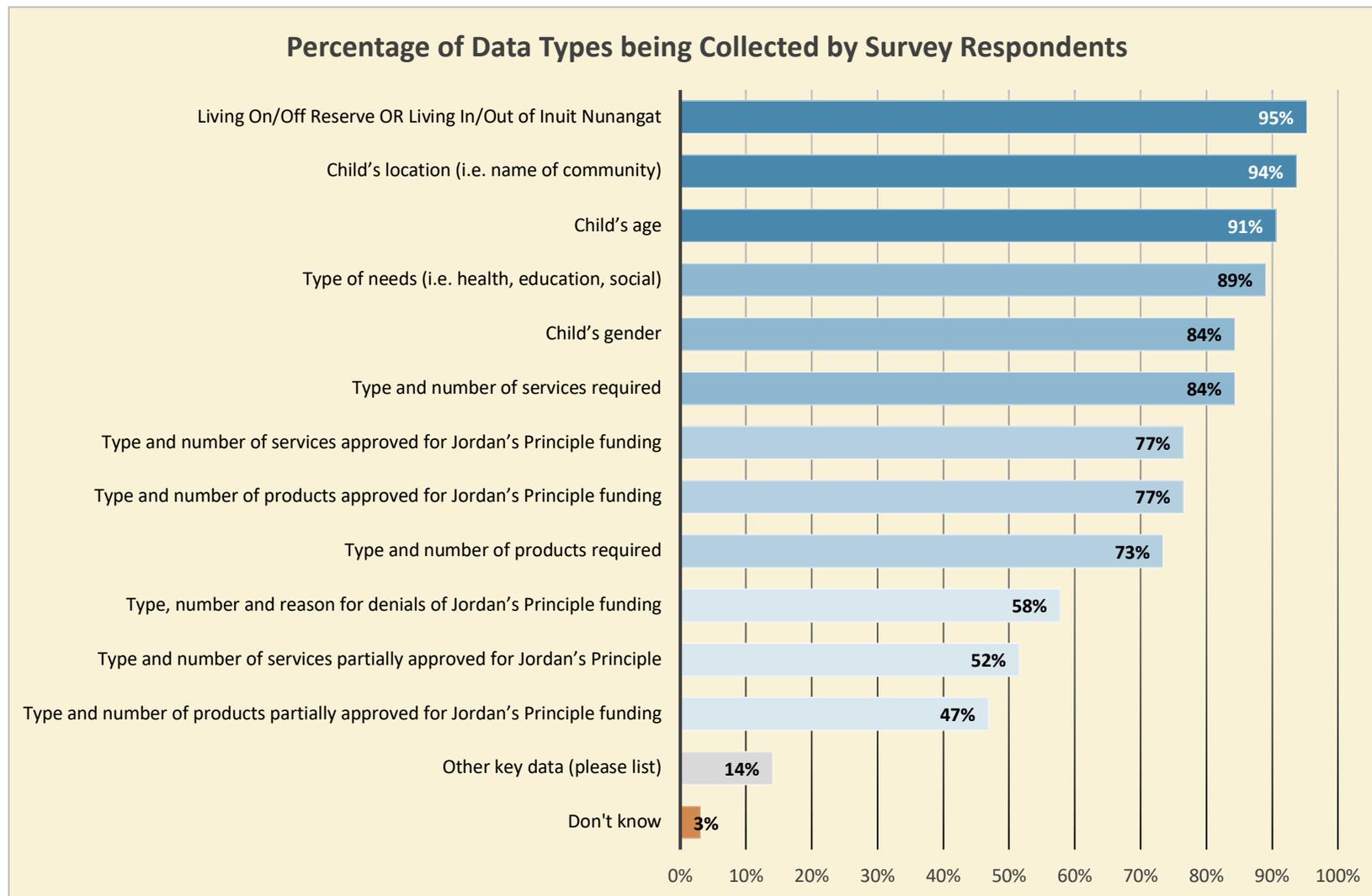
The **majority (64 respondents or 83%)** indicated that they **collect data** on the implementation of Jordan's Principle.

83% YES

Sixteen percent, 16%, of respondents (13) either do not collect data or did not know if data was being collected.

SURVEY QUESTION (2/8): What data are you/your organization currently collecting for children seeking services/products under Jordan’s Principle?

Sixty-four (64) responses were received.



Other key data collected. Responses were:

- **Services:**
 - Mental health resources
 - Wellness services
- **Wait times, denials, cancelled requests and age groups**
 - Wait times, and if denied, what happened next
 - Cancelled requests and reason, denied request and reason (if known), appeals and results, child's status, child's band/community (off reserve/out of Inuit Nunangat)
 - Kids turning 18, kids in the preschool age group, adults with no services
- If only an inquiry was referred out
- Continuous vs. one time consultation
- Progress tracking of group requests
- Contact notes, emails to and from Focal Points, child's Treaty number and/or parent/guardian treaty number, child, and parent/guardian DOB, contact information, referring agency, Child and Family Services involvement, have they accessed Jordan's Principle in the past

SURVEY QUESTION (3/8): What software do you/your organization use to capture Jordan’s Principle data? (Select all that apply)

Software used by number and percentage of survey respondents

Software Used	# Respondents	% Respondents
MS Excel	47	73%
MS Word	28	44%
Custom Software	13	20%

73% use **MS Excel**

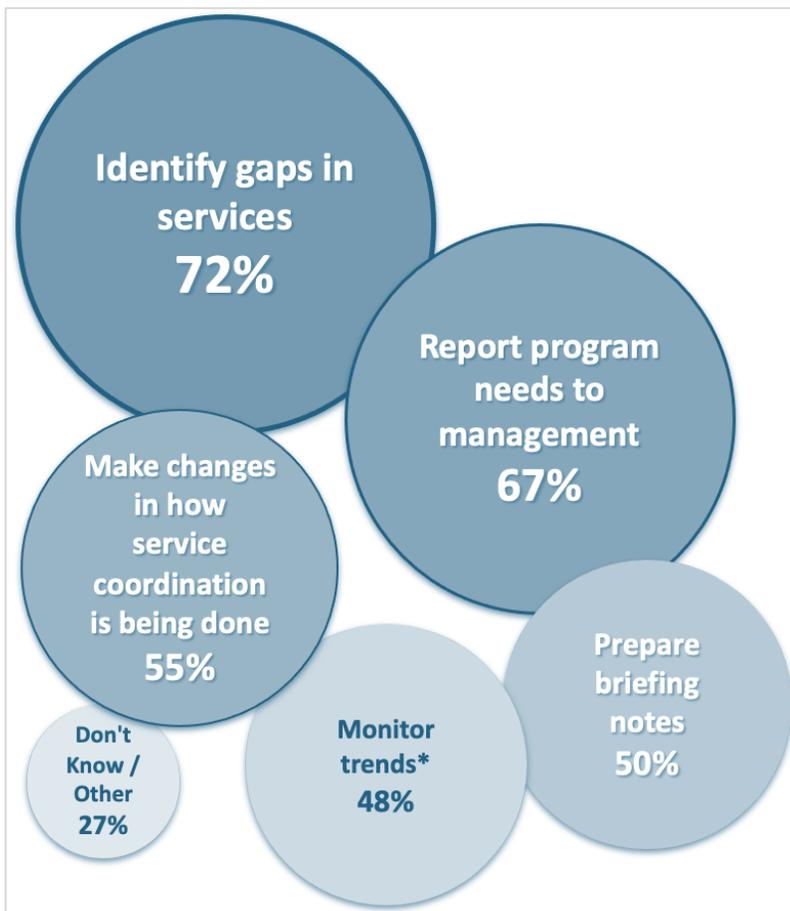
Custom Software mentioned in order of frequency:

- Goldcare (3)
- Mustimuhw (3)
- File Maker Pro (2)
- Client Management System (1)
- Jordan Affinotech (1)
- Internal database (1)
- Nerivon (1)

SURVEY QUESTION (4/8): How do you/your organization use Jordan’s Principle data? Select ALL that apply.

Sixty-four (64) individuals answered this question.

How data is used by percentage of survey respondents



*Monitor trends such as demographics, services and products provided, funded, denied, etc.

- **Highest use, 72%, to identify gaps in services**
- **Second highest, 67%, to report program needs to management**
- **Third highest, 55%, to make changes in service coordination**

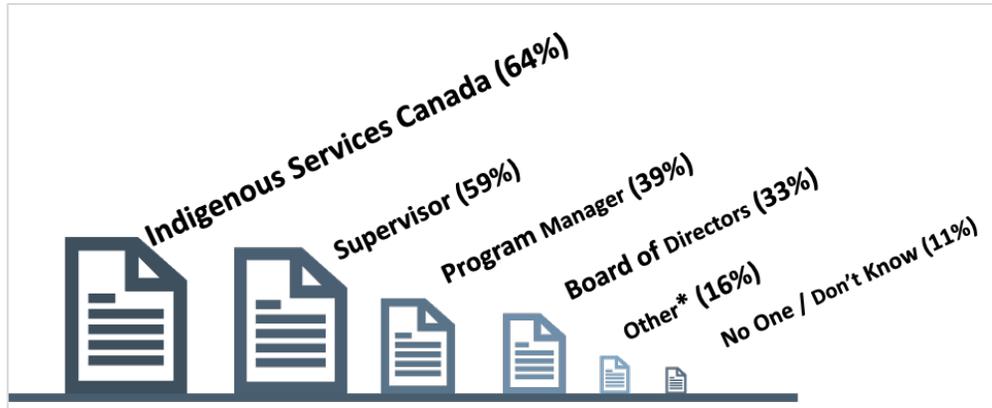
Responses for 'Other':

- Generate reports (e.g., Community Health Report)
- Keep track of the services/products offered to ensure that the child has everything he needs to better evolve
- Maintain contact with families/service providers
- Internal process
- Annual reports, promotions/ awareness
- To show how much clientele we were able to service quarterly

SURVEY QUESTION (5/8): Who do you report Jordan’s Principle data to?

Sixty-four (64) individuals answered this question.

Where data is reported by percentage of survey respondents



- **Most frequently report to ISC, 64%**
- **Second most frequent, 59%, reported to supervisor**
- **Third most frequent, 39%, reported to program manager**

Responses to ‘Other’:

- Community Chiefs, Council
- Executive Director
- Committee
- Regional Coordinator
- Health Director

SURVEY QUESTION (6/8): How often do you/your organization report this data? (Select all that apply)

Fifty-seven (57) individuals responded to this question.

Reporting frequency by number and percentage of respondents

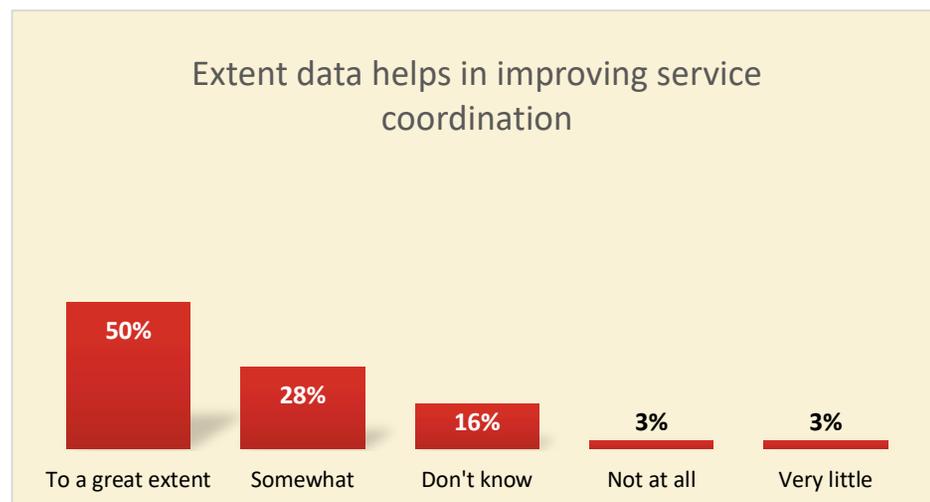
Reporting Frequency	# Respondents	% Respondents
Annually	33	58%
Monthly	22	39%
Quarterly	17	30%
Every six months	5	9%
Other	4	7%
Never	0	0%
Don't know	8	14%

- **Over half of respondents, 58%, report annually**
- **Over 1/3, 39%, report monthly**
- **Under 1/3, 30%, report quarterly**

Responses for 'Other':
When requested or needed

SURVEY QUESTION (7/8): To what extent does the data help you/your organization in improving service coordination for Jordan’s Principle?

Sixty-four (64) individuals answered this question.



- **50%** indicated data helps improve service coordination to **a great extent**
- **28%** indicated data helps **somewhat**
- **6%** felt very little or not at all

Respondents provided the following explanations, in order of frequency, indicating that data helps:

- **Identify gaps in services, staffing, etc.** It can be used to show that there is a need for Jordan’s Principle and also to track trends in services requested.
- **Ensure that services meet the needs of the community,** that services are efficient and continued. It also helps improve and streamline services.
- **Provide better service.** It helps track and meet the goals set out for clients.
- **Supports advocacy,** for more professionals, for more contracts for services. It helps justify the services and products funded by Jordan’s Principle.
- **Allocation of funds,** provides a guide for handling future cases.
- **Supports case management.**

One respondent commented: I have little need for data collection / data collection takes time away from other things / I have no knowledge of that data being used for any useful purpose.

SURVEY QUESTION (8/8): Is there data that you are not currently collecting that you feel would be beneficial in your work? Please provide detail.

Of the 77 respondents who answered this question, **53 (69%) answered 'no' and 24 (31%) answered 'yes'**.

The following details were given:

- **Feedback from families**
 - Family feedback surveys.
 - Qualitative data about how it affects families when requests are denied.
 - Parent and/or child experience with any type of decisions made for funding.
 - Parent satisfaction.
- **More detail on requests**
 - The number of requests within a request. Right now, we track the file/child but not the number within that request.
 - Type of request (one-time support vs ongoing).
 - Dental data is not kept as much as it should.
 - Further data collection for group requests.
- **Data on referrals and wait times**
 - Length of wait to services.
 - Number of referrals to specialized service providers.
 - Referrals made to external agencies and the amount of time that Service Coordinators spend facilitating this.
 - The time it takes a [Service Coordinator] to complete a file depending on the access workers intake.
- **Information on the types of services, products, and supports that have been approved** by Jordan's Principle as well as consistency of approvals for similar requests.
- **Data related to children who fall under Child and Family Services and data related to barriers** to Treaty Registration.

Focus Group Findings

Focus group participants as well as those interviewed individually were asked to complete this question. In total 54 individuals (49 in the focus groups and 5 in an interview) responded. Participants in focus groups were asked two questions regarding data collection.

FOCUS GROUP QUESTION (1/2): Please select all the data types that you/your organization are collecting for Jordan's Principle. (Select all that apply)

Type of Data	
Child's location (i.e., name of community)	93%
Child's age	91%
Type of needs (i.e., health, education, social)	89%
Living On/Off Reserve OR Living In/Out of Inuit Nunangat*	87%
Type and number of services approved for Jordan's Principle funding	85%
Type and number of products approved for Jordan's Principle funding	85%
Type and number of products requested	81%
Type and number of services requested	80%
Type, number and reason for denials of Jordan's Principle funding	67%
Don't know/None of the above	7%

*No Reservations in the Territories.

- **Demographic information** about the child is **most common**
- **Type of needs, where child lives, type and number of services and products** follow closely
- **Information on denials is the least common data** being collected

FOCUS GROUP QUESTION (2/2): Is there other data that you feel would be helpful that you are not collecting?

Focus group participants provided substantial input to this question. Their responses are organized by key data categories followed by their comments.

Nine data categories were identified.

1. Descriptive data

Other data desired included:

- Intake officer, ISC #
- Name of member Nation and their physical address
- Status of the child and whether both parents have status
- Method of service delivery preferred by the family
- Tracking products that require extra payment for transportation/freight for remote communities.
- Amounts what's requested for what items
- Submission date and decision date
- Visits to service providers per child
- Initial intake referrals [is it one need or six different/referrals per intake?]

2. Others involved with the child

- **Are there other service providers involved? Has an application to Jordan's Principle already been made [for this child? For this need?]** Comments included:
 - Things can get complicated if other organizations apply on behalf of the child without our knowledge. Sometimes when a Focal Point calls to inquire about a certain client/child/application and we have no documentation on the child or the services that was requested, that can get complicated. Child and family organizations sometimes submit applications and we are unaware of it. But we're the first point of contact with Focal Points so they'll call us and we'll say we don't have an application. Eventually it comes to the surface and we have to contact that organization and figure things out. For example, a parent who applied directly to a Focal Point and got approved and we got sent the approval, but didn't know where to put the money because we didn't have a file for the child in the database. We then have to create an intake to apply the service to that child.
 - "Also collect information on family's background (especially if receiving social assistance, services from anywhere else such as disability services, anything from their First Nation, involvement with Family and Children's Services). Have learned lessons with families 'shopping around'."

- **List of other service providers**
 - I'm hoping that we will have a central database system for all of us to put trackers on files so we're not duplicating services, I know that somebody in (my area/zone) could be coming to me, but they're going to (another area/zone).
- **Clarifying who is responsible/accountable for a need**
 - Sometimes I feel like we just put "yes, they were denied" but, for our data purposes, how much and how far did NIHB go, who is the first point of contact... Under Jordan's Principle, the first point of contact is the one who's supposed to provide the service and then figure out the payment later... What was NIHB's responsibility to these parents, this child, and what did they do to go above and beyond for this child (as the first point of contact)?... That's one of many data collections (where) we all wonder why did they deny them? Because we'll have parents call us and they're crying and NIHB denied them, and what do you say you know?
- **Who does this child live with? Are there custody arrangements?**
 - Another thing that comes up regarding consent to collect the information: we do ask if there's any restrictions to the child. We do have a lot of parents calling looking for information on their child and that family may be with Department of Community Services and are not allowed to be in contact with or information about the child. There may be something in place that's debilitating to having us provide them with information. That's why we ask if there's anyone that we're not able to speak with in regard to the child.
- **More information on children in care**
 - For data, one of the biggest things that I'm concerned about is the information for children that are in child welfare, off-reserve or on-reserve. Some of them are really in need of assessments and they're refused. So I don't know what happens to these children. Because these are our children, and when they're refused, it stops there. We never find out what is happening to them after. So when these children age out, Child Family Services are letting them go. They age out and they're out into the community. That is why there is so many of our children that are on the streets today. Probably not getting the assessment, the proper treatment in care, and so I often wonder what happens to them.

3. Follow-up on Services and Products Received, Length of Service

- Length of services provided, in order to have an understanding of where we can follow up (e.g., If a child is getting speech for 6 months, we could record that, then we could follow up and look at the data, and follow up as the services come to an end).
- The date the product or services were received by the client. Then we can close that file momentarily.
- I'd like to track when families disengage, or nothing materializes from our work with the family for whatever reason.

- There's a lot of questions sometimes if that child is in the end receiving that service or that product. In the end we trust that a product is going to be received by that recipient... but ultimately there's no way of us to collect data or information... In the end, is that product going to be used specifically for that need alone or is everybody just going to jump on? ... There should be some checks and balances once an approval is received... at the same time it would be a very big undertaking for us.

4. Better Understanding Specific Situations

- Keep track of how many (urgent files) we get a month, to show why other files get pushed back, or a way to show how many urgent files we get, perhaps by area, or service provider or if it is happening in another area; where we get a lot of urgent files, we could recognize the issue and take action before it becomes an urgent file.
- A time management tool, or indication of where time is being spent, also telling something about particular needs in a certain area, to be proactive instead of reactive.
- Collect data every year regarding how many families have had to use substantive equality... a lot of families struggle with doing that. I'd like for it to be noted somewhere on our intake if we've had to apply substantive equality to the application or not.
- Number of families served/ children served per First Nation, e.g., maybe a First Nation that is accessing more services and understanding why.
- Differentiating services, i.e., what are the biggest gaps, e.g., for mental health, allied health services, etc.

5. List of Service Providers

Information is desired on service providers who are trauma-informed, willing to travel to communities and to make connections with other sectors.

- Culturally safe and trauma informed service providers are hard to find, professionals who are willing to travel and work in communities. A list of service providers in each community that are available and/or are willing to take training to improve those things.
- One thing that is hard for our communities (because the majority are all fly-in, they are very remote) is to know 'who has been approved to be going into the communities? ... That's not always known and it should be known by the communities.
- Coordination within the sector as well (and) making the link between all sectors. We need to develop knowledge. It's difficult, it takes extra effort. It requires them to know about all health programs, and on top of that, it is sometimes difficult to find the resources. Community members have to make a lot of effort to find out about all existing programs.

6. Information on Denials

Information is desired on how many denials, for what services/products and the reasons given.

- I would rather keep a big eye on denials than the approvals because that way you can see how denials work and how they are coming in and what the reasons are, and you can work on getting them approved.
- At the end of the fiscal year, we get a list from ISC, with all the requests that were approved... we can see how they started breaking down [denials] into the items... We get a really good idea now with this new tool, of what types of services are being requested and how many services are being requested. The only problem is when a request is refused. When it was denied, you don't get the explanation right away... normally, it's just the general email that they'll send you saying your request was escalated to the national level and that it was denied and it doesn't state a reason why. It's very frustrating for the parents, because they would like to know at the time it was denied “what was it that I was missing”? And even for myself, as a coordinator, and can't answer that question until we get the official reason why it was denied.

7. Timeline Data

Data on timelines was identified for steps in a process, waitlist information, and days between decisions.

- If on the database, we could log a time when the process is started, and clock how long is it taking for each step. This would support the need to have discussions at national or regional level to say this is not acceptable. Right now, timelines are okay at the regional but not the national level. Accountability piece, it would keep everyone accountable to timelines, highlight delays and lags, and who isn't meeting requirements?
- Maybe (document) the waitlist. We've got a huge wait list but if we don't tell anybody what it is, then there's not really anything you can do about it.

8. Other Family Supports Needed

Information is also desired on supports needed from other service providers, for system navigation, translation services, treaty registrations, some of which fall outside of Jordan's Principle but take time.

- All the ones (files) where I had to translate (because the people couldn't speak English).
- A lot of times with the Nations that I work with, lack of Treaty registration is the gap so the children not having their Treaty registration leads to not having access to NIHB, leads to needing to utilize Jordan's Principle for basic needs like dental and prescription drugs, eye care that kind of thing. I would like to see more data collection about why Treaty registration is such a challenge for families. What are the barriers? Oftentimes, it's access to money to get the long-term birth certificate, sometimes the family is estranged, and nobody will sign the papers. I find that's a significant barrier to a lot of the children that I work with and it should be easily addressed. A lot of service providers just say, “well, I thought as soon as a child is born they automatically receive Treaty registration”, maybe that should be the case. When the child is born in hospital, they receive the Treaty registration paperwork just like they receive the birth certificate paperwork. I think that's a huge issue that needs to be addressed across Canada so gathering that data around that would be really beneficial to find out why this isn't happening.

9. Information on Other Service Coordinating Organizations and Service Coordinators

- I'm hoping we will have a central database system for all of us to put trackers on files so we're not duplicating services.
- When I was with [provincial organization name] we had a system that stored all of our files, we knew every file number, and everything was updated, the documents were on there. I'm hoping this is something they're going to do so we have a master system (which) will help us with file reviews.
- One of us may not be sure how to submit a request for a group request. There might be somebody in [other region name] who's already done 10 of them, so we can take a look at those documents.
- One of the things I cannot wait for is an updated service coordinator contact list.

FOCUS GROUP QUESTION (3/3): If data is not available, is it because it is not being collected? If so, please describe the reasons?

Challenges identified. Participants listed challenges they have experienced related to data collection:

- Not knowing what to collect.
- Having no tools to capture data.
- High staff turnover or limited staff/workload.
- Unreliable internet.

Comments included:

- Information management systems are difficult/intimidating to develop, without an adequate database system to capture data it is too time consuming, no tools, some families are transient.
- The lack of keeping some of our data is due to time constraints and also having an adequate database to be able to keep this data... So we've been just focusing on keeping the data that we need for our reporting for Indigenous Services Canada and for [organization name] but I think definitely there's more data that would be useful to us if we had a very efficient way to keep that data.
- We've had some families that are a bit transient as they might move to some other area of the province or maybe out of province. If it's a program that they need to access in another province, so you it may take a while before you reconnect with within that family.
- [There's] not enough hours in the day to count appointments by service provider. Real good information if you do that... people want to know that.
- They are collecting the data but it's not always in a consistent format or in the same place.

- Due to workload. Only Service Coordinator (SC) working with 33 communities being served; priority was serving the families. Needed more staff to do data collection.

Interview Findings

Interviewees were asked five questions regarding data collection:

1. **What's working well with data collection and reporting?**
2. **What's not working well (with data collection and reporting)? Please provide an illustration.**
3. **What data is NOT being collected that is needed for monitoring and continuous improvement?**
4. **What improvements would you suggest for data collection to better able monitoring and continuous improvement in the ongoing implementation of Jordan's Principle?**
5. **What performance measures does your organization use to determine the success of or improvements need to Jordan's Principle?**

INTERVIEW QUESTION (1/5): What's working well with data collection and reporting?

Two themes were identified and are presented in order of frequency of mention.

1. Improved support from provincial governments and merging of federal departments serving First Nations communities

When speaking about what is working well with data collection and reporting, participants spoke most often of data improvements in the last few years including improved support from some provincial governments. Participants also mentioned that the merger of the two departments working with First Nations has also helped. Comments included:

- Our data collection is very good, this report will make a difference.
- We are doing what we can with the data we have. We are asking for the data we ask for to balance between burden and usefulness of the data.
- We are able to do presentations with our data. Our data allows us to see gaps. "Data doesn't lie."
- Small innovations across the country that can be shared.

2. GC 'case management' system work well. Different terminology was used to name the Government of Canada management system, hence the accents around term 'case management'. Comments included:

- GC 'case management' system's "capabilities are always being updated'.

- Provides information that we need and can be shared “eventually”. It’s not perfect but it gives us an idea what services are required for a community. If we’re having a meeting with them, it gives us a big picture of what’s happening that we can discuss with them.
- GC ‘case management’ system where all requests are entered. Families/coordinators send the information on the requests which is entered into the case management system that captures the name of child, date of birth, unmet health, social, educational needs, what is being requested, the duration and cost of the request. Everything on that request goes into the system. National office data colleagues run a report quarterly and pull data together in a quarterly infographic. It’s a high level, number of approved requests, amounts of funding approved, some of the general categories such as mental health, education, travel, etc. It doesn’t get into the profile/types of families and children accessing Jordan’s Principle. Case management system is used by the Focal Points who enter all the information from the application forms.
- Not a data collection tool – it’s client relationship software – tailored version of Microsoft Dynamics. Can provide the data on applications. Not a case management tool; not a service delivery tool but it provides a lot of good data on children, their demographics, types of needs as well as products and services.
- Future opportunity to be a shared software and the data with local Indigenous organizations. We are sharing it now in reports and PowerPoints. Community-specific level data could be shared.

INTERVIEW QUESTION (2/5): What’s not working well with data collection and reporting? Please provide an illustration.

Five major themes were identified.

1. Data collection and reporting are not focused on the right data. Comments included:

- **Contribution Agreement limitations:**
 - The Contribution Agreement management piece is not being collected to see how their data corresponds to regional data and to provide a whole picture.
 - Template for Contribution Agreement is too 'count focused' and not 'outcome focused'.
 - Mandatory reporting on Contribution Agreements along with clarification of the expectations for First Nations reporting requirements, especially given Canada’s obligation to adhere to the CHRT orders.
- **Treasury Board requirements:**
 - (We are) subject to Treasury Board requirements and that usually involves counting widgets.
 - We need to be specific about reporting – what we need to make the business case for the program to Treasury Board. This is what we have achieved and here are the gaps. Unless we have the proper data, we cannot make the case. That data is at the community level. When it comes to reporting, we need more than one paragraph.

- **Not collecting and measuring the right things:**

- Data collection and reporting is quantitative; cannot measure results or outcomes. Current system is focused on timelines and number of services, number of contribution agreements. Best way is to talk with SCs, parents, families... when you talk to parents directly, or when they call you back and say you changed my life because you know my child just graduated and he got his diploma and thank you.
- Not measuring the right things: Compliancy report does not measure the right things, 48 hr turn-around time does not measure anything about quality of service, amount of money used, doesn't measure much.
- Interested in knowing what people feel locally about the experiences in accessing services through Jordan's Principle: is it responsive, is it meeting the needs?
- Child well-being data – self reported data – nice to have baseline child well-being data and evaluate it over time. Child well-being data should show improvement over time with all of the money being spent.

2. Data integrity required. Challenges were identified as follows:

- Great stories as evidence, but no methodology or a rigour that's consistent; rely on anecdotal data/qualitative – a strong evaluation uses qualitative and quantitative data.
- Data may be presented in the form of handwritten notes.
- No data collection or reporting on family invoices submitted for reimbursement.
- Inconsistent use of GC Case across the country.
- Timely data is not available for planning purposes.

3. Tight timelines and heavy workloads. Comments included:

- **Timelines are extremely tight**, have “12-48 hours” once have all information needed. If looking at best interests of the child, need to make sure you know what's going on, and if something is out of the ordinary, can take time. Had a situation where child received a service that was harmful to a child.”
 - Reasonable timeline is one week for a request like they get for a group request. Two days is really difficult. Okay for something urgent and it should be done right away it trumps everything. But a regular request for respite or an EA, there is no reason that can't be addressed within a week.”
 - Big backlog in escalations and appeals. In escalating something we know it's going to create a long wait for families. Not only does it get denied but they have to wait a month to get the denial decision and then they can be waiting months to hear back on their appeal decisions.
- **Responding to requests for information** from the Caring Society, which can be time consuming.

- **Staff turnover:**

- One participant shared that the turnover in the Focal Point role is pretty low at the Senior Focal Point Manager level but that there is a lot of staff turnover at lower levels, which is typical at entry level positions. (With) the volume of the backlog it's a stressful environment for people to work in. Contributes to backlog as people just get trained up and then they're moving on." "Due to the nature of the work, people tend to leave due to pressure."

4. Challenges in establishing data systems and lack of training on use of data reports. Comments included:

- Need to have an organization to help with the front-end challenges of establishing data systems. Hard for some First Nations organizations to figure out what a data system should look like – should we get something off the shelf or design something custom. There is no organization well-positioned to support that work.
- No training provided on how to interpret data reports, along with lack of business analysts or Quality Improvement (QI) people to help improve processes and data in regions.

Related to this theme is concern that service coordinators are not given enough information about the data they should be collecting, reporting and why. Not being linked to the national information system and the lack of an updated intake form exacerbate the challenges.

5. Challenges in measuring outcomes and performance. Comments included:

- How to measure performance? Treasury Board wants to know results. Right now, if we follow the Tribunal, if we respect the deadline and we spend the money, it could be a good result for some and for others the results are more related with outcome which for now we don't have the tools to measure.
- How to measure indicators such as diploma rates, interactions with others (relationships with parents, friends, etc.)? For example, if we pay for orthodontics, when we get the information on substantive equality, two years later, how can we measure that this child has more friends and is more confident? Is it because of the orthodontics and the change in his mouth which has given him a better life? It's hard to measure that then, and right now we cannot.

INTERVIEW QUESTION (3/5): What data is NOT being collected that is needed for monitoring and continuous improvement?

Three themes were identified.

1. Outcome data is needed. Comments included:

- Build into Contribution Agreements:
 - Outcome-based reporting within the [Contribution] Agreements. We have activity-based reports but nothing on what difference it actually made in health indicators.
 - Unknown variable in the Contribution Agreement – we don't have any performance measures to tie into that. Contribution Agreement could be a vehicle for enhanced performance measurement, provided the integrity of the CHRT order is adhered to.
- Capture outcomes – what is the long-term improvement? What is the impact of the program?
- Have focused on products and services provided but haven't focused on outcomes. Need more focus on outcome part of Jordan's Principle. Need to also look at what/how has our support changed the child's life? Not patting our backs but more what are the stories telling us how we need to move, improve, or change?
- The primary indicator of substantive equality is equitable outcomes.

2. More stories about the children and their families and their experiences through Jordan's Principle. Comments included:

- Need a balance between the quantity and the real story behind these parents... "big chunk that's missing right now"
- Interested in knowing what people feel locally about the experiences in accessing services through Jordan's Principle: is it responsive, is it meeting the needs?

3. Other data suggestions. Comments included:

- **Individual child needs.** Data on individual applications give an accurate description of individual needs but group applications do not.
- **Child well-being data** – self reported data – nice to have baseline child well-being data and evaluate it over time. Child well-being data should show improvement over time with all of the money being spent.
- **Number and concentration of denials.** Interested in looking at the number of denials vs approvals and whether denials are concentrated in one area and what we could do to better address that.

Two respondents felt that no additional data needed to be collected. A representative comment was: “For Jordan’s Principle, I think what we are doing in data is pretty good. I could think of ways of asking more but we cannot add a reporting burden on families, communities, and the federal government.”

INTERVIEW QUESTION (4/5): What improvements would you suggest for data collection to better able monitoring and continuous improvement in the ongoing implementation of Jordan’s Principle?

Five common themes were identified.

1. Building capacity within First Nations to collect data, analyze, and report on data. Comments included:

- **Be mindful of OCAP**
 - We need to support communities to track all of this; being mindful of OCAP – it is their data not ours. A part they could share with us and a part they might want to do for themselves.
 - Need to keep in mind OCAP – ground up really valuable – federal government needs to support these efforts. Create that space to support them.
- **Support First Nations in their own programming:**
 - ISC could give opportunities for sharing best practices in data collection.
 - ISC should fund development of good data collection - should provide financial assistance to develop good data collection in local groups.
 - If data collection is a priority, there needs to be financial resources put to it.
 - As we move towards supporting First Nations more, we need to come up with, but we don’t want to tell them how it should be done... but we can support First Nations to have their own data collection process. They need to have data to help them with their programming. Right now, our data is driven by ISC, more for ISC to provide reports to Treasury Board and CHRT. First Nations need to be given tools to collect data for their own people.
- **Align with existing tools:**
 - Standardized reporting occurs in other programs – community-based reporting template; EFDRT one for home care. [The data] can be rolled up and analyzed, a uniform collection tool with comparable information across communities. ISC should **align with a data collection tool that already exists**. Communities should be held to do data collection on products and services. There need to be core indicators provided to federal government. ISC would need to be flexible to have core indicators but not interfere with local needs for data.

- Data collection and continuous quality improvement activities already exist in local communities – accreditation processes; sectors already working with children have data collection and quality efforts. **Not useful to recreate** these initiatives with a Jordan’s Principle title. This would be increased burden on local entities. Service delivery people already have increased work.

2. Examine the relationship between Jordan’s Principle, Children and Family Services, schools, and provincial governments.

Comments included:

- Examine how has the funding enhanced our relationship with the province
 - How has funding improved the relationships within the funding? How has it influenced or impacted CFS (Children and Family Services)? Is there room to change CFS and maybe accommodate Jordan’s Principle; can CFS be part of Jordan’s Principle; can Jordan’s Principle can be the preventative side of CFS?
 - What can we do to change the way we’ve done business, so Jordan’s Principle doesn't become a huge problem and keep absorbing other services from others, but it is not showing a relationship; there are no linkages?
 - If there are linkages, how can we influence the improvement in other organizations like education? For example, if Jordan’s Principle pays speech language therapy in a school, where it should be paid by the school, that doesn’t help us understand what’s missing within the school.
- Work from a needs-related process rather than in siloes
 - We need to improve our communication, so we need to work as one unit.
 - What others need to know needs to be shared, while protecting confidentiality, so that services can be enhanced.
 - Our service is not based on the needs and the products, but it is based on the whole process of how we are trying to support the child from the moment they enter Jordan’s Principle and the time when we leave them with our services. We need to create data about it can inform us in these areas.
- Identify other opportunities for partnerships that can be enhanced, e.g., respite. What other opportunities are there in the community where the community can advise, and we can enhance those areas?

3. Better identification of and response to service gaps. Comments included:

- Short term goal is to do a **better job of documenting gaps in services** that are being responded to. Federal government is not trending their data or recording that information. What’s being transferred to headquarters are categories of services like vision or dental. Cannot address the policy issue that is causing the need for all the services.
- **Identify areas of underfunding** such as education requests, would be ideal to have that program funded to meet needs. Another area of underfunding is home care which is limited in scope and funding. Children with complex needs should be able to be managed.

4. Establish benchmarks for Regions across Canada. Representative questions were:

- What are the most basic services that should be provided?
- What is the benchmark for speech language therapy as an example; are we meeting the SLP benchmark for a child living on or a child living off reserve who would get equal/ the same? If they leave the reserve, are we meeting the need?

5. Other data collection considerations. A variety of other suggestions were made:

- More conversations and interviews with health professionals and parents (in their own language)
 - Being able to talk with health professionals, they can see change/ health indicators. After one to two years of working in the community, they see changes in the indicators and the help given. [They can give information] on what they did and how it changed the lives of the children; that kind of exchange is so rich... you don't get that kind of information in a report or with a data system.
 - First Nations like to talk, they don't like to fill out reports.
- Maintain and grow staffing levels at the service coordination level and [ISC] Regional level, as the Indigenous population grows.
- Create a case management system for use by service coordinators
- Establish key performance measures across regions and give us tools to monitor those measures. No standard measures other than compliance to timelines.

INTERVIEW QUESTION (5/5): What performance measures does your organization use to determine the success of or improvements need to Jordan's Principle?

Two themes emerged.

1. Compliance to CHRT orders is most prominent measure used now. Comments included:

- Compliance data, but GC Case is not used consistently across the country. Timeliness can be reported/manipulated differently.
- Performance – info management system and HQ approves our compliance numbers – how many requests; what area; amount of money we spend. Our compliance report is also provided to our partners including CHRT.
- Get compliance data monthly per CHRT orders. Can get data on denials but so not so much info on appeals.
- Biggest measure is responding within 48 hours, no matter the risk to the child or no matter what. This has been the biggest piece of measurement, e.g., 60% compliant to the 48 hours.

- Timelines is the only performance measure that we are really driven against. We need to use activity reports and timeliness as our performance on the quality of our operation and our responsiveness of our system.

2. Other performance data considerations. Comments included:

- Current measures are activity based - # of children; # products and services approved; amount of money spent. [Also consider] performance measure of approval vs access approval, measuring the number of approvals as a successful application process vs the number of services/products accessed [by the children].
- Client-centred service... need to move away from 'we are meeting CHRT rulings' to 'have we met the needs of our First Nations kids?' We still owe the children the support they need, that is their most basic right. We need to check if we are meeting the need.
- Some indicators could be: 1) diploma rates, 2) interactions with others (relationships with parents, friends, etc.). E.g., impact of orthodontics on mental health, etc.
- Health indicators could be: 1) access to services and products, 2) quality of services and products over time.
- Try to get at outcomes not through reporting but through longitudinal studies and population health outcomes that are more reliable and more respectful of OCAP, considering the First Nations Governance Centre and some of the surveys they do.

9 JORDAN'S PRINCIPLE: LOOKING FORWARD: LESSONS LEARNED AND IMPROVEMENTS SUGGESTED

This section discusses the lessons learned and recommendations we heard for improving Jordan's Principle.

9.1 Survey Findings

In two survey questions, we asked service coordinators and others working with Jordan's Principle about their lessons learned and recommendations for improvements in the implementation of Jordan's Principle.

QUESTION (1/2): Overall, what are your recommendations for improvements to the implementation of Jordan's Principle?

Seventy-two (72) survey participants responded to the question. Seven respondents stated no improvements were needed. Please note that the information has been summarized as provided in the response box. The limitation of survey comments is the lack of context for the comments made. As in previous sections, the comments are the words of the respondents.

Service Coordination Improvements

Navigating the medical, health, and educational systems is very complex, especially when a family is already dealing with a child with complex needs and requires extra care. Having continued access to Service Coordination is a must.

- **Application process and other associated processes:**
 - The application process needs to be revamped. The inconsistency is a nightmare.
 - There needs to be cohesive implementation (data collection, how to send a request, requirements).
 - Simplify the application and payment processes.
 - There are many barriers and loopholes that make it increasingly difficult to access.

- Focal Points need to understand that every situation is different and not base their decision on the majority. It is already difficult to ask for help, but when more criteria or documentation is required for an application, then families get frustrated. Jordan's Principle is supposed to help them, not make their matters worse.
- Intake forms should be shorter.
- A service plan should be implemented.
- Administrative procedures should be developed to assist the officers/coordinators in the management of the program. This would standardize the way service coordinators work and increase the quality of services provided to First Nations children.
- Substantive equality needs to be re-evaluated as most families refuse to discuss their background; some find it traumatic to even give a brief history. There needs to be a better way to capture the information than the way it is currently being done.
- Information is shared in the request and when it's not correct, it looks like an oversight on the part of the service coordinator, which creates negative dynamics in the community.
- **Approval and appeal timelines:**
 - The timelines need to be more realistic.
 - Timely follow up and transparency on the reason for denials.
 - Appeals need to be addressed in a timelier manner. Coaching is needed from Focal Points on making successful appeals.
 - Overall, wait times for responses could be improved and ensuring that communication/approvals are being sent to the right person.
 - Provide the response in a timely manner for a file when it is sent to the National level, which can be anywhere from 1-4 months.
- **Communication and information needs:**
 - Provide more communication regarding the status of a request such as estimated timeframe for a response.
 - Share necessary information in client charts.
 - Letters of recommendation or support are often not recognized, and many questions are asked that have already been included in the application. "I wish my voice could be heard a lot more on behalf of the families." It can be challenging to receive detailed letters from professionals at times and letters of substantive equality from service coordinators don't seem to carry the same weight to prove the case.

- Involve the service coordinator when decisions go to headquarters. If a panel is analyzing the paperwork, a service coordinator could discuss with the panel and make a case for the family to access the services/products they need by sharing the family's story.
- **Information on service coordinators:**
 - A document with all the current province-wide Jordan's Principle service coordinators would be very helpful for making referrals.
 - Having the website up and running will be helpful. Hopefully it will have all the current information on one page. A national website could be created for agents/coordinators for the distribution of information whether on forms, the process, etc.
- Improve navigation of federal and provincial websites to see what programs and funding opportunities are available. I always have to investigate the gap and see if there is any other funding but it's not always easy. Often government websites don't give you the full picture or details of the funding, just explain that there is a program and how you could apply.
- Focal Points need more awareness and education about how the publicly funded programs and services offered through the school work and the limitations of them. They need to be more aware of how provincial and national health programs are limited and the process of accessing them. Requesting information on an application that has the required information holds up the process for no reason.
- More methods should be explored to get the word out about Jordan's Principle to all Indigenous families and communities, taking into consideration that not everyone has access to reliable internet.

Services and Service Provider Improvements

Service Improvements:

- **General improvements:**
 - Have a general guideline (not "set in stone") of what services can be requested, what needs are categorized to be within the program and to have a standard practice for Case Managers. Some requests are for things that parents can be given from another organization. I have been told that the funds are for respite not for groceries or other requests.
 - More consistency and ease of access to appropriate services and supports would be helpful to all involved.
- **Respite** programs need further development.
 - Less hoops to jump through to access funding for Group Respite.
- **Mental health:**

- Expand services to relieve stress and meet the mental wellness needs.
- More recognition that mental health is as deserving and as important as health care needs.
- **Orthodontics:**
 - Refusals for orthodontics are generic and need to be more specific. The principle of substantive equality is taken into consideration by the Minister; however, First Nations children are at a disadvantage. One of the requirements for an orthodontic application is to provide the letter of refusal from NIHB, which states at the bottom that parents have the option to go through Jordan's Principle. Often, the application is refused anyway which does not reflect well on the Jordan's Principle initiative.
 - If orthodontics is said to be provided through Jordan's Principle, families have a chance at receiving this. It appears that NIHB rarely approves this service for families, and then families are then directed to Jordan's Principle. Jordan's Principle states they are willing to provide this service, but in reality, it is not often that they do, even with strong substantiating information.
- **Cultural services.** Regarding cultural services, Jordan's Principle needs to be more open to what the family would prefer to access, and the focus should be less on what ISC grants as appropriate cultural events. This is enforcing colonial ideals.
- **Treaty registration.** Incorporate Treaty Registration into the needs, as this is a SIGNIFICANT gap that many families face and could alleviate many of the future gaps in health, mental health, dental and eye care.
- **Teenage community initiatives.** More community initiatives for teenage populations in community.

Service Provider Improvements

- **Access to professionals** (Occupational Therapy, Physical Therapy, Speech Language Pathology, Psychology) needs to be prioritized. A better understanding of the lack of publicly funded occupational therapy, speech language pathology and physical therapy services and more approvals for private services.
 - More support for children with autism (training staff who can work at a high intensity with children, overseen by Behaviour Analysts) would further bring support to families.
- Ongoing support and training to local support staff to ensure they have capacity to be a resource to families in between sessions with the specialists.
- **List of service providers:**
 - Share information on professionals [that are qualified as vendors]. Often it is hard to find people to get quotes or to do the work needed, this can hold up applications.
 - List of service providers by category of culturally competent services.
 - Provide more resources or information on professionals in our area.
- All hospitals should receive information about the Jordan's Principle initiative and the services available.

- Promotional tools must also be created so that we can share them with other sectors/professionals

Finance, Staffing and Infrastructure

- **Funding policies:**
 - Create defined rates to facilitate application process.
 - Working within an organization, they didn't want Jordan's Principle accepting expensive contracts that would destabilize the unionized and public workers so appropriate rates had to be determined.
 - We are also working on a contract process now to create expectations and deliverables from service providers. This way we can monitor quality assurance, get feedback forms, do surveys, and set expectations like receiving assessment reports two weeks after rather than three months.
 - Provide government funding for an adequate number of years for initiatives and programs. Grants are very valuable but to sustain change at least 3 years of financial resources are required to build the foundations. Hiring a person with the vision and skills to support capacity building but only being able to guarantee that position for a year is counterproductive. Managers spend a large percentage of their time re-writing proposals, just to keep a program afloat. This structure delays program development and integration within community and linkage with other services in community. It's hard to link and integrate with other community services if one is always trying to keep their own boat afloat.
- **Receipt of funds:**
 - Implement an easier, more streamlined way to receive funds for expenditures, such as hearing aids, eyeglasses, buses.
 - One of the main gaps is that we are not set up for direct deposit. This creates delays in payment, as we submit the invoice and once it is completed, it is mailed out.
 - Limit funding delays for the communities.
 - It seems like there is a push to merge services to cut down on costs. E.g., A child's mentoring budget and respite services would be merged as the mother gets a break in both.
- **Greater access to capital expenditure funding.** Specific areas identified:
 - **Office space for Jordan's Principle staff and administrative needs:**
 - Provide more funds for programs and infrastructure. We should be able to buy a building that better suits the Jordan's Principle activities as opposed to just renting limited space. We need actual buildings for meeting with people and staying overnight.

- Provide proper facilities where services can be provided by Jordan's Principle staff and by specialized service providers traveling into the community. It is hard to do play therapy in a storage room without resources, but we do our best.
- Address the lack of working space, meeting space, lack of IT, lack of proper funding to account for program space to adequately make program more effective. For example, we have 4 people sharing an office, designed for 1 person. They share one phone, and two computers, there are no Jordan's Principle facilities to promote programming.

Staffing Needs

- Have the human resources and space to run the program.
 - Honesty, time management, communication, laughter, empathy, caring individuals to provide the service. These are all important and would be a great start to a great program with Jordan's Principle.
- More staff is needed to provide the level of service expected by Ottawa/Province.
- Ensure new hires are a good fit for the role.
 - Staff are concerned about job security and community members are concerned with losing services. Make Jordan's Principle a program.
 - Adequate funding for local coordination (hiring sufficient resources).
 - More clinicians/physicians so we can get into every community.
- More money needs to be allotted to coordination of Jordan's Principle as it seems that many service coordinators are over extended and struggling to keep up with the number of requests based on staffing. More money towards adjudicators.
 - Reduce the administrative work, especially the submission of annual reports. Everything related to administration is done at the accounting department because service coordinators are not accountants. The realities of the First Nations' communities means that social workers assume many roles at once. It becomes difficult to take care of the accounting and keep track of payments, as well as the overall budget.
 - Service coordinators need tools for tracking, data collection and to facilitate financial reporting.

Other Programs and Family Needs

- Building accommodations for a 'single moms' program.
- Low income families struggle at times for food and can't afford devices, or connectivity is an issue.
- Infrastructure and the ability to help people live in healthy homes should be included. A lot of the health issues people suffer from are because of a lack of adequate housing. Houses should be able to withstand the changing seasons, and there shouldn't be overcrowding. This can create mental and physical health problems and can exacerbate the spread of

infectious diseases such as tuberculosis and COVID-19. The root of the problem isn't just access to health care; it is the type of environment people are being forced to live in.

Collaboration and Information Sharing Improvements

Collaboration:

- Involve all resources available in the community, have Chief and Council on board – connection is important.
- Break down silos of service and encourage connections to help families and staff. Linking services in communities and encouraging them to work together makes all services stronger and streamlined. For example, Jordan's Principle linked with the schools, nursing stations, Health Centres, and child welfare agencies can benefit services.
- Liaison and advocating for the client and family are of great importance.
- Share what other communities are doing and how they are implementing their program. We are working on rates/policies and procedures, as well as trainings but it would be nice to have ideas from other communities. It was great to receive a contact list this year of all the program officers.
- Consult with other Nations to show there is a dire need for services across the First Nations country.

Information Sharing:

- Information sharing between Focal Points and coordinators about changes in provincial funding, updates within the provincial First Nations agency, a "newsletter" that keeps information current and accessible.
- Having a Focal Point contact for our area would allow for relationship building, capacity building.
- A message board for service coordinators to ask questions. Zoom conferences to get to know other service coordinators.
- Communication from the regional office needs major work. For example, one respondent described how they started out as the only service coordinator in the southeast of the province. Last year two reserves hired their own service coordinators. There was no communication that this was happening, or what, if any, the relationship should be between the existing coordinator and the new hires.

Training and Orientation Improvements

- More funding.
- **Mentorship and coaching** for Jordan's Principle teams, especially new teams/hires.
 - Training for service coordinators on financial reporting, how Jordan's Principle works, new hire training for Jordan's Principle Coordinators, training on existing programs, etc
 - Have a resource available to help with looking into available resources, programs and services.
 - More training on how to complete a successful group request.

- What resources are available for Opioid babies? Is there any training or ways of supporting them and their families that service coordinators can be aware of?
- Share regular updates of what is changing in Jordan's Principle and not just be informed months later.
- Being able to have First Nations people providing services through continued training and other systems in place to provide Jordan's Principle jobs in communities.

System-Level Improvements

- **Better understanding of community barriers/needs and their impact:**
 - A better understanding from reviewers of the barriers experienced in the implementation of services and a commitment to examine and address those barriers. Regardless of where a First Nations child lives, they are to have equal access to health, social and educational services. If services, for example, gas mileage for medical appointments and SLP [Speech Language Therapy], OT [Occupational Therapy], PT [Physiotherapy] services are approved but there still remains barriers due to families having no vehicle and or lack of service providers then the gap still remains and children don't have equal access.
 - ISC needs to be sensitive to the requests that are needed for our children on/off reserve, especially at the time of COVID 19, and for children that are being orphaned in the communities, due to the Opioid crisis. Many of our First Nation families are dealing with grief and loss. As First Nation People we continually experience trauma. Protect our children, if agencies are requesting for group funding to assist/combat the Opioid addictions, approve the request to prevent the loss of lives for our First Nation People/children.
 - Focus on the unmet needs of teenage children in communities. Many of these children don't get a chance to continue their education at a high school, especially the communities that have to send children away to attend high school. Finding a way to engage and provide education to this population is key to the continued success of Jordan's Principle.
- **Eligibility/Access**
 - Ensure every child has access, whether on/off/Northern Affairs, urban, rural or off-reserve Metis people.
 - Ensure children who live on-reserve have access to similar resources that children in cities do.
 - Include adults with intellectual disabilities.
 - Develop an initiative for the youth who are going to age out of eligibility for Jordan's Principle.
 - Many families who access Jordan's Principle are educated and working and don't need the financial support and are able to apply and navigate the system, while those living in remote communities or in extremely low-income situations don't know about the support and aren't capable of applying. These children fall through the cracks while those who know how to navigate the system take full advantage.

- **Increased community-based capacity**, and secure funding, improvements in housing, food security, cultural approaches to family system's needs, protection, parenting, justice, and strategies to address the intergenerational trauma from the Residential school system, as well as systemic racism that perpetuates further trauma and disparities all need to be addressed.
- **Jordan's Principle:**
 - A commitment to Jordan's Principle is required. Need to ensure Jordan's Principle continues to be valuable to support and assist families.
 - Jordan's Principle needs to be de-politicized and incorporated into a service stream that is independent or closely aligned with a governing body that can support the Jordan's Principle mandate.
- **Monitoring/Accountability**
 - There are also many group/community requests that are accessed and not utilized ethically (monies going to Chief and Council family members, purchasing vehicles, etc). There needs to be more accountability/reporting for those community applications to ensure the children are receiving the supports.
 - All coordinators should be serving every child who is eligible for services/products/equipment and not just band registered members off and on reserve, I know some communities who are currently doing this, and children are being discriminated against by their own people. Chief and Council need to be more involved especially the portfolio holders of education, health, and social services. Talk to other coordinators.

QUESTION (2/2): Are there any lessons learned and/or promising practices you would like to share about providing service coordination through Jordan's Principle?

Seventy-five (75) survey participants responded to the question. Nineteen respondents sated either “unknown” (5), “none” (9), or “I’m still learning” (5).

Enhancing Service Coordination and Application Processes

Service Coordination:

- Explore all other options before making a Jordan's Principle request to minimize the chance of denial.
- Manage files and follow up with families is most important to ensure they are receiving what they need. It is also important to follow through with the appeal process and encourage the parents not to give up.
- Provide case management. It is a huge gap in communities.
- Since we had to develop the service coordination process, we were able to create something that fits our community, people are very happy for the supports we provide (sans-COVID).
 - Be flexible when building your program- if something isn't working, throw it out and try something else.
- Be open and honest about timelines.
 - Warn families that requests can take months to be approved and to be patient with the process.
- Write everything down. One child at a time. Ask for help from regional or national headquarters. Talk to other service coordinators. If in doubt, ask!
- Ensure several coordinators per community, as needed.
- Understand the importance of confidentiality and ensure family/guardian has given explicit consent for releasing/requesting information.
- Advocate for families. There is often a lack of knowledge of available services and lack of access to such services for families living on reserve. Completing assessments simply because it is "protocol" for ISC is not always helpful for families. There are gaps in publicly funded services that are difficult for ISC to see.
 - Take the opportunity to empower parents/guardians/caregivers to advocate for their children. Where once they saw just a bunch of "closed doors", they now "jingle" their "keys" and step forward. It took me a while to stop doing everything for everyone and trying to fix everything myself, it freed me up to empower parents/guardians/caregivers access services themselves.
- Develop reporting tools and service agreements with parents and outside resources. “We want to create a partnership agreement with the school board in our territory. This will facilitate exchanges between teaching and professional staff, and the monitoring of services/products offered for youth attending this school board. In addition, we want to promote

the service to my community members living off-reserve, as they are often less aware of the services to which they are entitled.”

- Be willing to work outside of office hours. Take care of yourself, do daily self-care because sometimes what we learn about our clients can be very traumatic.
- Keep updated with the CHRT Rulings and with Child and Family Services.

Application Process:

- Learn how to sort out the application processes. Having the support from the Jordan Principle staff has helped in answering questions or assisting to complete an application and get it approved.
- ISC recommends ‘option to provide’ supporting documents, however, without these documents there will be a delay, and the Focal Point will come back and ask for them, even if the request is under Substantive Equality
 - Approach every file with dignity and respect and do not give false hope for applications. Work with the family to gather strong supporting documentation to have a good application.
 - Ensure time and patience is provided to families to allow them to express the difficulties and barriers they are facing, and to collaboratively work with them to navigate the process.
- There needs to be a database. There have been times where families are referred back and forth to different Jordan's Principle coordinators, but a family should only need to do one intake, be in the system, and know that their file will not be missing or end up in the wrong Jordan's Principle office.
- The more information provided in an application the better. Families can be in great need of services, but that doesn't guarantee an approval.
- Assist other professionals in the writing of recommendation letters for children, as well as completing draft letters for Bands when requiring supporting information for applications.
- Assist families with the communication with professionals in determining child need and obtaining the necessary documentation for application. Attach a letter that speaks to the child/family circumstances in detail, which assists the Focal Points in their review. Review the application draft with families prior to submission.
- Appeal denials as much as possible. Always send every request with as much documentation as possible to support the request so the adjudicators have a well-rounded picture of the needs of the child.

Building Relationships

Families:

- Building relationships with the families is very important, gaining trust of the parents/caregivers, building positive connections with children and families; hearing their narrative about their life to identify unmet needs. Many families

become so accustomed to going without appropriate supports and do not always want to ask for help, but if that relationship has been developed, the service coordinator can help them to identify their need. Sometimes it can be difficult to keep parents engaged.

- Living on a small reserve everyone knows everyone, but the service coordinator must treat all clients equally and respectfully. Sometimes you need to prioritize what is needed with the family and organizations involved.

Community:

- Building relationships with a community needs to come first. Building a strong relationship with the Case Manager and Health Director, as well as their staff, helps to provide the services in the community. Being consistent and following through builds those relationships.
 - Collaboration with the Jordan's Principle Teams, other Tribal Council Service Coordinators and the Regional office.
 - Building relationships with schools and community partners from all businesses to secure services and avoid duplication. Provides better follow-up and provides quality services to the child. Multidisciplinary services are effective.
 - Consistent service providers in a community are important for relationship building. Once trust and rapport are established, service can be provided more effectively.
 - Work with other organizations in and outside of the community like schools, day cares, youth centres, other departments in your own organization.
- Have forums and community information meeting where the members have a chance to say what is needed, what the gaps are.
- Engage Elders/Knowledge keepers - infinite sources of information, history, and culture of the community. We have weekly Elders' Teas to share stories, information, community history and fellowship with our Knowledge Keepers.

Focal Points:

- Work with the Focal Points.

Meeting Family and Child Needs

- Families often report a better quality of life for the whole family once they have the necessary supports in place.
 - It is very rewarding when you can help families and children and they have positive feedback after their needs are met. Without Jordan's Principle, there would be a lot of stress, anxiety, depression, and suicide attempts.

- Help every Indigenous child, not just the ones that are close to a Jordan's Principle office. Northern communities, off Reserve, and Metis have trouble accessing or do not qualify. Every Child Matters - we must go back to why and make it better.
- Have the infrastructure and support in place for the success of the Jordan's Principle initiative in a large community.
- Greater integration, autonomy, and social determinants of health for First Nations communities and their peoples are needed
 - Use standardized assessments and screening tools that can help to identify the need
 - When a parent comes in with multiple applications, start with one and get it completed, submit it, and start on the next application; especially when these are historical files.
 - Plan and coordinate activities through Land Based Programming for traditional ways of learning what role Mother Earth plays in our lives and respecting yourself and others, as well as tradition of how life once was, with hunting, fishing, gardening etc. Youth Land Based camps and Preschool/afterschool initiatives are also very well attended.
 - Hold seasonal/themed events for families, children, and youth
 - Continue to build on the service coordination so that children will continue to benefit from the initiative.
 - Consider virtual therapy, if bandwidth/connectivity issues are addressed.
 - Identify best practices for respite services. Many people are a respite provider as a form of income. This program should not be used as a form of income. It is to help families and children who need a worker to step in from time to time.
 - Ensure all families have fair access to specialized care, such as mental health. Early identification and intervention are only possible because of the infrastructure and additional community resources that are now present to support the families and help to address barriers to ongoing access or to provide day to day support and coordination.
- Students and families want outside service providers and not those from the community, which is interesting given the mandate of Jordan's Principle.
- Provide more trained therapists in communities for children with disabilities, as well as trained people in the education systems in communities. Families don't want to send their high needs children to school on community because they need special training.
 - Jordan's Principle can fund Educational Assistants' training, but often EAs aren't guaranteed to stay working there.
 - Provide more professionals assessing children. Children are often waiting years to be assessed and funded for services.

- Examine and build boundaries around the poverty issue. As most indigenous families associated with Jordan's Principle program are in a low socio-economic position, families and other service providers assume Jordan's Principle will help them buy food, clothing, rent, etc. We are able to provide immediate funding for these things.
 - There needs to be a budget section where we can justify providing financial supports. Many families don't have basic needs such as running water, shelter, and usable kitchen. These needs must be met before we can encourage motivation and our services.

Facilitating Communication and Education

First Nations Leadership and Community Members

- Educate and inform the community, Chief and Council about Jordan's Principle. Awareness of Jordan's Principle in community and with service providers is key to accessing these supports. Families who need it most often don't know about Jordan's Principle or have the capacity to apply, as the system is difficult to navigate.
- Inform entities on reserve about how they can assist in providing services to children.

Families

- Inform families of long wait times, being patient when waiting to hear a response from ISC.
- Have a one-on-one meeting with parents explaining Jordan's Principle services to avoid the requests that are made by the same parents on a regular basis.
- Listen to concerns and consider how to respond to them is the most effective way to build relationships with parents and their children. Without effective communication and genuine concern, the parents will not be as responsive or likely to come to us for assistance.
- Be understanding, be honest, be straight forward with what is needed for the service coordinator to help them. Make them aware of how the service coordinator can help. Listen. Every child and their family are different. Have strong communication with the person you're submitting the request for.

Staff

- Work as a team, not in silos. It's all about teamwork, teams helping each other out on this journey.
- Need education for the Jordan's Principle service coordination team to help them understand the families they assist.
- Need education on seizures, healthy eating for a client with high blood pressure, diabetes, etc. Learning about Down's Syndrome, Cerebral Palsy, Autism, ADHD etc. to help our families better.
- Need reporting to a better standard. This is a new program so learning from the ground up.

- Understand how to provide substantive equality.
- Need community control of Jordan's Principle teams, but also still need mentorship and coaching to do their jobs. Some communities have an excellent process and receive many referrals. Other communities, with higher turnover in Jordan's Principle staff and other service providers, often are unaware of available services or when to refer.

9.2 Focus Group Findings

QUESTION: What improvements would you suggest to Jordan's Principle: service coordination processes, policies, and funding? How could it work better to help First Nations [and Inuit children for the northern territories] children and their families?

"The needs of southern and northern communities are vastly different. There needs to be an understanding of needs within communities, and an understanding that these needs may not align with a western perspective of what is culturally appropriate. The needs of communities differ by Nation, by location and by accessibility and cannot all be evaluated under a blanket of homogeneity. Having a better understanding of this would be a true reconciliation movement on the part of the government.

Responses about suggested improvements of Jordan's Principle are listed in order of frequency mentioned.

Application and Appeal Process Improvements

Application Needs

- Create a streamlined, consistent online application process with clear criteria and consistent procedures and policies to eliminate inconsistencies, back-and-forth for information and prevent delays and gaps.
 - Streamline the application intake form. Parents don't understand them as they are long, redundant, and complicated.

- Create an online application/portal that would have request status updates so that service coordinators wouldn't have to email or call Focal Points to see where the request is at. An online application would allow files to be submitted together and prevent lost or forgotten files.
 - Examine the process of the Focal Point receiving the application and having what they deem is sufficient information to justify the request.
- Create a basic procedure manual that each region can adapt to their needs.
- Maintain consistent timelines, with fewer delays in request approvals, adherence to the mandated timelines or change the timelines on the website to be more realistic.
 - Remove mandated timeframes from the website if they are not reasonable, to manage expectations and protect service coordinators.
- Don't require new assessments every year for long-term diagnoses, such as FASD. For the renewal process, new documents are required which are often challenging and frustrating to have to get, especially if there are waitlists for these assessments (FASD has a two-year waitlist in the one region).
- Make group applications easier.
- Have longer contracts once a program is in place.
- Have documentation requirements that are straightforward and manageable. Documentation is to reflect the need for the service, but Focal Points are requiring the benefits, length of time, and what would happen if the child didn't receive the service. Every year at renewal, more information is being required and the professionals are not prioritizing these letters; the services go unrenewed and there is a gap in services.
 - If nothing has changed at the annual renewal, a letter stating as such should be acceptable.
- Getting letters from professionals, teachers, service providers during COVID has been a challenge. Develop a template for service providers to fill out as a support letter.
- Do not make a family's financial situation a part of the application process. It isn't about a family's financial situation, but about filling a need.
 - Jordan's Principle is reconciliation and not just for First Nations people living in poverty that was created by colonialism, but for every First Nations child in Canada; it is not a low-income program.
 - It is a rude question to have to ask about their financial situation. I get bothered when they come back and ask if there is a family member that could buy it or drive the kid. If they had a family member that could do it, they would do that rather than this massive process so no I'm not going to ask them that. I'm not going to potentially create a divide in a family. We don't want to create more problems and we shouldn't have to ask that.

- It is good for the service coordinator to have a relationship with the family, and be careful in how questions are asked, but they shouldn't have to ask these questions in the first place.
- Make requests “culturally appropriate”, as defined from a First Nations cultural perspective, rather than a colonial Canadian perspective.
 - Service Coordinators and Focal Points sometimes have different understandings of what makes a request culturally appropriate, especially if the definition is from a Western perspective, rather than an Indigenous perspective.

Denial and Appeal Needs

- Provide explanations for denials in the denial notification, with an appropriate level of detail.
 - An appeal can't be made without the reason and, waiting for a letter that explains why, delays the appeals process.
 - Explain denials with specifics so the information can be passed on to the family.
 - Children with life-long diagnoses such as autism or FASD shouldn't have to submit paperwork every year, confirming they still have that diagnosis—it is not going to change, and it is often difficult to get the required documentation.
- Provide a guide for writing an appeal.
- Create regional appeal boards that would be a step before going to the national appeal board. This could speed up the appeals process and reduce the months of delay to get a response.

Focal Point Staffing and Process Improvements

“Training that educates how past traumas are affecting how children are being parented (Elders who were in residential or day schools, the 60s Scoops, didn’t gain parenting skills, didn’t pass them down to their kids), First Nations children don’t receive the same sort of parenting as non-Indigenous children because of the abuses and traumas that have been passed down. I guess that’s what I mean about being more culturally sensitive to our First Nations people. You know, that they haven’t ever had to witness that. So, they just think things are the same on First Nations communities as off reserve, on the upbringing that they had. There’s a big difference there. This also comes up with regards to parental consent. Sometimes kids are not in care but also not with their parents, so the person caring for them can’t give consent because the parents still have rights, and Child and Family Services can’t sign off because the child is not actually in care, and Focal Points won’t accept a guardian’s consent, and parents can’t give consent because they are often not in contact with the child. There needs to be an understanding of family dynamics that can exist on-reserve. It feels like the system is making it more difficult to get services for children who really need them but aren’t in care.”

- **Consistency in documentation and approvals:**
 - Need consistency among Focal Points as to what documentation is accepted, and what is approved.
 - Provide clear criteria and clarity around what documentation is needed, including for respite request approvals/denials.
 - Have consistency in the Focal Points, with whom a service coordinator is working, would allow for relationship development; increase efficiency of application processing and reduce the number of people working on a request. Regionalizing the Focal Points may help with this.
 - Need consistent staffing, training, and guidelines for Focal Points.
- **Connect, communicate, and collaborate with Focal Points to help prevent delays:**
 - Having a working relationship with the Focal Point allows for better understanding of the service coordinator and their community and its needs. If there is an issue at the community level, the service coordinator can ask the Focal Point what is needed to fill the need.

- Having a short phone discussion with the Focal Point can save a lot of time instead of having emails back and forth. Having long back-and-forth exchanges create delays. As a service coordinator, having to constantly send messages asking for updates disrupts a balance in the relationship and creates a power imbalance rather than a sense of collaboration.
- Having regular meetings to discuss challenges or update on all requests and information requirements that are pending would be more efficient.
- Focal Points in local areas would be beneficial in terms of time zones/working hours.
- Keep Focal Point contact list up-to-date.
- Being able to call or email directly to discuss requests would be beneficial.
- Having an updated phone contact list would help, rather than having to use the generic phone number and email and reaching someone different every time.
- Advocate for the family, but much of that would be alleviated with better communication with the Focal Points.
- Service coordinators manage frustrated and angry families who find out that their request was denied. Service coordinators must explain the process to families and make it clear that service coordinators are not making the decision.
- **Cultural competency training:**
 - Need cultural competency training for Focal Points, for them to understand what dynamics are present in First Nations communities and on reserve.
 - There are a lot of traumas in the communities, and it is important to have that consideration when reviewing these applications. Generational trauma and such make these children's cases much different from those who are not First Nations and haven't experienced the generational trauma and all those challenges. More understanding is needed.
 - Training to inform a better understanding of First Nations cultures and the dynamics of living on-reserve versus living off-reserve, such as three families live in one house because there is a housing shortage on-reserve. There is also a lack of understanding of histories and trust. With a better understanding of how things are done in First Nations communities, it could prevent unnecessary questions and requests for more information.
- **Focal Point staffing:**
 - Hire enough Focal Points to manage the number of requests and improve wait times. Focal Points should revise timelines with the service coordinators to manage expectations.
 - Ensure that Focal Point caseload is manageable so that they have time to spend thoroughly reviewing applications along with supporting documentation and letters to prevent missing information that is already included. For

uncomfortable or possibly intrusive information requests, the Focal Points could ask the family those questions themselves instead of asking service coordinators to do it.

Service Coordinator Improvements

▪ Collaboration and Communication Processes:

- Work less in silos, including coordinators in different communities, because they lack the tools to collaborate. It is difficult for coordinators to connect with all sectors of the community (CEP, school, health, social services, etc.). Communities are used to working in silos because of ISC programs, so it is difficult for them to coordinate the needs of other sectors and work together on an application.
- Develop a resource that explains what Jordan's Principle does versus what other agencies do. More ways to get word out that Jordan's Principle exists, what it does and what it can offer to families.
- Develop a method for connecting with other coordinators:
 - Create an internal Jordan's Principle website for service coordinators with privileged access for sharing, whether it's suppliers or financial management tools. Such a site could help standardize the way service coordinators work and process requests. There could be a discussion forum or chat to share information with other coordinators. It would be good to have it covered by Jordan's Principle and not require all the regions to request it individually.
 - A national conference or convention of service coordinators would be helpful as they could share knowledge, lessons learned and success stories.
 - It is important for coordinators to have a support system.
- Include service coordinators in the conversations by implementing some sort of strategic planning meeting.
- Create a list of service providers to share with families to alleviate stress around knowing where to go for services.
- The Provincial Education and Health systems are so colonial and challenging to navigate. It's easier for First Nations families to come to First Nations organizations first because it's more comfortable. We need to have a relationship with both; we have to work very hard with communication and trying to work with them in regard to any Indigenous students.

▪ Staffing Needs

- **Recruitment:**
 - Hire enough staff to manage the caseload.

- Train Human Resources on how to look for professionals to work in First Nations' communities (e.g., internships, presenting at universities, subsidizing accommodations).
 - Clearly define the service coordinator role.
- **Administrative support:**
 - Have multiple jobs under Jordan's Principle umbrella (e.g. communications, intake, finance) so everything doesn't fall on service coordinator.
 - Provide administrative support for service coordinators to be able to spend more time on files.
 - Provide a communications person would be valuable for informing and educating about Jordan's Principle.
- **Training**
 - Provide ongoing training for Jordan's Principle Coordinators that is consistent across the country. (How to complete an application, financial reports, information sessions on existing health programs, social services and education, etc.). There is a high rate of turnover, and when the new coordinator comes into place there is no training and no one to transfer the knowledge.
 - Offer workshops with other coordinators where they could all learn together and collaborate.
 - Provide mentorship and guidance for how to navigate the application process; possibly have a checklist for all the steps in the process.
 - During orientation, ensure that coordinators know what data needs to be collected and how it should be collected.
 - Provide all standard forms required for requests and ensure there is appropriate training for coordinators on how to fill them out and submit them.
- **Data Collection**
 - Have streamlined data collection tools/database/template to save time in collecting data that is reported to ISC, as well as collecting information that might be reported at a community level, depending on how Jordan's Principle is set up, such as reports for Band Council or Annual Reports, and tracking requests.
- **Funding**
 - Have funding guaranteed for more than a year (currently service coordinators sign yearly contracts, and don't have job security beyond that year). Have 5-year contracts, instead of year by year, so that planning can happen, staffing is stable, and families know the staff, for a longer period of time.
 - Funding for coordination should be tailored to the needs of the community (1-2-3 coordinator positions as needed).

Intake/Access Workers

- Provide clarity around the role and authority of the intake/access workers, what kind of information is being collected and what questions are being asked, whether they can turn anyone away if their request is outside scope or if there are other resources.

Remote/Isolated Community Improvements

- Consider each community separately and have different criteria for remote communities.
- Bring services to isolated communities to close gaps in service and to benefit the whole community. Instead of flying a child to a city for services and having to support the whole family during the trip, provide the service (such as occupational therapy) in the community. It benefits more than just that child. It's hard to do things like measurements for equipment over Zoom.
- Don't move youth off reserve to access services that should be available on reserve.
- Consider remote communities as special case for funding approvals:
 - Costs are much higher to have things shipped to remote and northern communities but having caps on things like laptops limit the ability to fill the need. They are expensive to ship, and if it breaks and needs warranty service, it is more costly as it has to be shipped somewhere to be repaired. Warranties and service fees for repair coverage are being denied but are a necessary cost involved with owning a laptop in these communities.
 - Communities are spread out and vehicles are required because if a child can't get to the program, they can't access it.
 - Some services have never been increased and are almost non-existent; the local therapeutics team has been non-stop because services in the community have not been available and there is a big backlog.
- Develop a working relationship with schools and others.
 - Schools need to understand challenges that children are facing such as:
 - School food programs: high cost of food in the north is an issue (flown into the stores); programs like Nutrition North help to offset some of the costs
 - Most families don't have employment and rely on child tax/benefits, EI, income support. Most of these families rely on Jordan's Principle funding because there aren't enough jobs for everybody and if there are, they are contract and short term. E.g., family wanted to apply for groceries and needed support from teacher, but teacher said she was uncomfortable because she didn't know family financial situations. But there is no one else to write a letter/offer support. No other professionals in the community, many fly in weekly or so.

Escalation of Applications to National Office

- **Escalation process:**
 - Have a designated person at the national level to contact for follow up. Currently, different answers are received depending on who a service coordinator speaks with.
 - Need a clear understanding of the escalation process. Service coordinators should be included in the process, since they are the people working with the family and understand the situation, but the only review that currently happens is between the Focal Point and the national office. The family has a right to have their frontline person involved in the discussion.
 - Have a timeline for when a request goes to the national level. Define the wait time once a request goes to the national level, so that families can be informed and prepared for the wait.
 - Need consistency when a substantive equality request is escalated to Ottawa. There are currently inconsistencies in which applications are approved and denied. There is a perception that if a request is escalated to the national level, it will be denied.
- Need an Ombudsman oversight for Jordan's Principle.
- Move away from measuring Jordan's Principle from colonial structures and a pan-Indigenous approach. Assess needs at a community level. Cultures differ greatly from region to region.

Managing Specific Types of Requests

Work in conjunction with NIHB, because NIHB refers them to Jordan's Principle but then it is denied. One participant described a specific case, where there were two siblings with very similar dental issues and need for braces. One sibling was covered by NIHB, but the other was denied, so they applied for Jordan's Principle with six letters of recommendation from various professionals, an Elder in the community and the principal of the school and was told that Jordan's Principle was not a financial resource and was denied. When the coordinator brought it up at meeting with Focal Points, the Focal Point told them to suggest the child access counselling through NIHB because it is free for First Nations people, which is just a bandage not a solution. Rather than getting counselling for low self-esteem due to dental issues, the issues should be fixed.

- **Orthodontics**
 - Develop specific criteria around what is required for a successful orthodontics request. There are clear guidelines already, and even if all guidelines are followed, the requests are denied. The guideline for having a mental health professional or teacher attest to bullying has no clear reason and requires extra time and sometimes money to get that letter. Dentists' letters outlining why orthodontics are required should be accepted. Some children can't be taken to a mental health professional for a letter, as it is traumatizing for them.
 - One participant described how they submitted a number of orthodontics requests, and all except the one that was most crucial to be approved were approved, and the important one was denied.
- **Fencing**
 - One participant described how they had a request for a whole bunch of fences in one community but one Focal Point said, "Oh no, we can't do that" and it ended up being the one request with the most needs.
- **Education Assistants**
 - Some K-12 students need some support in the schools. They created an "Inclusive Worker" because EAs couldn't be hired due to the regional education collective agreement.
- **Vehicles/transportation needs**
 - The request for vehicles was denied. Transportation is key to get children to the program. They learned that about 100 students were not attending school as they couldn't meet the bus schedule due to time, family situation, other things happening in their lives.
 - Need more flexible arrangements. Early Years program is dependent on vehicles so they can visit and get to the house.
- Have a guideline on the definition of a gap in service to differentiate between a need and a want.

Funding/Finance Improvements

“With the lack of services and resources, and dealing with at risk families, it’s about substantive equality. Putting programs in place, even universal programs, is more cost effective than if individual referrals were submitted, and that would be difficult to track and maintain over the long term. When doing a universal program like our wraparound model, it’s more cost effective, easier to track but we need to make sure that funding is in place in a timely manner. You want to be able to ensure continuity for people with jobs.”

- **Length of time to get formal approval letter:**
 - The formal approval letter should not take so long to arrive. Service providers need the approval letter with direct deposit information to start the refund process, and it takes a while for reimbursement. This sometimes discourages service providers from working with children funded by Jordan’s Principle.
 - Approvals need to be funded without delays to prevent gaps in need fulfillment. Having a funding pool would prevent delays in purchasing equipment and products. Currently, approvals are received, but then funding doesn’t arrive until months later, and products can’t be purchased until funding is available. Usually, service providers will start services immediately and send a bill, rather than waiting for the funding to arrive. A funding pool would need to have accounting mechanisms for tracking expenditures.
- Find out if is possible to not include the cost estimate. Basically, it is the service they approve, not the cost.
- **Funding reimbursement:**
 - Give communities lump sums to pay out Jordan’s Principle approvals.
 - Revamp the reimbursement process by engaging service providers and have them cover up-front fees and wait for reimbursement.
- Address contract renewals and amendments: Every time that we get a respite approval, they send us a new contract. I have to chase around board members to sign a new contract; the amendment to the contract is constantly changing and I’m having to get signatures for the contract because they did an amendment.
- Create a procurement area to purchase products.
- The reporting requirements for funding should be very clear and transparent so that data can be tracked.

Service Provider Improvements

▪ Funding

- Provide First Nations funding for health services that are equal to what can be accessed off reserve, so families don't have to travel for appointments. It's a stressor when they have a medically fragile child and have to transport from up north all the way to urban centres in the south to see specialists.
 - Have funding so communities could bring that service or specialist to them so families don't have to spend a week away.
- Examine where gaps exist, look at funding being provided to address those gaps. Collect more data, if necessary, include a panel of service providers who could describe what challenges they face and then have funding to fill those gaps.
- Hold NIHB accountable to support First Nations people. NIHB is skipped over as a resource on the way to Jordan's Principle and that is a Treaty right, but there are struggles with NIHB, as it feels challenging to just get them to look at some applications, not seeing any changes with policies changed.

▪ Staffing

- Validate service providers.
- Provide cultural training, trauma training, history and intergenerational trauma training and hire more First Nations staff.
 - It is difficult to find culturally competent suppliers.
 - Lack of suppliers in remote areas.
 - Service providers who are culturally safe, aware and trauma informed are the ideal.
 - Pair non-Indigenous professionals with Indigenous people for service delivery. Expertise is shared and it avoids issues from misinterpreted relationships or parents who don't feel comfortable with professionals. E.g. One community has speech therapist and occupational therapy assistants who work with the non-Indigenous professionals.
- Provide monitoring and hold accountable service providers that are receiving extra funding for serving Indigenous people, to confirm communities are actually being served.
 - Ensure it is not just an empty claim to receive more funding that should be going toward reconciliation. Vendors and service providers increase their fees when they know that the government is paying the bill.
 - Some communities have blacklisted service providers because they increase costs for services significantly when they know it is being paid for by Jordan's Principle or other government funding.

Collaboration and Information

- Develop community resources explaining different services and agencies.
- Work together with different agencies and departments to get kids registered. It can take 6 to 8 months.

Aging Out Improvements

- **Create a bridging program or transition period** so that services aren't dropped when the child reaches the cutoff age. Possibly do a needs assessment when the child is in their mid-teens? Try to prevent interruptions in services.
 - A reasonable transition period would be a couple of years, considering that most services have waitlists. This would allow for services to be set up and know that the child will continue to have their needs met.
- **Collaborate with other provincial agencies** to see how to meet needs once a child turns 18. Needs don't necessarily change as children age. Child and Family Services, AFN, The Caring Society are other entities trying to figure out a solution to the problem of children with disabilities or disorders turning 18 and being cut off from services and left to fend for themselves.
- **Consider a standard cut off age** across Canada so that kids don't lose services if they move between provinces.

Jordan's Principle Improvements

“There should be an evaluation of Jordan’s Principle. Doing an evaluation in a way that is actually going to be meaningful to the work, guiding the order and how it's done. And I think it has to be done through establishing and understanding protocols within every individual community and then looking at how do we address that as a collective? How do we come together? Colonial frameworks around evaluation don’t allow for multiple truths from community to community, and within a community. There is a hypothesis and outcomes should meet the hypothesis to deem something a success, and this perpetuates the system as it already exists. Evaluation needs to utilize Indigenous ways of knowing and utilizing that thought process in a decolonizing way to affect change.”

*Joss Ann Johnston, Maameegwum Ndizhinikaaz, Anishnabek Kwe, Makwa/Nigig N’dodem,
Independent First Nations Jordan’s Principle Navigator*

- **Adhere to the purpose of Jordan’s Principle:** get the child the service and deal with the bureaucracy later.
 - Some requests go above normative standard, but expectations to get more information combined with wait times create gaps that shouldn’t exist.
 - Requests should be approved so the service can be put in place, then the information to support can be supplied.
- **Examine whether Jordan’s Principle is being implemented in an authentic way** that serves reconciliation on an individual, community and Nation basis. We don’t want to assimilate these children to be productive members of Canadian society, but to enable them to be productive members of their own cultural society.
 - **Consider the cultural differences in the understanding of government** between Indigenous people and their colonial counterparts.
 - **Provide clarity around the boundaries of Jordan’s Principle.** “I feel like sometimes we set families up for excitement but then have to have hard conversations for denials—i.e., emergency rent requests with no medical need behind, do they have a safety plan/backup plan, is that my job? Do we call crisis? What is my role?” It’s really about managing expectations especially if there is a high chance the request will be denied because it is out of scope.
 - **Look at gaps beyond Jordan's Principle.** Children and youth who were once worked with, end up incarcerated, homeless, passed away. There needs to be care beyond the age of majority.
 - **Sometimes Jordan’s Principle is the first call for funding** before provincial ministries services are used.

- **Jordan’s Principle takes calls from families with non-Indigenous children in remote communities** because they can’t access services they need.

Substantive Equality Improvements

“Substantive equality has been an issue. I’ve had parents who have said “What does my grandfather, grandmother being in residential school have to do with my child needing braces?” How do they answer that question? My child needs braces because a grandparent went to residential school, doesn’t make any sense to me. My child needs braces because they’re hiding their smiles. They’re hiding their faces because they’re feeling inadequate, they’re feeling ugly, they’ve low self-esteem. It’s got nothing to do with residential school, it’s got to do with how they’re feeling inside and how they look. I’ve had parents say to me “Well how bad do I have to make it sound to get the help I need? How bad do I have to exaggerate my life?” We shouldn’t have to ask those questions. They shouldn’t have to answer those questions.”

- **Provide clarity on information required** for substantive equality requests:
 - **Have consistency among Focal Points** in the level of detail and amount of information required for a substantive equality request. Some ask for the family’s history and what they’ve tried before accessing Jordan’s Principle, but some want more information which is frustrating, especially if they ask for information that simply can’t be given.
- **Accept a request through substantive equality**, understanding there is a reason for it and the Focal Point should not question the service coordinator about other options.
- **Focus more on substantive equality than on the normative standard** of Canada because the normative standard has underserved Indigenous people. A framework should be created that addresses administrative issues that are filtering through a colonial lens.
 - Normative standard is set for Indigenous children in comparison to Canadian children, but we are not trying to make Indigenous children into Canadian children, and their needs are different and that should be recognized.
- **Examine the substantive equality questions and refocus them** away from the victimization of First Nations people or get rid of them completely.

- It is not trauma-informed and is actually traumatizing for families. The questions are intrusive, triggering and traumatizing. They are not respectful or strength-focused. There should be better ways to address the differences in equity than having to ask people to dredge through their histories, family traumas and challenges. Every single First Nations person has trauma, whether it is lived trauma or intergenerational trauma, and the questions need to be trauma-informed. Families get tired of telling their stories and feel judged on who has the biggest “sob story.”
- The questions are difficult for families to understand. Service coordinators try to explain and rephrase in ways that are easier to understand the intent, but the questions should be written in a way that the family can understand. It is unfair to ask families to justify their needs this way. Some families refuse to answer the questions because they are too upsetting.

9.3 Interview Findings

Interviewees were asked two questions pertinent to this section.

QUESTION (1/2): For those policies that are problematic, what improvements would you suggest?

“Clarify, at the federal level, the meaning, implications, and full promise of an approach rooted in substantive equality. Genuine substantive equality requires that both the concrete conditions of inequality be remedied, and that the structural sources that reproduce it be transformed. Substantive equality is both a process and an end goal relating to outcomes that seeks to acknowledge and overcome the barriers that have led to the inequality in the first place.”

“There are three prongs to Jordan’s Principle at ISC: 1) Track trends through data; 2) Use that data to grow other programs or approach them to further their benefits where these gaps are; 3) Back-up funding for some families who are not being served by their community leadership.”

Policies

- **Need to develop policies.** The requirements of the CHRT are very tightly defined which makes policy development difficult.
 - Focus on social determinants of health and best interests of the child, with opportunities for thinking “out of the box”.
 - Have specific and clear policies that allow ISC to establish parameters for consistent decision making that are not exclusively tied to supporting documentation from professionals.
 - Develop minimum standards first, including something on what should be escalated in what context. For example, we are escalating fence requests because we don’t feel comfortable with them but other regions are not doing that and why.
 - Develop tools within database to support policy directions. They are making headway on new eligibility and # of attempts to contact the person.
 - Have more specificity in standard operating procedures to adjudicate better at the regional level and ensure consistency across regions. Denials are different from region to region.
 - Reassess required timelines.
 - Examine and define definitions of urgent and non-urgent.
- **Develop a comprehensive global approach to children's health**, rather than “playing with the knobs” of Jordan’s Principle implementation. Rather than focus on a “bandage fix”, concentrate on having a wellness plan for the entire person and family; it needs to be a holistic perspective.
 - Need to think proactively and systemically about the needs of First Nations children and what we are building to address them.
- **Develop a continuous quality improvement plan** and for ISC to continue to do everything possible to make it better within compliance and meeting needs and respecting First Nations.
- **Consider creating best practices** to encourage a transfer of knowledge to First Nations community members who are working with Jordan’s Principle, to provide tools to support their community. This could also encourage continuity of care, and promote systems change.
- **Develop collaborative mechanisms** to convince various parties (e.g., The Caring Society, AFN) to accept some policies to create sustainability and predictability in the process, because the current model has unintended negative consequences.
- **Engage regions**, including service coordinators, in developing policies.

Collaboration

- Involve communities in implementation and operation or if the goal is to transfer to communities, they will face the same issues.
- Involve provincial governments as partners in implementation.
 - Children must be served on and off reserve.
 - ISC cannot do this alone.
 - Provincial governments must make Indigenous children a priority and take on substantive equality. They must make sure they serve Indigenous children first; given the history.
- Expand Jordan's Principle Operating Committee (JPOC) to include representatives from provinces.
- Clarify how JPOC intersects with the Jordan's Principle Action Table. (JPAT – partnership with AFN, ISC and FNIHB).
- Consult First Nations partners to be aware of improvements required, and to find solutions together, while ensuring that it does not impact services to the children.

Service Provision

- Provide respite care where there is training and quality assurance monitoring, rather than just approval to hire whoever they want and not having any framework around that service and paying the bill directly.
 - This arrangement creates risk; not only about money but safety of kids receiving services outside any system that assures quality.
- Have neutral third-party assessments to prevent a conflict of interest. Where a third-party is not available, the family should travel to have a third-party neutral assessment.
- Develop an inventory of available and reputable services, coming from First Nations.
 - Develop a list of First Nations providers, specialists or people who work well with First Nations and have the cultural approach. If First Nations are satisfied with the service than they can share that with other providers.
 - Hire First Nations professionals and rely less on private clinics.
- Provide transition support for 18 to 22 years with complex, ongoing needs to address the “aging out” issue.

Application and Appeal Processes

- Inform decisions regarding requests by clinical knowledge and contextual knowledge.
- Continue improvements in appeals and denial processes.

- Look at things holistically to improve things for First Nations children, not just from the narrow focus of birth to age of majority. What other things in their life could help support them?
- Need structure and standardization, including standardization of the application process.
- Include tutorials on how to do an application on the government website.
 - Need a reference guide on how to do an application.
 - Federal offices ask for too much or too little information.

QUESTION (2/2): Of all the opportunities and challenges we've talked about, what do you view as the top priorities for making improvements to Jordan's Principle in the next five years?

"The true spirit of things is relationships."

Collaboration

- **Partnership between JPOC and the government** for how we implement and what it means for our Contribution Agreements.
 - Take feedback at JPOC as well as from First Nations' community leaders and organizations to correct things proactively
 - Ensure we stand beside one another to make sure those supports are in place for kids. It is a true partnership.
 - JPOC develop things based on CHRT orders – need more assistance in implementing JPOC requirements to deliver on them to the best of our ability.
- **Engage in tripartite discussions** and work closely with the provinces, First Nations and the federal government and service providers. Three years ago, National had promised engagement sessions and that didn't happen.
- **Organize more meetings with the coordinators**, creating a connection with the Friendship Centres, communication among all sectors.
- **Grow together the traditional and Western healing mechanisms.**

Policies and Planning

- **Have policies on respite and other products and services** so we know what we can do to meet the unmet smaller needs to avoid everybody going through a request driven process, that is getting more unmanageable and unsustainable. E.g., if Home Care is not funding respite services, then find a way for respite funding to meet 80% of the needs. Maybe Jordan's Principle meets the other 20%, resulting in fewer gaps and less pressure on Jordan's Principle.
 - We are doing things in the best interest of individual children, but we are disincentivizing things that are in the best interests of populations, because of a lack of systems approach to a continuum of care.
- **Continue to implement CHRT orders with the integrity** that was intended.
 - Provide assistive parameters for how we implement while still maintaining the integrity of the Order.
- **Bolster the Quality Assurance process**, create terms and conditions.
 - Examine how to action the complaints and allegations regarding Contribution Agreement management?
 - Current processes for dealing with complaints and allegations do not take into account the CHRT order. It is difficult to deliver something that's not a program and within the First Nations context. How do we support our Nation members to maintain the integrity?
- **Understand better what we are trying to achieve and how we want to deliver** instead of just being driven by the time frame.
 - Jordan's Principle has to become a sustainable program instead of looking at year by year or 20-year renewal. We have spent about \$8B right now which means there are huge gaps and there is no way the federal government can run away from their commitment.
- **Review and update Standard Operating Procedures.**
 - Originally developed at the national level without any input except the Jordan's Principle Operations Committee and AFN for their review and input.
- **Develop and implement standards, guidelines, and processes** to ensure timely and consistent assessment of substantive equality in a way that does not burden individual children and their families.
 - Develop proactive policies and practices for securing equitable services. Substantive equality must be informed by an understanding of the egregious inequalities experienced by First Nations children, their families, and communities.
 - Clarify the meaning of substantive equality to link family needs analysis to larger patterns of historical, intergenerational, intersectional inequalities facing First Nations communities, particularly First Nations children.
- **Need a long-term plan for widespread capacity building**, locally and federally.
- **FNIHB should become its own agency** not a government department.

Structures and Processes

- **Retain a Jordan's Principle process for needs** that cannot be met by existing services – the high-cost high needs items.
- **Take a flexible approach to service coordination** and embed it in communities.
- **Need more clarity from federal government for adjudicating requests** not only for region but also for service coordinators and families, including types of requests that will be approved and circumstances.
- Group requests for Jordan's Principle funding ... allow for the development of services that proactively address the needs of multiple children.
- **Standardize the application process and stop changing requirements for applications** – don't introduce new requirements all the time.
- **Address how Jordan's Principle can evolve** beyond its original purpose as an individual-level mechanism to respond to denials of funding, delays and disruptions of services in exceptional cases.
- **Address the inequalities in First Nations children's lives with a much more preventive, systemic, and proactive approach.**
- **Shift from a reactive, individualistic, and demand-driven approach** that would substantially reduce the burden on individual families already struggling to deal with denials of necessary services.
- **Address the pressure of the timelines:**
 - Struggle with the urgency to get the services and to pick the right services and to make decisions very quickly when you have a short turnaround. As a manager you don't want to say "yes" to [just] anything but you must build confidence with the coordinators – it's a trust relationship.
 - Define urgent versus non-urgent requests and adjust the timelines.
- **Create a tiered level of denial decision making:**
 - Focal Points do not have the authority to deny. Only one person in ISC can deny – the Associate Deputy Minister, which creates a bottle neck.
 - Very rarely compliant to the 48-hour turnaround because it needs to work through so many teams and emails.

Funding and Resources

- **Empower First Nations to prioritize services and programs and meet most needs locally.** More funding to programs to transition to them to the community to manage.
- **Ensure the regions have adequate resources** to respond to demand.
- **Amend ISC authorities to enhance their offerings to cover gaps in other programs** – suicide, family treatment, youth activities and NIHB denials.

- Jordan’s Principle covers all the exclusions of other programs. Need to put the money into those programs so they can adequately meet the needs of the population they serve.
- **Build up capacity in First Nations** through funding positions to take on more responsibilities.
- **Establish stability in service coordination funding** so organizations know what is coming year to year.
 - Allow long term commitment of multi-year budgets and announce amounts early. A lack of stability does not generate trust.

Transfer Control to First Nations Communities

- **Transfer parts of Jordan’s Principle to communities** so they make decisions for their families:
 - Don’t transfer something that’s not sustainable.
 - Allow First Nations more autonomy to drive Jordan’s Principle to help us do things in a good way and in good faith.
 - Work from a “helper” perspective to see healing, positive changes happening and positive outcomes in the future.
 - Give First Nations the autonomy and funding they need, they will find their solutions.
 - Make process more First Nations community based, instead of the government making decisions.
 - Let First Nations make some decisions, especially when it comes to local needs and taking care of our children. Government can be involved with payment, infrastructure, and capacity building.
- **Develop a First Nations-led long term implementation plan:**
 - Focus on reconciliation and repair and make that meaningful. Use that to determine what we have done to make this usable and sustainable. New department is geared to being a co-managed entity.
 - Need a First Nations vision and direction when the CHRT can say – we have faith that Canada will continue to meet First Nations’ needs.

Service Delivery

- **Develop First Nations-led service delivery organizations** to help with capacity development or with contracting services on a large scale so they don’t have to compete with each other to staff up or to find providers.
 - Take a parallel approach for off-reserve populations, and work with provinces and territories, Friendship Centres and other organizations to establish culturally appropriate services.
 - Meet the needs in communities at the front line, rather than relying on a case-by-case approach.

- **Hold provinces accountable for providing universal, publicly available services** to First Nations children and youth. There are things they are to provide to every child – e.g., speech language pathology, occupational therapy, physiotherapy, education assistants.
 - Enhance link with province which provides health, social, and education services. Jordan’s Principle is creating a separate, duplicate, parallel system, i.e., First Nations health and social service system. “We have to think about that because we have the non-Aboriginal people. People have access to the same services; It's a right to have access to services at school and why do we have to pay. Sometimes we get call from parents saying ‘why are you paying for tutoring for First Nations child and my child who is non-Aboriginal cannot get this kind of service.’ It’s about the substantive equality with the general population.”
- **Establish a baseline of services and standards** that are consistent yet allow for flexibility.
- **Track the trends and take those trends to relevant programs** so Jordan’s Principle is not the be-all and end-all.

Staffing

- **Maintain consistent senior leadership and retention of national office staff:**
 - Everyone moves on and they often leave very suddenly and don’t leave information, causing lost corporate memory.
- **More funding for staffing to deal with increasing workload /volume.**
 - Currently it seems like we are “chasing our tails” all the time to keep on top of things.
 - The needs are increasing, which is a challenge to manage and keep employees motivated and involved. The burden is the burnout, the pressure with more and more volume and requests.

APPENDICES

Appendix A: Jordan's Principle Project: Service Coordination Survey



FIRST NATIONS
HEALTH CONSORTIUM

Jordan's Principle Project Service Coordination Survey

INTRODUCTION

This survey is meant for individuals from across Canada that are involved in service coordination for Jordan's Principle. It is an opportunity to share information and insights about your experiences in implementing Jordan's Principle.

All responses are confidential and will only be used by the Project Team. They will be compiled into a summary report with no identifying information. The final report will be shared with you and the public. All data collected for this project will be securely stored for the duration of the project and destroyed upon project closure.

If you have any questions regarding this project, please contact:

Carol Blair, Project Manager, at carol@abfnhc.com.

As we make this request, we remember and honour the memory of Jordan River Anderson, a young boy from Norway House Cree Nation in Manitoba, whose life led to the creation of Jordan's Principle.

This survey will take approximately 30 minutes to complete and will remain open until April 2, 2021.

DIRECTIONS FOR COMPLETING THE SURVEY

- When answering questions please consider what happens in the majority of situations. If you wish, you may make comments to describe unusual situations in the “Other comments” section at the end of the survey.
- You can save your progress in the survey and return to complete it at a later time. To do this, make sure to click on the ‘Save and Continue Later’ button at the bottom of the page.

RESPONDENT PROFILE

Are you completing this survey as an individual or on behalf of a group? (Select one):

As an individual

- Name: _____
- Position: _____
- Email: _____
- Organization: _____

OR

On behalf of a group (i.e. an organization, department within an organization);

- Name of group: _____
- Email: _____
- Organization (if applicable): _____

In which region of Canada do you coordinate services for Jordan’s Principle? (Select all that apply)

- Northern Canada - Yukon
- Northern Canada – Northwest Territories
- Northern Canada – Nunavut
- British Columbia
- Alberta
- Saskatchewan

- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- PEI
- Newfoundland Labrador
- Other (please describe)

Please provide a brief description of your coverage area: _____

How would you identify the children that you serve (Select all that apply)

- First Nations children living on-reserve
- First Nations children living off-reserve (includes urban, rural, and remote areas)
 - Urban area (cities, towns, places with medium to high population density)
 - Rural area (country, low population density)
 - Remote area (secluded area, located at far distances from major populated centres)
- Inuit, living in Inuit Nunangat (includes Inuvialuit, Nunatsiavut, Nunavik, Nunavut)
- Inuit, living outside of Inuit Nunangat

DESCRIPTION OF YOUR SERVICE COORDINATION

Please use the timeframe, April 1, 2019 to March 31, 2020 (fiscal year) to describe your service coordination services prior to COVID.

2) What are your responsibilities in coordinating services to First Nations/Inuit children and their families? Please check **ALL** that apply

- a) Telephone information only to guide families to the resources they need
- b) Assessment of children's needs
- c) Development of plans to meet children's needs
- d) Referral to health, education or social services professionals/organizations providing the services needed by children
- e) Communication and contact with service providers as needed
- f) Communication and contact with Focal Points as needed
- g) Monitoring of the services provided to children to be sure they are getting the services they need
- h) Follow-up with the families to assess progress in having needs met and/or their satisfaction with the services being provided
- i) Setting up and closing client files
- j) Collecting statistics and preparing reports for management
- k) Facilitating access to Jordan's Principle funding for a group request
- l) Other (please describe)

3) What services for First Nations/Inuit children are being requested through Jordan's Principle funding? Please select **ALL** that apply and give examples.

- a) Child Protective Services
- b) Cultural supports/services
- c) Dental
- d) Education
- e) Health

- f) Housing/Infrastructure
- g) Income/Food
- h) Mental Health
- i) Psychological assessments
- j) Physiotherapy
- k) Occupational Therapy
- l) Respite Care/Social Services
- m) Speech Language therapy
- n) Transportation
- o) Other (please describe)

4) Of the services being requested, which ones are NOT available IN THE COMMUNITY WHERE THE CHILD LIVES? (Please list and describe the reason they are not available)

5) What products for First Nations/Inuit children are being requested through Jordan's Principle funding? Please select **ALL that apply and give examples.**

- a) Medical equipment such as glucose monitoring machines
- b) Mobility products for those with disabilities such as specialized wheelchairs
- c) Home adaptation products such as ramps
- d) Dental products such as braces (orthodontic)
- e) Personal technological products such as speech/language communication boards
- f) Learning equipment such as laptops for school
- g) Other (please describe)

6) Based on your data or your best estimate, please indicate your experience with funding approvals through Jordan's Principle. Please use the following guidelines to give your answers:

Once the funding request is submitted to the Government of Canada, the following timelines apply:

- You will receive a decision within 12-48 hours of Canada receiving all necessary information (depending on the urgency of the application)
- Urgent requests are when the child's health and safety is a concern, which will be answered within 12 hours.

a) Approximately, what percentage of approval decisions for Jordan's Principle funding are made at the following levels?

- i) ____ Region
- ii) ____ Headquarters
- iii) ____ Don't know

b) How often do you experience delays in receiving information on the approval of funding decisions?

- i) Never
- ii) Rarely
- iii) Often
- iv) Always
- v) N/A
- vi) Don't know

c) What are the major reasons for the delays experienced?

d) Do you track time between the time when the request was submitted and when the funding decision was given?

- i) ____ Yes
- ii) ____ No → skip to question #6
- iii) N/A

e) What is the average length of the delay?

- i) Less than one month

- ii) Two to three months
- iii) Four to six months
- iv) Over six months
- v) Don't know

7) What is the most common type of response received when a request is denied?

- a) Detailed response (includes reason for denial)
- b) Generic response (does not include reason for denial)
- c) Other (please describe) _____

8) What is the impact of the denial on the child and family? Please describe what, in your experience, happens next.

9) Do some requests for services and products go to other organizations and/or government departments for funding rather than to Jordan's Principle?

- a) No
- b) Yes

i) Please indicate who these requests for funding are sent to. (Select all that apply)

- (1) Provincial government department
- (2) Local health, social service, or education organization (off reserve)
- (3) Local health, social service, or education organization (on reserve) provided by the Band
- (4) Other (please describe)

DESCRIPTION OF DATA COLLECTION

10) Do you/your organization collect data on the implementation of Jordan's Principle?

- i) ____ Yes

ii) ____ No → Please explain

iii) Don't know

11) What data are you/your organization currently collecting for children seeking services/products under Jordan's Principle?

- a) Child's age
- b) Child's gender
- c) Child's location (i.e. name of community)
- d) Living On/Off Reserve OR Living In/Out of Inuit Nunangat
- e) Type of needs (i.e. health, education, social)
- f) Type and number of services requested
- g) Type and number of products requested
- h) Type and number of services approved for Jordan's Principle funding
- i) Type and number of services **partially** approved for Jordan's Principle funding
- j) Type and number of products approved for Jordan's Principle funding
- k) Type and number of products **partially** approved for Jordan's Principle funding
- l) Type, number and reason for denials of Jordan's Principle funding
- m) Other key data (please list)
- n) Don't know

12) What software do you/your organization use to capture Jordan's Principle data? (Select all that apply)

- a) MS word
- b) MS Excel
- c) Custom software
- d) Other (please describe)

e) Don't know

13) How do you/your organization use Jordan's Principle data? Select ALL that apply

- a) Monitor trends, e.g., demographics, services and products provided, funded, denied, etc.
- b) Make changes in how service coordination is being done
- c) Identify gaps in services
- d) Report program needs to management
- e) Prepare briefing notes
- f) Other (please describe)
- g) Don't know

14) Who do you report Jordan's Principle data to?

- a) Supervisor
- b) Program manager
- c) Board of Directors
- d) Indigenous Services Canada
- e) No one
- f) Other (please describe)

15) How often do you/your organization report this data? (select all that apply)

- a) Monthly
- b) Quarterly
- c) Every six months
- d) Annually
- e) Never

- f) Other (please describe)
- g) Don't know

16) To what extent does the data help you/your organization in improving service coordination for Jordan's Principle?

- a) Not at all
- b) Very little
- c) Somewhat
- d) To a great extent
- e) Don't know

Please explain.

17) Is there data that you are not currently collecting that you feel would be beneficial in your work? Please provide detail.

18) Who collects and has access to Jordan's Principle data in your organization? Please provide a contact name and email address for possible follow-up.

- a) Name
- b) Position
- c) Email
- d) Phone

PROGRAM OVERVIEW AND IMPACT

19) Please indicate how much of a barrier the First Nations and Inuit children and families face in accessing existing health, education and social programs.

<answer options: not a barrier, moderate barrier, extreme barrier, don't know>

- a) Transportation to access services
- b) Geographic distance from services

- c) Number of health professionals/resources
- d) Number of educational resources
- e) Number of social services professionals
- f) Language/literacy
- g) Navigating systems to get services and/or products
- h) Knowledge about available services and/or products
- i) Service provider cultural knowledge and understanding
- j) Please describe any other barriers First Nations and Inuit children and families face in accessing existing health, education and social programs.

20) What do you view as the level of impact of your work with children and their families? Please check the response that most closely matches your experience.

- a) No impact
- b) Low impact
- c) Moderate impact
- d) High impact
- e) Don't know

21) Overall, what are the major benefits that Jordan's Principle has provided to your families and communities?

22) Are there any lessons learned and/or promising practices you would like to share about providing service coordination through Jordan's Principle?

23) Overall, what are your recommendations for improvements to the implementation of Jordan's Principle?

24) Do you have any other comments you would like to make?

THANK YOU FOR YOUR PARTICIPATION

Appendix B: Jordan's Principle Project: Focus Group Questions

1. How does your organization carry out service coordination through Jordan's Principle for services and products needed by First Nations [and Inuit children for the northern territories] and their families?

- Please illustrate with a real situation that your organization has handled (no client names or other identifying information).

Poll Question

Please check all the service coordination activities that you carry out. (Select all that apply)

- a. Telephone information only to guide families to the resources they need
- b. Assessment of children's needs
- c. Development of plans to meet children's needs
- d. Referral to, communication, and contact with health, education or social services providers
- e. Communication and contact with Focal Points as needed
- f. Monitoring of the services provided to children to be sure they are getting the services they need
- g. Follow-up with the families to assess progress in having needs met and/or their satisfaction with the services being provided
- h. Setting up and closing client files
- i. Collecting statistics and preparing reports for management
- j. Facilitating access to Jordan's Principle funding for a group request

2. What types of data are you/your organization collecting for children seeking services/products under Jordan's Principle?

Poll Question

Please select all the data types that you/your organization are collecting. (Select all that apply.)

- a. Child's age
- b. Child's location (i.e., name of community)
- c. Living On/Off Reserve **OR** Living In/Out of Inuit Nunangat
- d. Type of needs (i.e., health, education, social)
- e. Type and number of services requested
- f. Type and number of products requested
- g. Type and number of services approved for Jordan's Principle funding
- h. Type and number of products approved for Jordan's Principle funding
- i. Type, number and reason for denials of Jordan's Principle funding
- j. Don't know/None of the above

- a. Are there other data that you feel would be helpful that you are not collecting?
- b. If data is not available, is it because it is not being collected? If so, please describe the reasons?

3. What has worked well with service coordination of Jordan's Principle?

- a. Please illustrate with real situations.

4. What has not worked so well with service coordination Jordan's Principle and why?

5. What improvements would you suggest to Jordan's Principle: service coordination processes, policies and funding?

- a. How could it work better to help First Nations [and Inuit children for the northern territories] children and their families?

6. Of all the things we've discussed today, please summarize why Jordan's Principle is important?

7. Other comments?

Appendix C: Jordan's Principle Project: Interview Questions

1. Please describe your current role and responsibilities as they relate to the implementation of Jordan's Principle. How long have you been involved with Jordan's Principle?
2. On the federal government website, it states a **vision for Jordan's Principle**: "all First Nations children living in Canada can access the products, services and supports they need, when they need them." How can ISC best deliver on this vision?
3. Given your experience, what **Jordan's Principle policies** are working well? Please give an illustration.
 - a. Which Jordan's Principle policies are problematic? Please give an illustration.
 - b. For those that are problematic, what improvements would you suggest?
4. Given your experience, what **service coordination structures and processes** work well for the implementation of Jordan's Principle.
 - a. What service coordination structures and processes need improvement?
5. Give your experience, what's working well with **data collection and reporting**?
 - a. What's not working well? Please provide an illustration.
 - b. What data is NOT being collected that is needed for monitoring and continuous improvement?
 - c. What improvements would you suggest for data collection to better able monitoring and continuous improvement in the ongoing implementation of Jordan's Principle?
 - d. What performance measures does your organization use to determine the success of or improvements need to Jordan's Principle?
6. Of all the opportunities and challenges we've talked about, what do you view as the **top priorities for making improvements to Jordan's Principle in the next five years**?
7. Other comments?



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