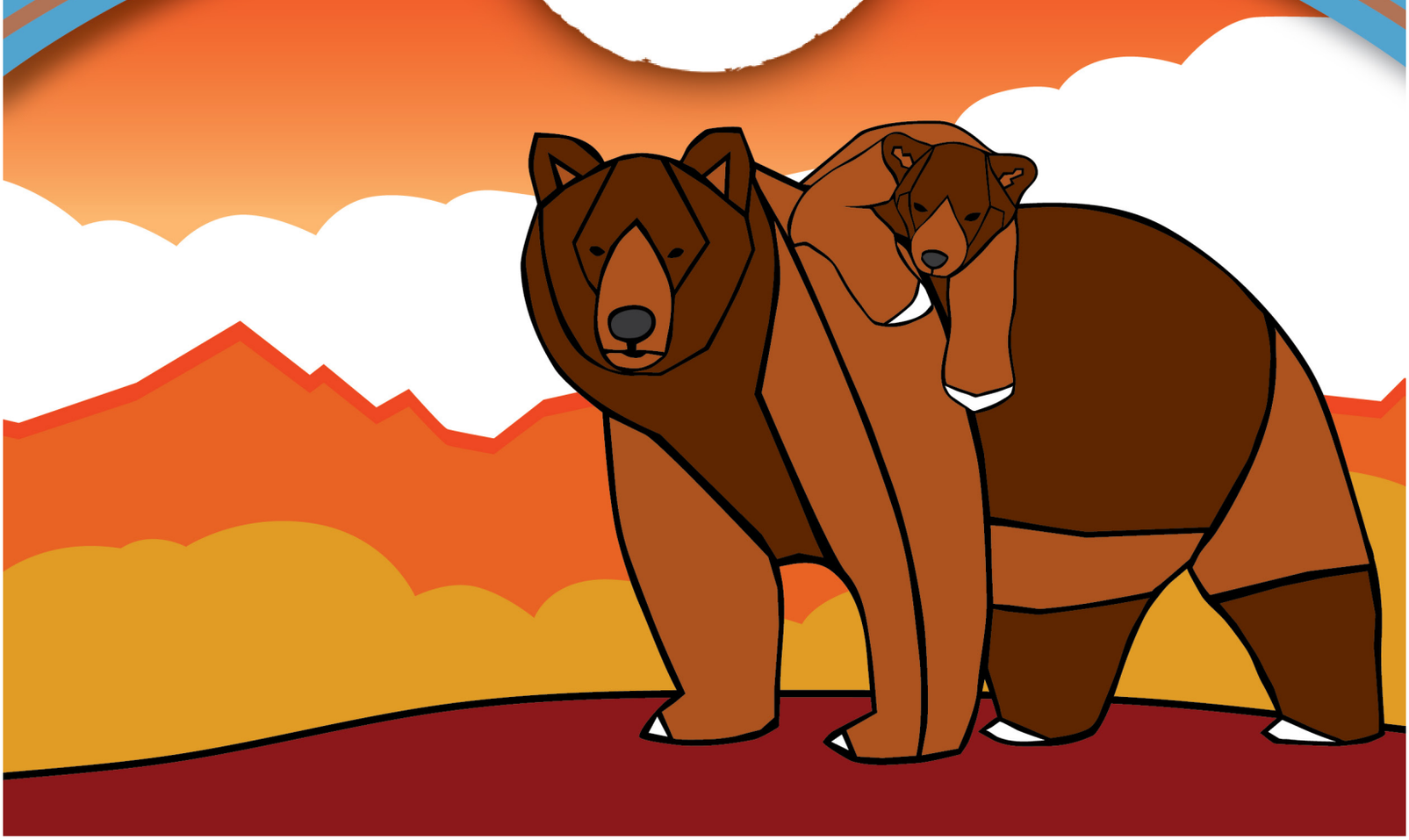
IMPLEMENTING
JORDAN'S PRINCIPLE SERVICE COORDINATION
IN THE ALBERTA REGION

FIRST NATIONS
HEALTH CONSORTIUM



THE CHILDREN'S SERVICES POLICY RESEARCH GROUP

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REPORT COMPLETED IN COLLABORATION WITH THE FIRST NATION HEALTH CONSORTIUM.

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Recommended citation: Sinha, V., Vives, L. and Gerlach, A. (eds.) (2018) Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium. Calgary/Edmonton, AB: The First Nations Health Consortium.

Image credit: To dream the bear: Family, by Jason Carter. Used with permission from the artist.

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FAMILY STORIES

ACKNOWLEDGEMENTS

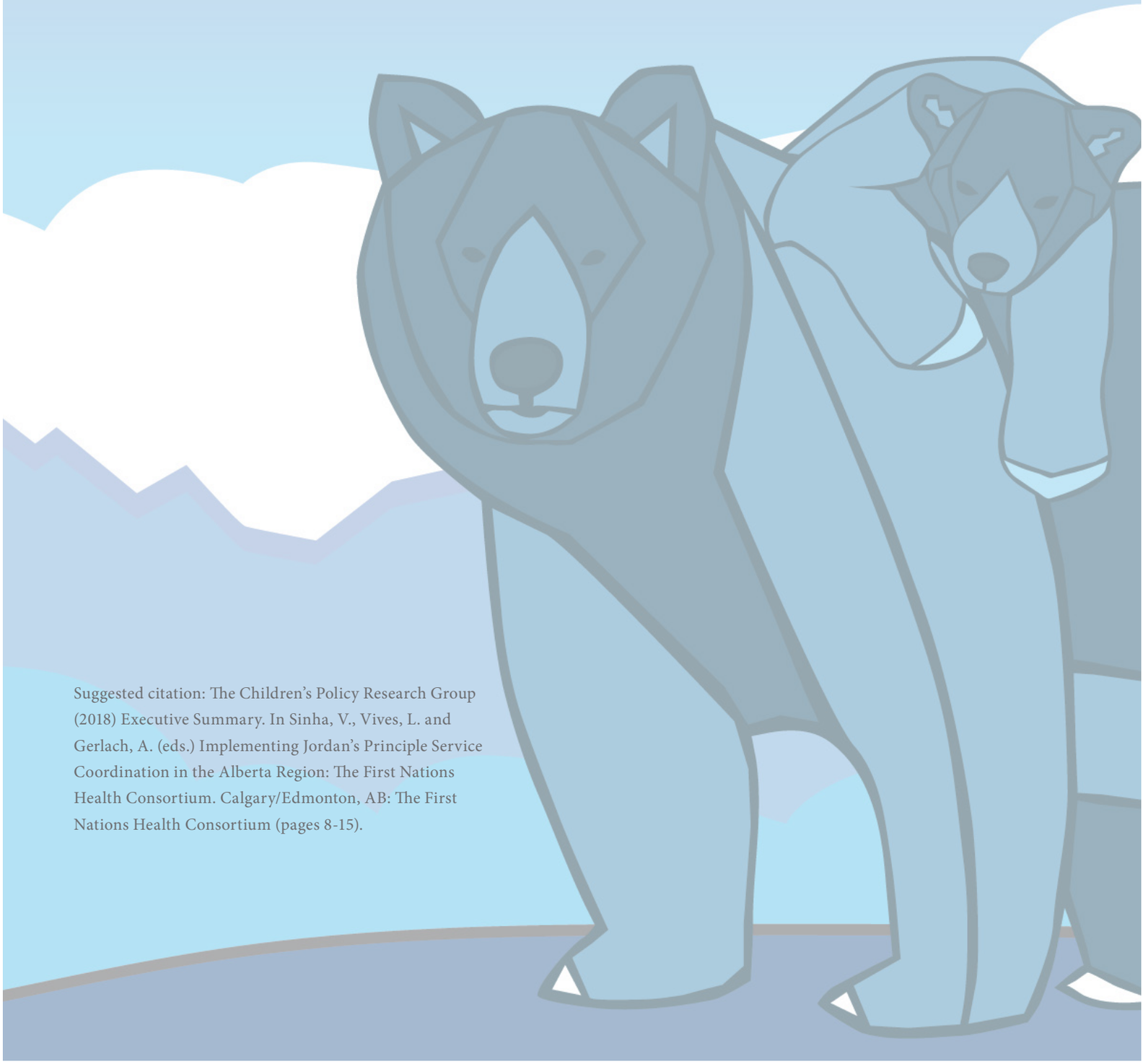
We want to thank members of the First Nations Health Consortium board and staff for their trust and support during the preparation of this report.

This report is dedicated to all the individuals, families, and organizations from the national to the community level who are working to meet the needs of First Nations children and realize systemic changes in a discriminatory framework of public services. Motivated by love for their children, and inspired by the example of Jordan River Anderson's family and the leadership of the First Nations Child and Family Caring Society, they are guiding the way to a more just society.

ACRONYMS AND ABBREVIATIONS

AFN	Assembly of First Nations. A national advocacy organization representing First Nation citizens in Canada, including more than 900,000 people living in 634 First Nation communities and in cities and towns across the country.
AOTC	Assembly of Treaty Chiefs of Alberta. An Alberta regional body that exercises political leadership on behalf of Alberta First Nations.
AT	Action Table (or Jordan's Principle Action Table). A national-level table guiding policy development related to Jordan's Principle.
AWs	Access workers (or Jordan's Principle Access Workers). Frontline intake workers for the First Nations Health Consortium.
CFI	The Jordan's Principle Child First Initiative Fund. This is the federal governement's three-year, short-term response to Jordan's Principle.
CHRT	Canadian Human Rights Tribunal. A national tribunal presiding over the application of the Canada Human Rights Act.
CSPRG	Children's Services Policy Research Group. The group of researchers behind this report.
ESC	Enhanced services coordination model of care. Services funded through the Child First Initiative that are aimed at connecting First Nations' families, children, and groups with existing services and with Jordan's Principle funding for needed services that are not accessible.
FNHC	First Nations Health Consortium. The Alberta organization funded through the Child First Initiative to implement enhanced service coordination in the Alberta region, and the focus of this report.
HCOM	Health Co-Management. A structure for co-management of First Nations health funding by the Assembly of Treaty Chiefs, Health Canada, and member nations of Treaties 6, 7, and 8.
ISC	Indigenous Services Canada (or Department of Indigenous Services Canada). A recently formed department of the federal government that oversees a range of services for Aboriginal peoples, including health, social, and education services, as well as individual treaty status registration.
NIHB	Non-Insured Health Benefits. A national program providing registered First Nations and Inuit peoples with coverage for some dental and vision care, medical supplies and equipment, drugs and pharmaceuticals, mental health counselling, and medical transportation.
RFP	Request for Proposals. A document that sets parameters for a bidding process for funding to implement a service.
RSC	Regional service coordinator. A client coordinator who takes over First Nations Health Consortium service delivery after initial intake, and connects children and families with services and funding.
RCSD	Regional Collaborative Service Delivery. Province-led and funded integrated approach to health, education, social services development and coordination in Alberta.
SARF	Service Access Resolution Fund. A subset of the Child First Initiative used to fund requests for health, education, and social services under Jordan's Pinciple when no existing services or funding meet a child's needs.

EXECUTIVE SUMMARY



Suggested citation: The Children's Policy Research Group (2018) Executive Summary. In Sinha, V., Vives, L. and Gerlach, A. (eds.) Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium. Calgary/Edmonton, AB: The First Nations Health Consortium (pages 8-15).

EXECUTIVE SUMMARY

The First Nations Health Consortium (FNHC) is a new organization that was conceived in November 2016, and formally founded in February 2017.[1] It is a collaboration between four First Nations health organizations from Treaty areas 6, 7, and 8 in Alberta: Bigstone Health Commission, Kee Tas Kee Now Tribal Council, Maskwacis Health Services, and Siksika Nation.[2] The FNHC is guided by a vision of continuity of care, a commitment to First Nations development and delivery of services, and a focus on fulfilling First Nations children's rights to services that meet their needs.[I]

FNHC is funded through the Jordan's Principal Child First Initiative (CFI), which is the federal government's short-term response to Jordan's Principle—a child-first principle designed to ensure that First Nations' children receive equitable public services without denial, delay, or disruption (see Textbox 1).[3] In July 2016, the Government of Canada announced they would invest $382 million toward the implementation of Jordan's Principle over three years. A portion of this funding was dedicated to supporting "enhanced service coordination" (ESC) initiatives in each province.[4] The FNHC successfully applied for funding to deliver ESC across Alberta[5] and received funding in February 2017.[6] Since October 2017, the organization has helped facilitate access to health, education, and social services for First Nations children, families and groups through its ESC model.[7]

TEXTBOX 1 WHAT IS JORDAN'S PRINCIPLE?

Jordan's Principle aims to eliminate the service inequities that First Nations children face when accessing public health, education, and social services in Canada. It is named in honour of Jordan River Anderson, a First Nations child from Norway House Cree Nation, in Manitoba, who was born with a rare neuromuscular disease. Because his complex medical needs could not be treated on-reserve, Jordan was transferred to a hospital in Winnipeg, far from his community and family home. In 2001, a hospital-based team decided that Jordan's needs would best be met in a specialized foster home closer to his home community. However, federal and provincial governments argued over financial responsibility for Jordan's proposed in-home services. The disputes ranged from disagreements over funding of foster care to conflicts over payment for smaller items such as a showerhead. During these conflicts, Jordan remained in hospital, even though it was not medically necessary for him to be there. Jordan died in 2005 at the age of five, never having had the opportunity to live in a family home.

Jordan's Principle is a child-first principle and provides that where a government service is available to all other children and a jurisdictional dispute arises between Canada and a province or territory, or between departments in the same government regarding services to a First Nations child, the government department of first contact pays for the service and can seek reimbursement from the other government or department after the child has received the service. It is meant to prevent First Nations children from being denied essential public services or experiencing delays in receiving them.[1]

In 2007, Jordan's Principle was unanimously endorsed by the House of Commons. However, it has never been fully implemented.

In 2016, a ruling in a decade-long legal battle initiated by the First Nations Child and Caring Society of Canada and the Assembly of First Nations brought new hope for Jordan's Principle. The Canadian Human Rights Tribunal (CHRT) ruled that inequitable funding and administration of on-reserve child welfare services

[I] For more information, visit http://www/abfnhc.com/

constituted ethno-racial discrimination against First Nations children. As one of the immediate remedies in this case, the CHRT ordered the federal government "to immediately implement [Jordan Principle's] full meaning and scope."[2]

In a series of follow up rulings, the CHRT has clarified that Jordan's Principle applies to all First Nations children and instituted strict response timelines for response to Jordan's Principle cases. It has also ruled that services provided through Jordan's Principle reflect consideration of "the distinct needs and circumstances of First Nations children and families living on-reserve—including their cultural, historical and geographical needs and circumstances—in order to ensure equality."[3] Accordingly, services provided under Jordan's Principle may exceed those provided under normative provincial standards.
For more information on Jordan's Principle see:
https://fncaringsociety.com/jordans-principle

Sources:
[1] First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada): 2016 CHRT 2, s351.
[2] First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada): 2016 CHRT 2, s481.
[3] First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)

RESEARCH COLLABORATION

The FNHC partnered with the Children's Policy Research Group (CPRG) to document and evaluate the service coordinaztion provided to First Nations children in Alberta and the development of the organization's service coordination model. The project is grounded in a participatory mixed-methods approach (summarized in Figure 1). To gather information for this report, we combined document review, interviews, focus groups, analysis of administrative data, and participant observation. This report presents interim findings for the evaluation of the FNHC's work between 2017 and 2019.

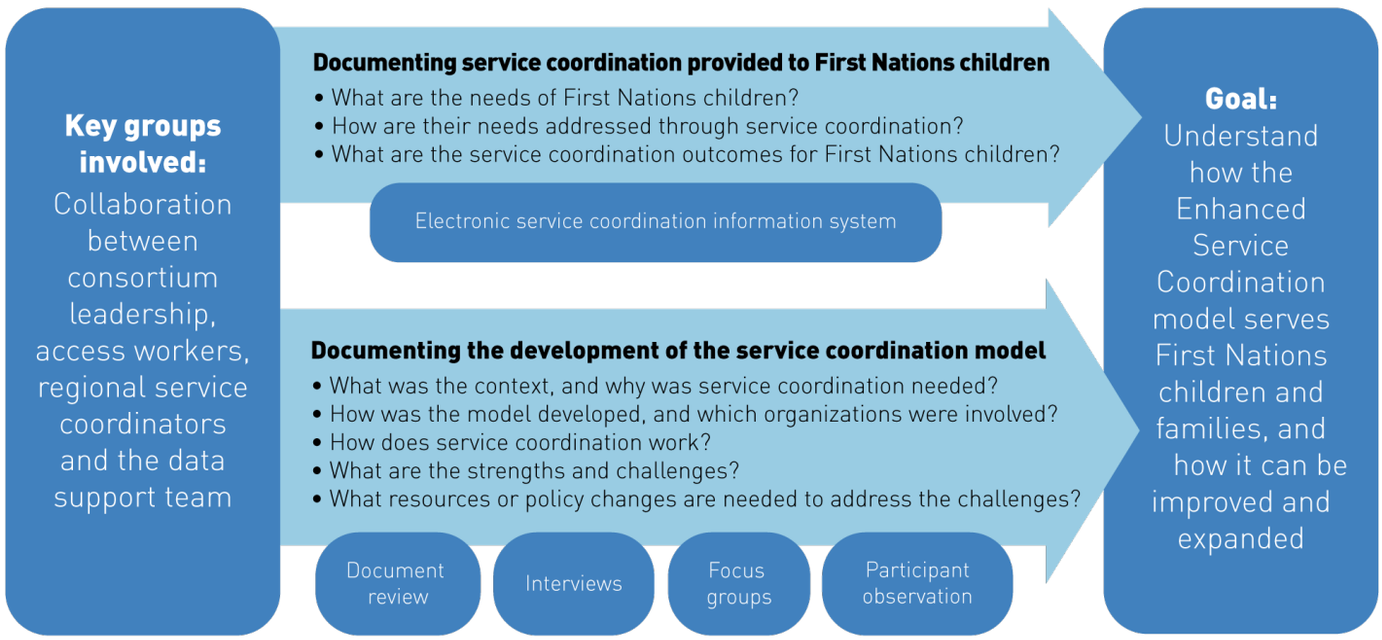


Figure 1: The Research Collaboration between the Children's Policy Research Group and the First Nations Health Consortium (2017–2019)

SUMMARY OF FINDINGS

CHAPTER 1: THE EVOLUTION OF JORDAN'S PRINCIPLE

The development of the FNHC has been shaped by a national policy context in which the interpretation and application of Jordan's Principle is rapidly evolving. A Canadian Human Rights Tribunal (CHRT) ruling in 2016[8], and subsequent rulings in 2016[9], 2017[10,11], and 2018[12], played a large part in this evolution. The initial ruling ordered the full and immediate implementation of Jordan's Principle by the federal government. Subsequent rulings outlined much more specific criteria and timelines for the implementation of Jordan's Principle. In response to these rulings, the federal government committed three years of funding in the form of the Jordan's Principle Child-First Initiative (CFI), which is set to expire on 31 March 2019.[13] The CFI established a Service Access Resolution Fund (SARF) to pay for services approved under Jordan's Principle. The CFI also included funding for "enhanced service coordination" initiatives that were intended to help maximize access to health, social, and educational services while reducing service delays for First Nations children.[14]

Funded through the CFI, the FNHC developed a enhanced service coordination model in the context of evolving national Jordan's Principle policies. In Chapter 1, we examine the challenges that the FNHC encountered during its early development. The FNHC adapted to tight timelines, limits on First Nations control over funding imposed by the federal government, and policy shifts in the population the organization was expected to serve. In addition, the FNHC worked to overcome barriers to information sharing at the national level—gaining access to and participating in the Jordan's Principle Action Table (AT). Participation in the Jordan's Principle AT gives the FNHC some voice in and a clearer vision of the ongoing national-level work to develop a long-term response to Jordan's Principle. However, the national context remains complex and fragmented; as a result, plans for the future implementation of Jordan's Principle in Canada are unclear.

CHAPTER 2: THE IMPLEMENTATION OF JORDAN'S PRINCIPLE IN ALBERTA: THE FIRST NATIONS HEALTH CONSORTIUM

The four founding members of the FNHC came together with a shared vision of collaboration between First Nations communities to deliver service coordination to all First Nations children across Alberta.[15,16] The development phase of the FNHC was influenced by a shifting national-level context defined by the CHRT rulings. It was also influenced by the regional context, which was shaped by colonial policies that systematically laid the foundations for augmented service needs in First Nations communities as well as the service gaps and inequities faced by First Nations children today. The current provincial context is partially characterized by a lack of inter-governmental communication and competition for funding among First Nations.

In Chapter 2, we examine the challenges that the FNHC encountered in navigating regional expectations around funding and provision of service coordination. We also examine challenges and lost opportunities linked to the overlap between the work of the FNHC and other provincial and federal programs and services. We find that, in response to these challenges, the FNHC has embraced a relational approach, establishing partnerships and hosting forums to bring together stakeholders from across the province. The organization is also increasing its leadership role and advocating for policy changes for the benefit of First Nations children and families.

CHAPTER 3: THE ENHANCED SERVICE COORDINATION MODEL

During the first months of the FNHC's existence, its partners worked together to define the organization's enhanced service coordination model. In developing the model, they worked to address issues of First Nations representation,[17] federal government focal point involvement,[18] employee roles,[19,20] parameters regarding length of service, [21,22] and the feasibility of providing full case management supports. [23,24,25]

In Chapter 3, we provide a detailed description of the

the FNHC's enhanced service coordination model. In this model, Jordan's Principle access workers (AWs) respond to calls and enquiries, and gather information on a child's needs and situation. Jordan's Principle AWs then transfer cases to regional service coordinators (RSCs) who are located throughout the province. RSCs follow up with families and assist them in identifying available services and supports, or in filling out a Jordan's Principle funding application. The submission of a Jordan's Principle application requires RSCs to collaborate with families, service providers, focal points, and staff of existing government programs and services. Throughout the service-coordination process, Jordan's Principle AWs and RSCs prioritize building trusting relationships with families, being available for their clients, and moving with them through the steps of the ESC model.

THE ENHANCED SERVICE COORDINATION MODEL IN NUMBERS

Since service coordination efforts began in October 2017, the FNHC has facilitated access to a broad range of services and supports in areas including health, education, housing, transportation, and income or food (see Figure 2).

FNHC administrative data indicates that, between October 2017 and August 2018, FNHC engaged in over 700 outreach activities and expanded the number and geographic distribution of its staff in order to better serve First Nations children in Alberta. During the first nine months of its service coordination efforts, FNHC staff worked with families and service providers to support the identification of and response to unmet needs for over

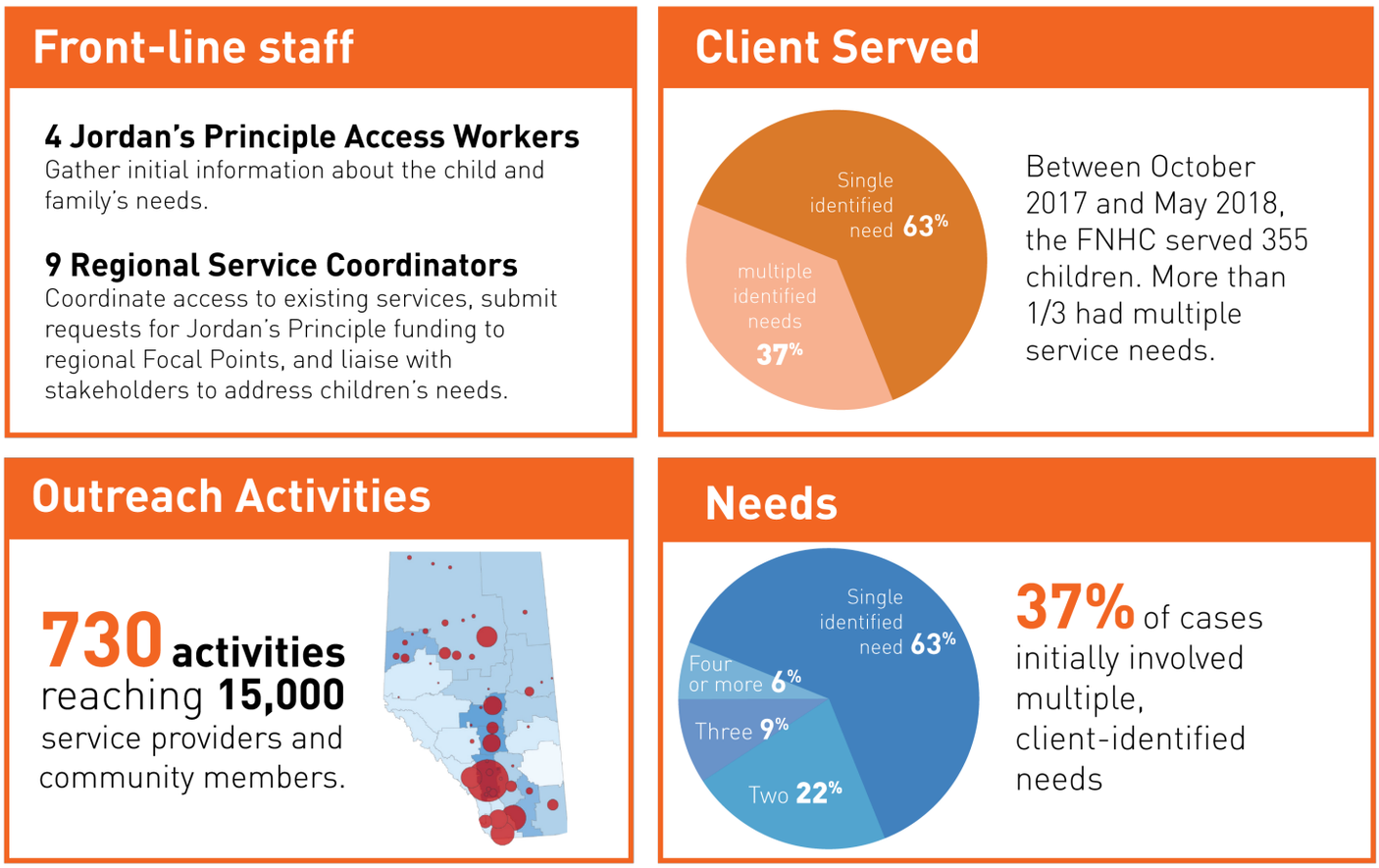


Figure 2: The Enhanced Service Coordination Model in Numbers

355 children. Multiple unmet needs were identified for 37% of children served by the FNHC, while 63% of the cases had a single need. Needs ranged from health related services—such as medication, mental health services, and developmental assessments—to dental, education, and income supports. FNHC staff also supported families to complete treaty registration, and to access supports and services related to transportation, housing, and other diverse needs.

CONTINUING CHALLENGES

In this interim report, we identify key challenges that shaped and continue to impact the FNHC's ability to provide efficient and effective service coordination to First Naitons children in the Alberta region.

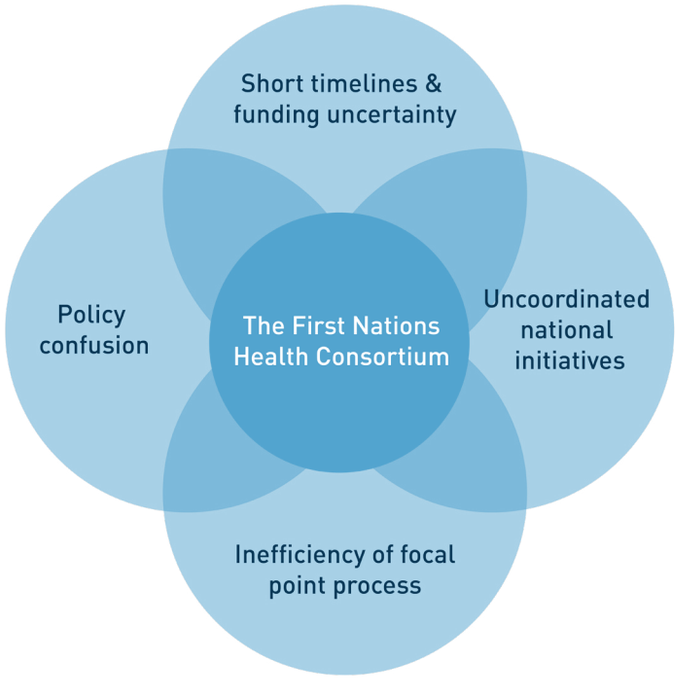


Figure 3: Continuing Challenges

SHORT TIMELINES AND FUNDING UNCERTAINTY:

Funding for the Jordan's Principle CFI ends on March 31, 2019,[26] and the details of long-term plans have not been announced. It is unclear whether the FNHC will continue to be funded by the federal government.

UNCOORDINATED NATIONAL INITIATIVES:

It is not yet clear how the service coordination efforts developed under the CFI are related to initiatives such as the long-term plans being developed by the Jordan's Principle Action Table, the child welfare reforms ordered by the Canadian Human Rights Tribunal, or the Spirit Bear plan proposed by the First Nations Child and Family Caring Society. It is not clear whether continued, long-term funding for the service coordination efforts developed under the CFI is included within these initiatives. Moreover, it is not known whether any of the national initiatives being advanced includes a mechanism for resolving the underlying policy issues that lead to the service inequities needing to be addressed through service coordination.

POLICY CONFUSION:

The relationships between new regional and community level initiatives being created under Jordan's Principle and existing policy frameworks are not clear. Many of these initiatives have been funded through 'group requests'—applications for SARF funds to address service gaps affecting large numbers of First Nations children. In order to qualify for group request funding, an applicant must demonstrate the existence of a gap in services to First Nations children. The assessment of group request applications does not, however, require reconciliation of new services and existing policy frameworks, assessment of the need for similar services in other communities, or even public dissemination of basic information about the initiatives being funded. The lack of transparency around services funded under group requests poses challenges for service coordination efforts designed to link families to existing services. In addition, the demand driven approach favours those communities with the greatest existing capacity, which has the potential to create new inequities in services.

INEFFICIENCY IN FOCAL POINT PROCESS:

FNHC staff have experienced inconsistent, increasing, and confusing focal point expectations for the documentation required to access Jordan's Principle funding. Staff also report ongoing delays in payment for approved services. Cumulatively, the lack of clarity or consistency in expectations, and the complexity of the system for administering payment, creates lengthy delays in children's access to equitable services. These delays pose substantial burdens for families and for regional service coordinators, who are charged with helping families navigate complex Jordan's Principle processes.

RECOMMENDATIONS

Based on the findings summarized in this report, the FNHC board of directors and the research team make the following recommendations, which are aimed at upholding the full intent of Jordan's Principle and ensuring that First Nations communities and families have equitable access to services and supports for their children.

SHORT TIMELINES AND FUNDING UNCERTAINTY

1. In order to ensure the continuity of service coordination efforts and continued access to more equitable services for First Nations children, we recommend the federal government provide increased, long-term funding for the Service Access Resolution Fund (SARF) and for service coordination initatives; renewal of these funds should occur at least 12 months in advance of the sunset of funding.

UNCOORDINATED NATIONAL INITIATIVES

2. In order to ensure that First Nations families and communities can access equitable children's services without needing to apply for Jordan's Principle funding, we recommend that the Department of Indigenous Services Canada develop and implement a system for immediately identifying and reforming the policies that give rise to the gaps or delays in any service requested under Jordan's Principle.
3. In order to support the development of First Nations capacity to provide effective service coordination, we recommend that the Department of Indigenous Services Canada commit to the creation of formal pathways for ongoing communication between organizations tasked with implementing Jordan's Principle in different jurisdictions.

POLICY CONFUSION

4. In order to ensure that First Nations families can easily access new services funded under Jordan's Principle, we recommend that Indigenous Services Canada Alberta Region make public basic information about new services funded through Jordan's Principle group requests; this information should include the population to be served, the types of services to be provided, and a timeline for offering services.
5. In order to support the development of a well-coordinated, sustainable system of services, we recommend that Indigenous Services Canada Alberta Region work in partnership with First Nations in Alberta to reconcile the mandates and standards of accountability for new service initiatives developed under Jordan's Principle with pre-existing service frameworks.
6. In order to ensure that First Nations children throughout Alberta have access to equitable services within their communities, we recommend that the province of Alberta work in partnership with First Nations to build the capacity required to increase access to services on reserve and in rural regions.

INEFFICIENCY IN FOCAL POINT PROCESS

7. In order to minimize delays in the provision of services in individual Jordan's Principle cases, we recommend that Indigenous Services Canada Alberta Region implement standards and policies that facilitate timely communication and ongoing collaboration with the First Nations Health Consortium. Recommended measures include:
    - Co-locating focal points with FNHC staff in order to facilitate transparency around shifting guidelines, status of group requests, and efficient communication around specific cases.
    - Hiring more regional focal point staff in order to respond efficiently and effectively to Jordan's Principle requests. Focal point work should be their sole responsibility rather than an extra responsibility that is added to a pre-existing role.
    - Instituting requirements for focal points to:
        - Provide a full and clear list of all information requirements in their initial response to each Jordan's Principle case.
        - Confirm any additional information requirements with FNHC service coordinators within 48 hours of receipt of this information.
        - Share with the FNHC information about all decisions made in, and a copy of the assessment file prepared for, any individual or group Jordan's Principle request submitted by FHNC staff.
8. In order to facilitate more timely reimbursement to First Nations families and communities, we recommend that Indigenous Services Canada Alberta Region transfer partial responsibility for administering the SARF to the First Nations Health Constorium.

[1] First Nations Health Consortium. (October 2018). First Nations Health Consortium: About Us. Retrieved from: http://abfnhc.com/index.php/about

[2] Alberta First Nations Enhanced Service Coordination Consortium. (2016, Dec 7). Proposal for Enhanced Service Coordination for Jordan's Principle in Alberta 2016–2019.

[3] Government of Canada. (5 July 2016). Joint statement from the Minister of Health and the Minister of Indigenous and Northern Affairs on Responding to Jordan's Principle. Retrieved from https://www.canada.ca/en/health-canada/news/2016/07/joint-statement-from-the-minister-of-health-and-the-minister-of-indigenous-and-northern-affairs-on-responding-to-jordan-s-principle.html

[4] Government of Canada. (2016, July 5). *Joint statement from the Minister of Health and the Minister of Indigenous and Northern Affairs on responding to Jordan's Principle* [News release]. Retrieved from https://www.canada.ca/en/health-canada/news/2016/07/joint-statement-from-the-minister-of-health-and-the-minister-of-indigenous-and-northern-affairs-on-responding-to-jordan-s-principle.html

[5] Alberta First Nations Enhanced Service Coordination Consortium. (2016, December 7). Proposal for Enhanced Service Coordination for Jordan's Principle in Alberta 2016-2019.

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[7] First Nations Health Consortium (October 2017). Jordan's Principle: Enhanced Service Coordination First Nations Health Consortium Communique—October 2017.

[8] *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada* (for the Minister of Indian and Northern Affairs Canada): 2016 CHRT 2.

[9] *First Nations Child and Family Caring Society of Canada et al. v Attorney General of Canada* (for the Minister of Indian and Northern Affairs Canada): 2016 CHRT 16.

[10] *First Nations Child and Family Caring Society of Canada et al. v Attorney General of Canada* (for the Minister of Indian and Northern Affairs Canada): 2017 CHRT 14.

[11] *First Nations Child and and Family Caring Society of Canada et al. v. Attorney General of Canada* (for the Minister of Indian and Northern Affairs Canada): 2017 CHRT 35.

[12] *First Nations Child and Family Caring Society of Canada et al. v Attorney General of Canada* (for the Minister of Indian and Northern Affairs Canada): 2018 CHRT 4.

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[14] Government of Canada. (2018, April 16). Horizontal initiatives: Jordan's Principle—a child-first initiative. Retrieved from https://www.sac-isc.gc.ca/eng/1523370831864/1523904290402

[15] Interview: Board 1.

[16] Interview: Board 3.

[17] First Nations Health Consortium. (2017, May 29 & 30). Jordan's Principle Enhanced Service Coordination Working Group / Meeting Notes.

[18] Interview: Partner 1.

[19] First Nations Health Consortium. (2017, May 15 & 16). Jordan's Principle Enhanced Service Coordination Working Group / Meeting Notes.

[20] First Nations Health Consortium. (2017, May 29 & 30). Jordan's Principle Enhanced Service Coordination Working Group / Meeting Notes.

[21] First Nations Health Consortium. (2017, October). Alberta's Jordan's Principle Enhanced Service Coordination Process Model: October 2017 Final Draft 2.

[22] First Nations Health Consortium. (2017, May 15 & 16). Jordan's Principle Enhanced Service Coordination Working Group / Meeting Notes.

[23] Interview: Partner 1.

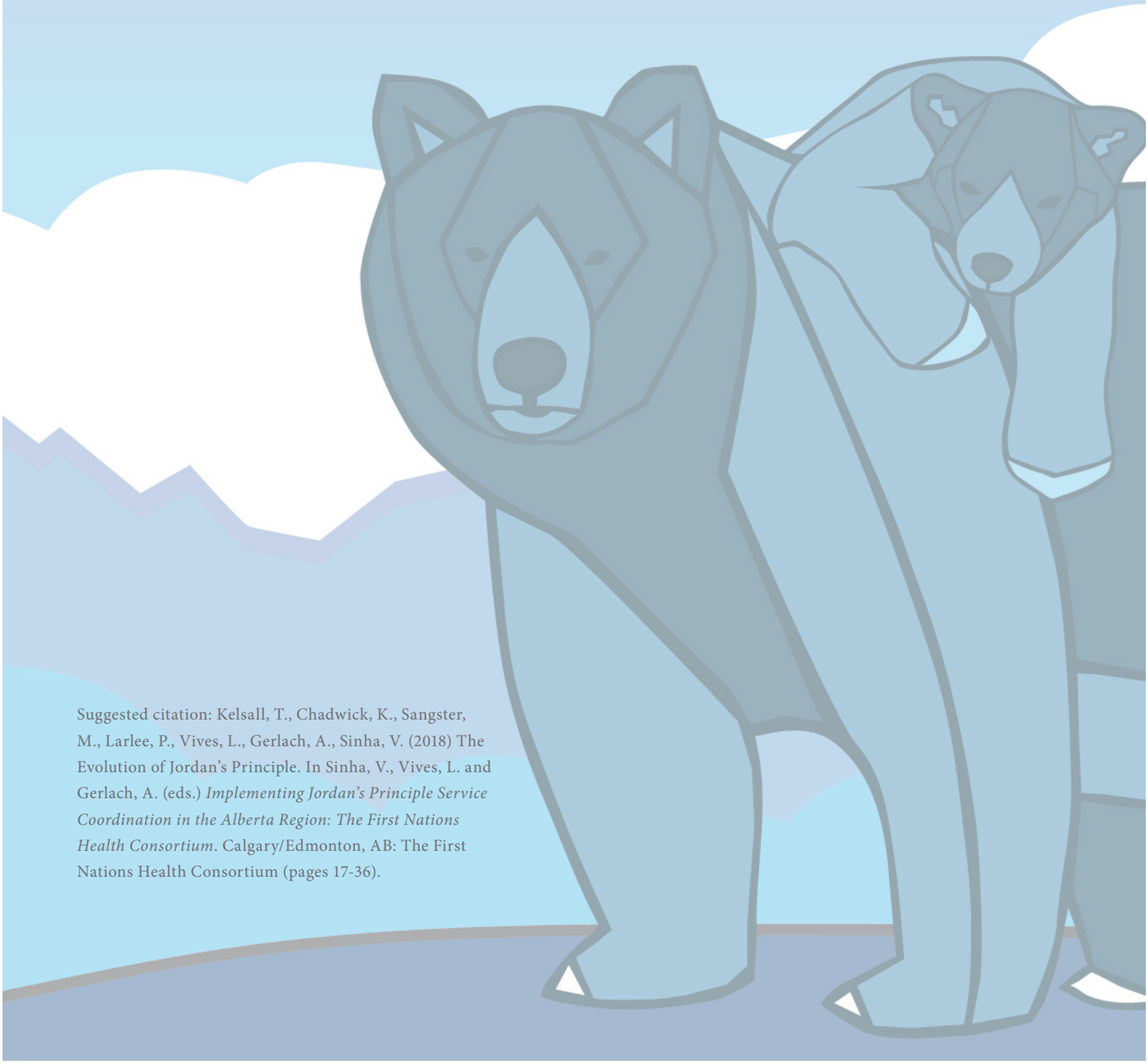
[24] Interview: Staff 1.

[25] Interview: Staff 2.

[26] Health Canada. (2016, Sept). A New Approach: Jordan's Principle–Child-first initiative. Powerpoint presentation.

CHAPTER 1

THE EVOLUTION OF JORDAN'S PRINCIPLE



Suggested citation: Kelsall, T., Chadwick, K., Sangster, M., Larlee, P., Vives, L., Gerlach, A., Sinha, V. (2018) The Evolution of Jordan's Principle. In Sinha, V., Vives, L. and Gerlach, A. (eds.) *Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium*. Calgary/Edmonton, AB: The First Nations Health Consortium (pages 17-36).

CHAPTER 1 **THE EVOLUTION OF JORDAN'S PRINCIPLE**

The First Nations Health Consortium (FNHC) is a new organization created by health organizations from four First Nations across three treaties areas in Alberta: Bigstone Health Commission, Siksika Nation, Maskwacis Health Services, and Kee Tas Kee Now Tribal Council. FNHC has a broad, child and family centered vision of assisting all First Nations children in Alberta to access holistic services and supports that meet their needs.[1,2] The FNHC is currently funded by the Jordan's Principle Child First Initiative (CFI). The CFI is the federal government's short-term response to Jordan's Principle, a child-first principle designed to ensure that First Nations children receive equitable health, education, and social services.[3,4]

The goal of this chapter is to present the development of the FNHC within the context of a national struggle to redress the ongoing discriminatory denials, delays, and disruptions of service that result from a fragmented colonial system for delivering and funding services to First Nations people. Ongoing efforts to achieve the full and permanent implementation of Jordan's Principle are central to this struggle. The FNHC was established in response to a specific, short-term Jordan's Principle initiative. The FNHC's development is intricately linked and has been profoundly shaped by broader, national shifts in the federal government's approach to and understanding of Jordan's Principle. In this chapter, we trace these national-level shifts and examine their implications for the FNHC.

The chapter begins with a brief overview of the existing framework for delivering services to First Nations children and the ways in which this framework results in many First Nations communities and families having inequitable access to needed health, social, and education services. In "The Long Struggle to Realize Jordan's Principle," we summarize the history of efforts to implement Jordan's Principle, focusing largely on the impact of a series of decisions issued by the Canadian Human Rights Tribunal (CHRT) in 2016[5,6], 2017[7,8],and 2018.[9] In the next section, which focuses on "The Short-Term Response to Jordan's Principle," we describe how the development of the FNHC was shaped by a national context, which in turn was shaped by the CHRT decisions. In the final section of this chapter we explore challenges related to a fragmented national structure for pursuing the long-term implementation of Jordan's Principle, which continues to impact the FNHC's work.

THE COLONIAL CONTEXT OF SERVICES FOR FIRST NATIONS CHILDREN: DISCRIMINATION IN THE PROVISION OF PUBLIC SERVICES

First Nations children in Canada experience denials, delays, and disruptions of needed services because of a fragmented framework for delivery and funding of social, education, and health services.[10] This constitutes a violation of their treaty, constitutional, and human rights.[11] The current framework for delivering public services to First Nations people is rooted in colonial legislation, namely the *Constitution Act of 1867*, and the *Indian Act of 1876*. It also reflects an ongoing struggle for realization of the rights enshrined in treaties between Canada and First Nations.[12,13]

While article 92 of the *Constitution Act* assigns responsibility for the provision of most health and social services to the provinces, Article 91(24) assigns

responsibility for "[Status] Indians, and Lands reserved for the Indians" to the federal government.[14,15], The *Indian Act*, in turn, defines eligibility, acquisition, and transmission of Indian Status, the mechanism used by the federal government to define the First Nations population directly under its jurisdiction.[16] In combination, the *Constitution* and *Indian Acts* establish the federal government's jurisdictional responsibility for on-reserve services. [17]

This responsibility is reinforced by the Medicine Chest Clause, included in the numbered treaties. This clause was first codified in Treaty 6[18] and subsequently included in negotiations for Treaty 7 and 8.[19.20.21] The Medicine Chest Clause has been interpreted by Canadian courts as a federal obligation to ensure that First Nations peoples are "to be provided with all the medicines, drugs or medical supplies which they might need entirely free of charge."[22,23] Collectively, the Medicine Chest Clause, the *Constitution Act*, and the *Indian Act* establish federal responsibility for health, social, and education services for First Nation people living on reserve. In contrast, funding and delivery of services for the rest of the population fall, almost without exception, under provincial or territorial jurisdiction.[24]

This historically entrenched approach in the funding of public services has resulted in First Nations children experiencing inequities in health, social, and educational supports and services in comparison with other children in Canada. [25,26,27,28,29,30] Needed services are often not provided in First Nations communities. In addition, jurisdictional disputes over which level or department of government is responsible for the payment of services for First Nations children can prevent First Nations children from accessing available services.[31]

THE LONG STRUGGLE TO REALIZE JORDAN'S PRINCIPLE IN CANADA

TEXTBOX 2:

JORDAN RIVER ANDERSON (1999–2005)

Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child from Norway House Cree Nation, in Manitoba, who was born with a rare neuromuscular disease. Because his complex medical needs could not be treated on-reserve, Jordan was transferred to a hospital in Winnipeg, far from his community and family home. In 2001, a hospital-based team decided that Jordan's needs would best be met in a specialized foster home closer to his home community. However, federal and provincial governments disagreed regarding financial responsibility for Jordan's proposed in-home services. The disputes ranged from disagreements over funding of foster care to conflicts over payment for smaller items such as a showerhead. During these conflicts, Jordan remained in hospital for more than two years, even though it was not medically necessary for him to be there. In 2005, Jordan died in hospital, at the age of five, never having had the opportunity to live in a family home. Jordan's Principle was created to ensure that no other child would endure the denials and delays in services that Jordan experienced.

Source: Lavallee, T. L. (2005). Honouring Jordan: Putting First Nations children first and funding fights second. Paediatrics & Child Health, 10(9), 527–529. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722633

Jordan's Principle was intended as a means for ensuring First Nations children's rights in a context shaped by colonial policies and processes.[32] Jordan's Principle is a child-first principle designed to ensure that First Nations children receive needed services without denial, delay, or disruption. It states that when a First Nations child requires services, the government or department to which the request is originally made should pay for or provide the needed services without delay.[33] Since its inception in 2005, Jordan's Principle has been championed by the First Nations Child and Family Caring Society (Caring Society) and received strong support from First Nations, Canadian, and international bodies. However, Jordan's Principle has never been fully implemented.[34,35,36,37]

GOVERNMENT INACTION & FAILED COMMITMENTS: 2007–2016

In 2007, New Democratic Party Member of Parliament Jean Crowder tabled Motion 296 in the House of Commons, a resolution for the Canadian government to support the full scope of Jordan's Principle. Crowder's motion was unanimously endorsed. However, in subsequent years, the federal government systematically narrowed the application of Jordan's Principle and introduced multiple administrative barriers to the recognition of Jordan's Principle cases.[38]

Jordan's Principle was intended to ensure that all First Nations children have equitable access to needed services without delay.[39,40] However, between 2007 and 2016, the federal government narrowed Jordan's Principle application to cases in which a child was professionally assessed as having multiple disabilities, required services from multiple providers, and was normally resident on-reserve.[41] Additionally, the services requested had to be comparable to existing provincial services in a "similar geographic" location.[42] A case that met these strict criteria had to then pass through an eight-step case conferencing process in order to be recognized by the government as a Jordan's Principle case. Six of the eight steps had no prescribed time limit. One of the steps required two individual Assistant Deputy Ministers to agree, in writing, that a jurisdictional dispute existed. Only then would the child receive needed services.[43]

Under this administrative response, some cases were resolved without ever being identified as Jordan's Principle cases. For example, there was a four-year old First Nations girl who, after experiencing cardiac arrest and a brain injury, required a specialized hospital bed. She ended up receiving the bed through an anonymous donation after multiple federal government departments claimed they had no authority to pay.[44] In other cases, such as the case of Maurina Beadle and Jeremy Meawasige (summarized in Textbox 3), the narrow application of Jordan's Principle led to denials of service and lengthy legal proceedings. [45] In an unknown number of other cases, the needs of First Nations children likely went unrecognized and were thus never met. The impact of the restrictive response to Jordan's Principle was reflected in a government official's testimony before the CHRT that no child had ever accessed a fund established to resolve jurisdictional disputes in Jordan's Principle cases.[46] Thus, the eligibility restrictions and complex bureaucratic processes associated with Jordan's Principle allowed the federal government to simultaneously claim that it had implemented Jordan's Principle and that it knew of no Jordan's Principle cases in Canada.[47,48] The failure to properly implement Jordan's Principle was highlighted by the continued calls for the implementation of Jordan's Principle by First Nations, national and international organizations.[49,50,51,52]

TEXTBOX 3:

SUMMARY OF *PICTOU LANDING BAND COUNCIL AND MAURINA BEADLE V. CANADA*

Maurina Beadle, a resident of Pictou Landing First Nation (PLBC) in Nova Scotia, was a single mother and the primary caregiver for her son, Jeremy Meawasige. Jeremy had been diagnosed with hydrocephalus, cerebral palsy, spinal curvature, and autism; he had high care needs and could be self-abusive at times. In May 2010, Ms. Beadle suffered a stroke and was hospitalized. She subsequently required assistance with her own care and could no longer care for Jeremy at the level that he needed. The PLBC began funding 24-hour in-home care to assist both Ms. Beadle and Jeremy. After Ms. Beadle's condition improved, in October 2010, the Pictou Landing Health Centre recommended that the Beadle family continue to receive in-home care services from a homecare worker to meet Jeremy's needs.

The PLBC health director estimated that Jeremy's in-home care expenses totaled around $8,200 a month, which amounted to nearly 80% of the total monthly funding that PLBC received for home care services for the entire community. The health director contacted Health Canada to request support to address Jeremy's needs. During the case conferencing meetings between provincial, federal, and PLBC representatives, a provincial representative explained that an off-reserve child requiring similar care would receive a maximum of $2,200 per month for in-home respite services. The PLBC health director pointed out a recent Nova Scotia Supreme Court ruling that the $2,200 limit violated provincial legislation and ordered the province to provide additional in-home care funding in a similar case. She was told that Jordan's Principle did not apply to Jeremy's case because there was no jurisdictional dispute: provincial and federal government agencies agreed that services provided to Jeremy should not exceed $2,200 per month. In contrast, she was told that the province and the federal government would fund the cost of institutional care at an estimated cost of approximately $10,500 per month, or 130% of the cost of Jeremy's in-home expenses at the time.

In June 2011, the Pictou Landing Band Council and Ms. Beadle asked the Federal Court to quash the focal point's decision in Jeremy's case, and to declare that the federal government's actions in the case violated Nova Scotia legislation, Jordan's Principle, and the Charter. The federal government argued that Jordan's Principle was not engaged because the province and the federal government were in agreement. They further argued the province's lack of practice reform in response to the Nova Scotia Supreme Court ruling meant the $2,200 per month cap was the normative provincial standard. Finally, they argued that PLBC was not entitled to reimbursement for the cost of Jeremy's care, suggesting that if PLBC could not cover these costs with the current funding they should renegotiate their federal funding agreement. In 2013, the Federal Court ruled in favour of PLBC and Maurina Beadle, finding that the federal government's interpretation and application of Jordan's Principle was inadequate. The ruling stated that Jordan's Principle "exists precisely to address situations such as Jeremy's" and identified the failure to engage Jordan's Principle in the case as "unreasonable". The federal government appealed the decision, but formally discontinued the appeal in July of 2014.

Source: Jordan's Principle Working Group. (2015). Without denial, delay or disruption: Ensuring First Nations children's access to equitable services through Jordan's Principle. Retrieved from *https://www.afn.ca/uploads/files/j ordans_principle-report.pdf*

TRANSFORMATION IN THE FACE OF GOVERNMENT RESISTANCE: THE CANADIAN HUMAN RIGHTS TRIBUNAL'S DECISIONS, 2016-2018

The reform of the restrictive federal response to Jordan's Principal has been largely driven by the CHRT's response to a human rights complaint filed by the Caring Society and the Assembly of First Nations (AFN) in 2007. The complaint alleged that the underfunding and administration of on-reserve child welfare services constituted systemic discrimination against First Nations children "because of their race and national ethnic origin."[53] One component of the complaint identified the failure to implement Jordan's Principle as a factor perpetuating discrimination in child welfare.[54] The Canadian government tried for years to have the complaint dismissed on technical grounds, but the CHRT began hearing the case in 2013.[55]

In 2016—nine years after the original complaint was filed—the CHRT ruled that Canada had discriminated against First Nations children though its funding and administration of on-reserve child welfare services. Finding that departments of the the federal government had already signed a Memorandum of Understanding committing to implementation of Jordan's Principle in 2009, and renewed this memorandum in 2013, the CHRT ordered Canada to immediately adopt the full scope of Jordan's Principle.[56] The ruling defined Jordan's Principle in this way:

> Jordan's Principle is a child-first principle and provides that where a government service is available to all other children and a jurisdictional dispute arises between Canada and a province/territory, or between departments in the same government regarding services to a First Nations child, the government department of first contact pays for the service and can seek reimbursement from the other government/department after the child has received the service. It is meant to prevent First Nations children from being denied essential public services or experiencing delays in receiving them.[57]

The ruling indicated that Jordan's Principle was to include all jurisdictional disputes and apply to all First Nations children. It also linked Jordan's Principle to a standard of substantive equality, under which there is an obligation to ensure that services do "not perpetuate the historical disadvantages endured by Aboriginal peoples."[58]

Canada's response to this ruling was, in the CHRT's assessment, slow and insufficient. [59] As depicted in Figure 4, between April of 2016 and February of 2018 the CHRT issued four additional rulings responding to Canada's continued failure to comply with the Tribunal's orders.

JORDAN'S PRINCIPLE TIMELINE

2016-2018

October 23, 2017
Launch of FNHC service coordination

FNHC begins to offer service coordination services. 1-800 number and website go live.

November 2, 2017
CHRT amends May ruling

Ruling amended with agreement from all parties to clarify clinical case conferencing permitted while administrative conferencing cannot delay service delivery. Timeline amended to 12hrs for urgent requests, 48hrs for non-urgent requests and urgent group requests, 1 week for non-urgent group requests. Canada subsequently drops judicial review request.

January 25, 2018
Canada unveils 6 point plan to reform First Nations child welfare system

Commitments include full implementation of CHRT orders, reforming child and family services, and exploring the potential for co-developed child welfare legislation.

February 1, 2018
CHRT Compliance Order #4

CHRT orders Canada to fund child welfare agencies for their actual costs, including for prevention services, retroactively to January 2016 and to cease using population thresholds to limit funding. Orders in effect until nation-to-nation agreement on child welfare services reached.

February 9. 2018
Indigenous Services Canada announces new 24hr Jordan's Principle hotline

Hotline advertised on government websites in addition to phone numbers for provincial focal point contacts.

JORDAN'S PRINCIPLE TIMELINE

2016-2018

January 13, 2017
HCOM contract awarded to FNHC

Health Co-Management grants FNHC contract for 3 years of service delivery.

May 26, 2017
CHRT Compliance Order #3

Canada ordered to apply broad definition of Jordan's Principle including provision of all government services and in the absence of jurisdictional dispute and to provide services beyond the normative standard of care where necessary to ensure substantive equity. Determinations must be made within 12-48hrs.

June 23, 2017
Canada requests judicial review of CHRT order

Canada applies for an order setting aside aspects of Compliance Order #3 including order to make determination within 24-48hrs of receipt and without case conferencing.

August 28, 2017
Government cabinet shuffle creates new ministries

Department of Indigenous Services created to focus on service delivery while Department of Crown/Indigenous Relations and Northern Affairs will lead execution of self-governance and self-determination agreements.

September 15, 2017
Canada advertises new Jordan's Principle call line

Advertised number is also the INAC inquiries number, and callers are given a list of options to select from that does not include Jordan's Principle.

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February 9. 2018
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Hotline advertised on government websites in addition to phone numbers for provincial focal point contacts.

Figure 4: Jordan's Principle Timeline (2016–2018)

In its 2018 ruling, the CHRT was succinct in its assessment of Canada's progress towards ending discrimination against First Nations children:

> It is **incorrect** to assert [Canada] did nothing. It is also **incorrect** for Canada to say it did everything that it could do and everything that was asked of it in the immediate term, which has now become mid-term. [60]

Between 2016 and 2018, the CHRT expanded upon its original ruling and responded to federal efforts to implement Jordan's Principle. As described below, it also further specified the children eligible for and service domains covered by Jordan's Principle, the timelines for responding to Jordan's Principle cases, and the application of substantive equality to Jordan's Principle.

ELIGIBILITY

The CHRT has ruled, and the federal government has now accepted, that Jordan's Principle applies to all First Nations children regardless of ability, disability, or their place of residence on or off reserve.[61] The CHRT struck down the federal government's attempts to restrict Jordan's Principle protections to children living on reserve. It also rejected federal restriction of Jordan's Principle to children with "multiple disabilities" and a subsequent attempt to restrict eligibility to children having disabilities or presenting "with a discrete, short-term issue for which there is a critical need for health and social supports." [62]

RANGE OF SERVICES

The CHRT has indicated, and the federal government has agreed, that Jordan's Principle applies to a broad range of health, social, and education services.[63] The CHRT rejected a federal argument that Jordan's Principle does not apply to child welfare and explicitly noted that Jordan's Principle can address, but is not limited to "mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy."[64]

TIMELINES

The CHRT has ordered precise time limits for responding to individual Jordan's Principle cases.[65] These timelines reflect an agreement reached between the federal government, the Assembly of First Nations (AFN), and the Caring Society following federal objections to timelines initially outlined by the CHRT.[66,67] In requests involving an individual child, the government must respond within 48 hours of an initial request for service; in urgent cases, the response must come within 12 hours. Consultation or case conferencing is permitted only if needed to determine a child's clinical needs. If clinical consultation is required, the federal government must ensure that it responds "as close to the [initial] 48-hour time frame as possible"[68] and is required to respond within 12-48 hours of receiving all necessary clinical information.[69] Responses to group requests, which address service gaps affecting large numbers of children, are required within 48 hours for urgent cases and one week for non-urgent cases.[70]

SUBSTANTIVE EQUALITY

The CHRT has ruled, and the federal government has accepted, that services provided under Jordan's Principle must meet a standard of "substantive equality."[71,72] The CHRT has not offered an explicit definition of substantive equality, which legal scholars have described as an ambiguous and contested construct.[73] However, in its original ruling, the CHRT did clearly outline an understanding of substantive equality that is grounded in recognition of both current and historic discrimination. Citing prior supreme court rulings, the CHRT noted that analysis of substantive equality must take "into account the full social, political and legal context of the claim"[74] and notes that, for "Aboriginal peoples in Canada, this context includes a legacy of stereotyping and prejudice through colonialism, displacement and residential

schools."[75] Thus, the CHRT concludes that, under a substantive equality standard, the federal government must "consider the distinct needs and circumstances of First Nations children and families living on-reserve—including their cultural, historical and geographical needs, and circumstances—in order to ensure equality."[76] The CHRT further highlighted prior Supreme Court rulings that rejected "the mere presence or absence of difference"[77] as the basis for assessing substantive equality, stating that assessment must consider the "real impact"[78] on individuals and group members while noting "that identical treatment may frequently produce serious inequality."[79] Accordingly, the CHRT has indicated that services beyond normative provincial standards of care must be funded when required to achieve substantive equality for First Nations children.[80]

In 2018, the federal government released a list of nine questions to guide assessment of substantive equality when making decisions about services requested under Jordan's Principle.[81] These questions (listed in Textbox 4) outline broad parameters for shifting from a goal of ensuring that First Nations have access to the same services available to other children in Canada, to one of providing services that reflect consideration for

TEXTBOX 4:
QUESTIONS FOR ASSESSING SUBSTANTIVE EQUALITY

1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?

2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?

3. Would the failure to provide the service result in the child needing to leave the home or community for an extended period?

4. Would the failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?

5. Is the provision of support necessary to ensure access to culturally appropriate services?

6. Is the provision of support necessary to avoid a significant interruption in the child's care?

7. Is the provision of support necessary in maintaining family stability?, as indicated by:
   -the risk of children being placed in care; and
   -caregivers being unable to assume caregiving responsibilities.

8. Does the individual circumstance of the child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?

9. Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?

Source: Government of Canada. (2018, April 4). Jordan's Principle—Substantive Equality Principles.
Retrieved from *https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/jordans-principle-substantive-equality-principles.html*

First Nations rights to self-determination, cultural and linguisitic appropriateness, and a holistic approach to children's needs. This shift aims at eliminating some of the systemic barriers in access to services that are a result of racism and colonialism in Canada.[82]

THE SHORT-TERM RESPONSE TO IMPLEMENT JORDAN'S PRINCIPLE: CONTEXT FOR THE DEVELOPMENT OF THE FIRST NATIONS HEALTH CONSTORIUM IN THE ALBERTA REGION

In July of 2016, against a backdrop of federal resistance to implementing CHRT orders and the CHRT's efforts to further specify Jordan's Principle, [83] the federal government announced the creation of the Jordan's Principle Child-First Initiative (CFI). The CFI was a short-term response to Jordan's Principle, its $382.5 million budget extended only until the end of the 2018–2019 fiscal year.[84,85] The long-term response to Jordan's Principle was to be developed while the CFI was underway.

The CFI established the Service Access Resolution Fund (SARF) to pay for services approved under Jordan's Principle.[86] It also included funding for an "Enhanced Service Coordination model of care" (ESC) which was intended to help maximize access to health, social, and educational services while reducing service delays.[87] ESC was envisioned as a resource to help families navigate existing federal and provincial services rather than duplicating services.[88,89]

The FNHC emerged in response to a request for enhanced service coordination proposals issued under the Jordan's Principle CFI in November of 2016. The leaders of health service organizations from Bigstone Health Commission, Siksika Nation, Maskwacis Health Services, and Kee Tas Kee Tribal Council submitted a successful proposal to develop a new organization that would provide enhanced service coordination for all First Nations children in the region.[90,91] The initial development of the FNHC was shaped by the rapidly evolving national context for Jordan's Principle. In interviews and focus groups, the FNHC's staff and partners identified organizational challenges resulting from the short timelines imposed by the national government, the limits on FNHC control imposed by the CFI, shifting mandates linked to evolution in the interpretation of Jordan's Principle, and overlapping national initiatives. These challenges are examined below.

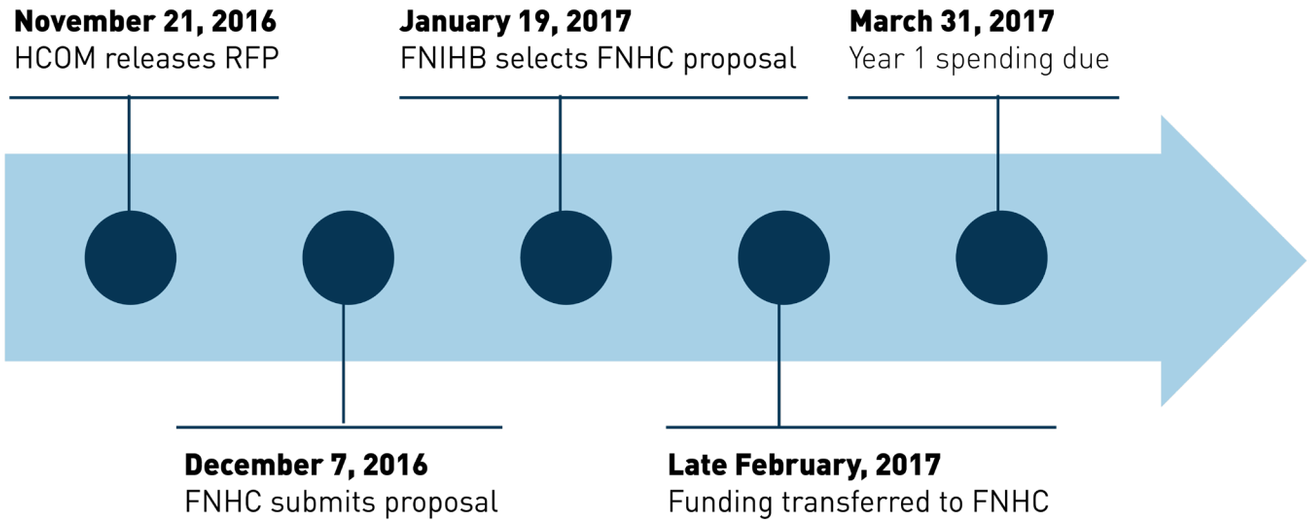

Figure 5: Timeline for Health Co-Management Funding Proposal (November 2016 to March 2017)

UNDER PRESSURE: SHORT TIMELINES AND UNCLEAR GUIDANCE

The federal government's response to the CHRT ruling was to take a two-phased approach. With a three-year horizon for CFI funding, the FNHC was working with tight timelines from the outset. As shown in Figure 5, the initial Request for Proposals (RFP) was released on 21 November 2016 and proposals were due in early December—just two weeks later.[92] Moreover, the RFP provided little detail to support organizations in developing their responses. Indeed, one person who worked on the crafting of the FNHC proposal noted the contrast between the brevity of this RFP and the detailed requests typically released for provincially funded initiatives;[93] others speculated that this lack of guidance was a result of the RFP being drafted quickly in response to the CHRT orders.[94] However, the proposal required applicants to develop a clear vision of the (ESC) model of care and a detailed plan for realizing that vision.

To meet the tight timelines, all board members committed to the FNHC's development even though they were simultaneously leading organizations in their respective communities. One board member explained:

> If we are going to put this thing together, and if we are going to make this proposal, and then we are going to implement what we say we are going to do, then all four of us had to commit to [it]. This is priority one.[95]

Board members also drew on their relational networks to recruit a consultant and interim executive director to facilitate the development of the initial proposal.[96]

The FNHC was informed that its proposal was successful on 19 January 2017,[97] but the organization continued to face unrealistic time pressures after securing funds. The FNHC received its first monetary transfer in late February 2017, one month before the federal government's fiscal year end. Accordingly, the organization was required to spend their entire 2016–2017 funding allocation and produce a report on funding outcomes within the first few weeks of its existence.[98,99] As discussed in the next two chapters, the task of building a new organization and developing a service coordination model on the short CFI timeline continued to pose challenges as the FHNC moved forward.

GOVERNING FROM A DISTANCE: CANADA REMAINS A GATEKEEPER TO FUNDING

While the FNHC was responsible for developing a vision of an ESC model, the organization's control over Jordan's Principle processes was constrained by the framework of administration for SARF funds, established by the CFI. As in prior efforts to implement Jordan's Principle,[100] all requests for Jordan's Principle funding under the CFI are administered by government representatives known as "focal points." These "local service coordinators"[101] are responsible for facilitating the review and approval of requests for services under Jordan's Principle.[102] In other words, FNHC must rely on a government focal point to obtain approval for funding for Jordan's Principle cases.

As discussed in Chapter 4, the FNHC plays a critical, independent role in providing support to First Nations families and in helping them navigate existing services and administrative processes. However, the FNHC's efforts are also inextricably tied to the work of focal points. As discussed in Chapters 2 and 3, navigating the tensions inherent in their relationship to government focal points has been a ongoing focus of the FNHC.

A MOVING TARGET: CHANGES IN ELIGIBILITY CRITERIA

The FNHC's efforts to develop ESC services were further complicated by ongoing shifts in the interpretation and application of Jordan's Principle. The RFP that the FNHC originally responded to used restrictive language around eligibility that directly contradicted the CHRT's orders.[103] It stated that ESC efforts established under the CFI would serve "First Nations children with a disability or an interim critical condition."[104] Based on board members' vision, and their tracking of the CHRT rulings, the FNHC proposed to serve all First Nations

children, thus conforming to CHRT requirements despite the restrictive application of Jordan's Principle outlined in the RFP.[105]

Participants who had been involved in the initial development of the FNHC noted confusion around ongoing changes in federal understanding of Jordan's Principle eligibility. For example, a board member involved in the FNHC's development noted that "The rules around [Jordan's Principle eligibility] kept changing—who was included, who wasn't included, in this so-called group that we were supposed to be helping."[106] Another board member stated that the federal government "changed the criteria or they changed the eligibility for those who could use the service after we were under way."[107]

The eligibility continued to change even after the FNHC launched and the organization's budget was no longer negotiable. For example, in July 2018, the FNHC received word that Jordan's Principle expanded beyond First Nations children to include Inuit children.[108] These changes in eligibility fundamentally altered the scope of services that the FNHC was required to provide, thus impacting the organization's planning and budget.

LAUNCHING IN A CROWDED SPACE: OVERLAPPING NATIONAL INITIATIVES

The evolving national context also resulted in new initiatives which overlapped with the FNHC's efforts. For example, one month before the FNHC launched the toll-free number that was to be the primary pathway for accessing FNHC service coordination, the federal government advertised its own toll-free Jordan's Principle number. The advertisements represented an effort to comply with a CHRT order to disseminate information about Jordan's Principle.[109,110] However, the advertised number led to a general public inquiries line and the automated message made no explicit mention of Jordan's Principle.[111] Five months later, the federal government launched a 24-hour, nationwide Jordan's Principle hotline and sponsored a new advertising campaign promoting another toll-free Jordan's Principle number.[112] During this period, the regional offices of federal government departments also advertised two Jordan's Principle phone numbers, one for accessing health needs and another for educational and social needs.[113]

After the FNHC launched, one board member called this convoluted landscape the result of a "knee jerk reaction" by the federal government and noted that it felt as if the FNHC's efforts were "being short-circuited by the national campaign."[114] This same board member worried that it was only after federal officials denied support that potential clients would "search and find [the FNHC's] number. And then pretty much we're not able to help them…because everything's been exhausted."[115] A partner involved in the initial development of the FNHC similarly questioned whether the national toll-free number was "actually a barrier to the Consortium really fully taking on its role."[116] As discussed below, failures to coordinate between national and regional level initiatives continue to pose an ongoing challenge for the FNHC.

THE LONG-TERM RESPONSE TO JORDAN'S PRINCIPLE: A FRAGMENTED NATIONAL POLICY CONTEXT

The national context for the meaningful implementation of Jordan's Principle continues to evolve. Jordan's Principle CFI, which provides funding for ESC programs across Canada including the FNHC, was designed as a short-term response to Jordan's Principle.[117] However, the federal government's legal obligations to implement Jordan's Principle and ensure substantive equality for First Nations children have no expiry date. National level efforts to define the long-term response to Jordan's Principle are ongoing, with many different initiatives being simultaneously advanced by different groups, and little indication of the mechanism for coordinating these initiatives.

Moreover, provincial and territorial organizations implementing ESC initiatives across the country have not been systematically included in or informed of the development of long-term plans at the national level.

The Jordan's Principle Action Table (AT) was founded in June of 2017 to look at "policy options for the long-term implementation of Jordan's Principle."[118] These options include "new federal program authorities, different service delivery models and approaches to funding."[119] The AT exists under the umbrella of the National Advisory Committee on First Nations Child and Family Services Program Reform (NAC) which was developed in 2017 to provide "key recommendations for the medium and long-term relief related to" the CHRT rulings, "including the application of Jordan's Principle."[120]

The AT is taking a "phased approach" to the development of a long-term response to Jordan's Principle. The approach is summarised using the iceberg graphic presented in Figure 6. Phase one focuses on addressing known service gaps through Jordan's Principle funding; it is represented by the part of the iceberg above the surface of the water. Phase two, depicted below the surface of the water, will focus on gathering information about unknown factors in order to move towards more comprehensive policy change.

The Jordan's Principle AT formed prior to the announcement of CFI funding and the development of enhanced service coordination initiatives, recruiting volunteer members from within the networks of AFN and NAC members.[121] Recognizing the important role of the Jordan's Principle AT and operating in the hope that the FNHC "will open up other doors for other First

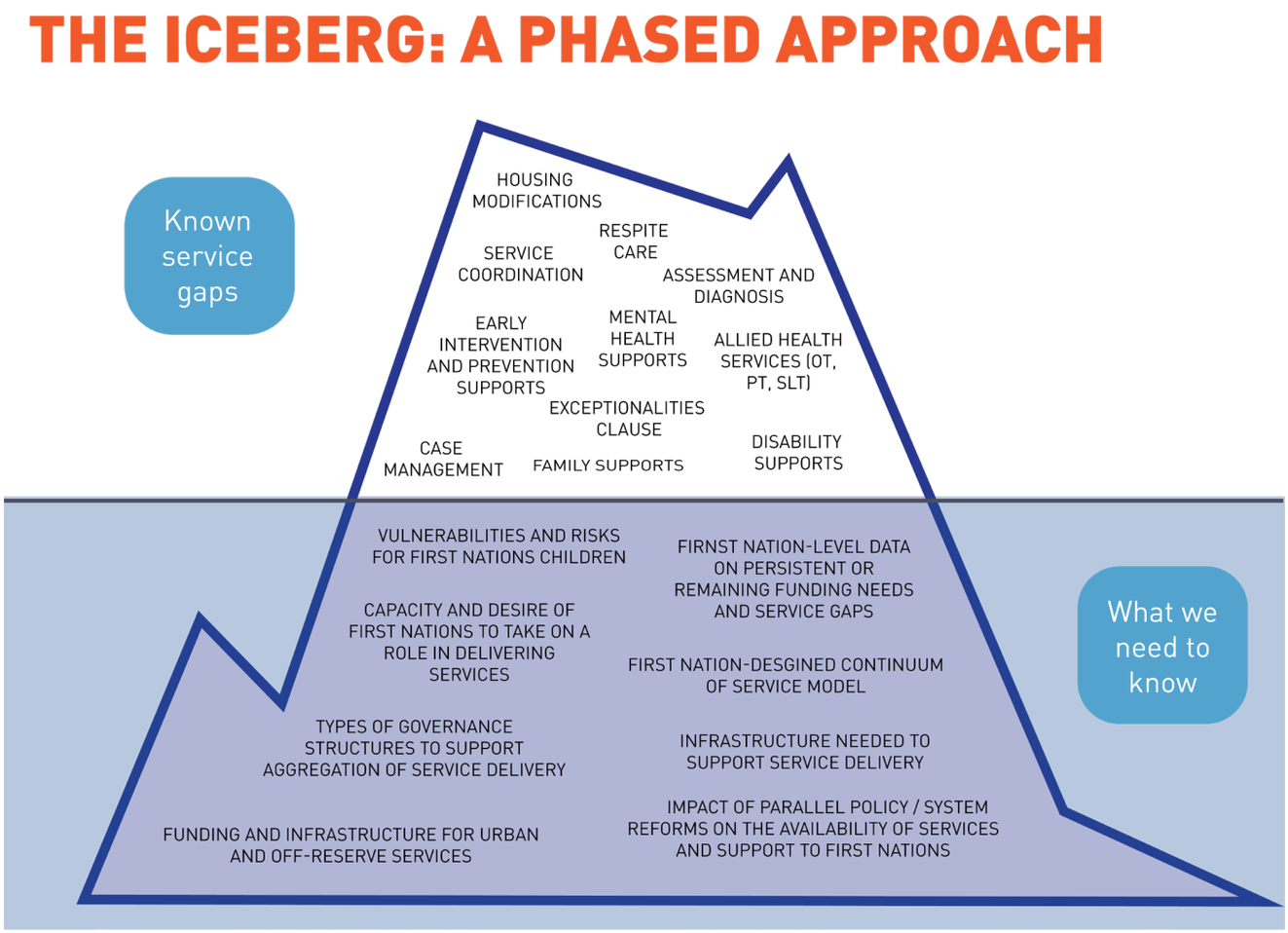

Figure 6: The Iceberg: A Phased Approach
Source: Government of Canada & Assembly of First Nations. (2018, April 12). Jordan's Principle: Proposed consultation plan.Powerpoint presentation, p.7.

Nations and other communities across the country,"[122] board members worked with regional leaders to obtain membership in it. A FNHC board member joined the Jordan's Principle AT in March of 2018.[123] This position afforded the FNHC a clearer view and stronger voice in the national level discussion. However, the long-term plans being developed by the Jordan's Principle AT have not yet been formalized and it is not clear whether they build on, complement, or replace short term CFI initiatives.

The uncertainty around the continuation of CFI service coordination initiatives is amplified by questions about how the plans being developed by the Jordan's Principle AT connect to several other national initiatives that have been recently proposed. In addition, the ongoing efforts of national groups doing work that is focused on or closely related to Jordan's Principle creates confusion. For example, it is unclear how the work of the Jordan's Principle AT fits with the work of:

- The Jordan's Principle Oversight Committee: Originally developed as an internal federal committee to provide oversight to Jordan's Principle, this committee expanded to include the parties to the CHRT complaint. It oversees the development of Jordan's Principle policies, procedures, and communications. For example, this committee developed the nine substantive equality questions presented in Textbox 4. [124]

- The Consultation Committee on Child Welfare: The formation of this committee, which also includes the federal government and the parties to the CHRT complaint, was recently mandated by the CHRT.[125] The extent to which this committee will focus on Jordan's Principle and the relationship between this committee and the Jordan's Principle Oversight Committee are unclear.

- Five other working tables coordinated by the NAC: The Agency and Administration Table, the Practice and Community Needs (Children, Youth and Families) Action Table, the Governance and Legislation Action Table, and the Internal Indigenous Services/Government of Canada Reform, Training, Education and Communication Action Table are all focusing on issues that potentially overlap with the development of a long-term response to Jordan's Principle.[126]

Further, it is not known how the long-term plans for Jordan's Principle will intersect with the six-point plan for child welfare announced by Minister Philpott in January of 2018.[127] The relationship between the plans being developed by the Jordan's Principle AT and the proposal for broad reform of public services funding outlined in the Spirit Bear plan, developed by the Caring Society and given unanimous endorsement by the AFN Chiefs-in-Assembly, is also unclear.[128] Additionally, the CHRT has retained jurisdiction over its ruling until 10 December 2018 to ensure Canada's full compliance with the rulings, and the Tribunal has indicated they will renew their jurisdiction when and if needed.[129] This ongoing process may also lead to new policy directives and initiatives.

Thus, the national context for the FNHC's work is both fragmented and still evolving. From the regional or community level, it is difficult to figure out how the different pieces of the national policy puzzle fit together. This difficulty is augmented by the relative isolation of groups like the FNHC.

The guidance document provided by the federal government to organizations submitting ESC proposals noted the importance of coordination between similar organizations in Canada and other ESC organizations within a province.[130] However, the FNHC is the only CFI-funded organization providing ESC services in Alberta, and the federal government has not supported the development of avenues of communication

and collaboration between the ESC providers in different regions.[131] Thus, opportunities to exchange information about national initiatives or to develop shared strategies for navigating the shifting national context were limited. In September of 2018, the AFN hosted the Jordan's Principle Summit[132], which brought many of the ESC organizations together for the first time. The summit highlighted wide-ranging support for Jordan's Principle from First Nations groups. It also showcased the broad diversity of approaches to implementing Jordan's Principle across jurisdictions. These ranged from models featuring a centralized service coordination organization, like the FNHC, to those that are a hybrid between having independent Jordan's Principle access workers within First Nations communities and one in an urban centre. [133]

At the summit, Jane Philpott, Minister of Indigenous Services Canada (ISC), pledged through a recorded video to the continuation of Jordan's Principle beyond 31 March 2019.[134] An Assistant Deputy Minister of Indigenous Services Canada laid out the plan for the future of Jordan's Principle funding, including further First Nations control over resources, an innovation fund for new types of community-based programs, and funding for new infrastructure to house service delivery.[135] However, the specifics of how much funding will be put in place, its distribution, or whether it will continue to support the diverse models developed under CFI remains unclear.[136]

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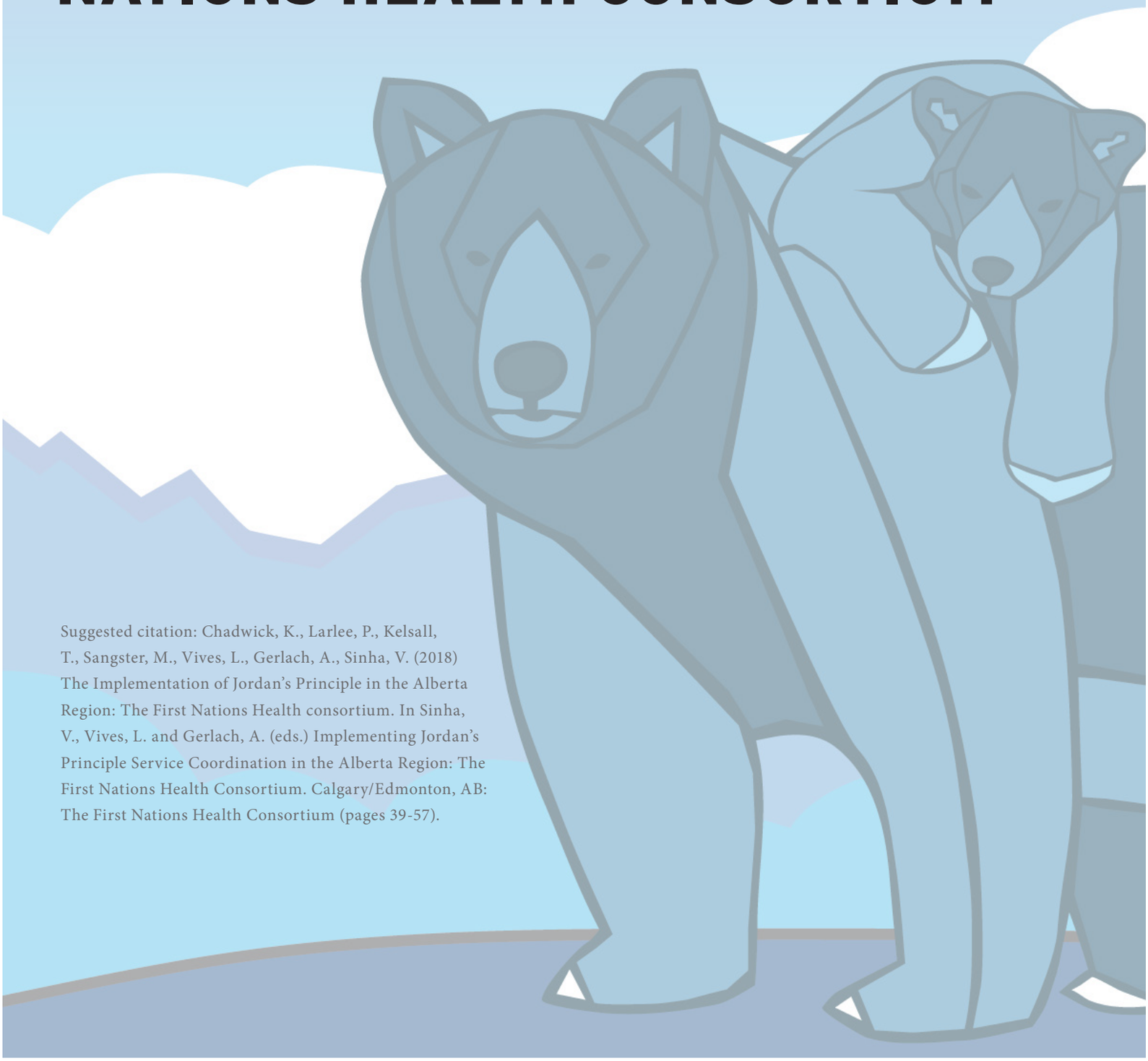
CHAPTER 2

THE IMPLEMENTATION OF JORDAN'S PRINCIPLE IN THE ALBERTA REGION: THE FIRST NATIONS HEALTH CONSORTIUM



Suggested citation: Chadwick, K., Larlee, P., Kelsall, T., Sangster, M., Vives, L., Gerlach, A., Sinha, V. (2018) The Implementation of Jordan's Principle in the Alberta Region: The First Nations Health consortium. In Sinha, V., Vives, L. and Gerlach, A. (eds.) Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium. Calgary/Edmonton, AB: The First Nations Health Consortium (pages 39-57).

CHAPTER 2 THE IMPLEMENTATION OF JORDAN'S PRINCIPLE IN THE ALBERTA REGION: THE FIRST NATIONS HEALTH CONSORTIUM

The goal of this chapter is to present the First Nations Health Consortium's (FNHC) work within its regional context. The FNHC was established in response to a specific call for service coordination under the Jordan's Principle Child First Initiative (CFI).[1] Together, the four organizations whose leaders founded the FNHC—Bigstone Health Commission (Treaty 8), Kee Tas Kee Now Tribal Council (Treaty 8), Maskwacis Health Services (Treaty 6) and Siksika Nation (Treaty 7)—provide health, social, and education services to 11 First Nations and 28% of Alberta's First Nations population.[2] The FNHC proposed to work across First Nations and treaty areas to serve an even larger population: all First Nations children in the region, living both on and off reserve.[3] However, the FNHC's work is situated within a complex and fragmented public policy and service delivery environment. As a result, the organization must build on its collective strengths to navigate entrenched divisions that have long shaped the provision of public services in Alberta.

The chapter begins with a brief overview of the colonial history of the Alberta region, providing a summary of some of the policies and events that laid the foundation for the current regional context. The second section of the chapter examines the vision of collaboration that spurred the creation of the FNHC and the challenges associated with realizing this vision. In the section on "The Complex Regional Context," we describe several regional organizations that shape the FNHC's mandate and work. In "Navigating Regional Expectations," we look more closely at the tensions and challenges that grow out of a complex and fragmented regional policy context. In Working Towards Collaboration, we describe the FNHC's efforts to improve collaboration and build relationships with organizations within this regional context. Finally, under "Continuing Challenges," we discuss barriers to reaching the goal of equitable health, social, and education services for all First Nations children in the Alberta region.

Figure 7: The First Nations Health Consortium Logo

TEXTBOX 4:
THE REGIONAL CONTEXT

First Nations In Alberta

1. Athabasca Chipewyan First Nation
2. Beaver First Nation
3. Bigstone Cree Nation
4. Chipewyan Prairie First Nation
5. Dene Tha' First Nation
6. Driftpile First Nation
7. Duncan's First Nation
8. Fort McKay First Nation
9. Fort McMurray First Nation
10. Horse Lake First Nation
11. Kapawe'no First Nation
12. Little Red River Cree Nation
13. Loon River First Nation
14. Lubicon Lake Band (no reserve)
15. Mikisew Cree First Nation
16. Sawridge Band
17. Smith's Landing First Nation
18. Sturgeon Lake Cree Nation
19. Sucker Creek First Nation
20. Swan River First Nation
21. Tallcree First Nation
22. Whitefish Lake First Nation (Atikameg)
23. Woodland Cree First Nation
24. Alexander First Nation
25. Alexis Nakota Sioux Nation
26. Beaver Lake Cree Nation
27. Cold Lake First Nations
28. Enoch Cree Nation
29. Ermineskin Cree Nation
30. Frog Lake First Nation
31. Heart Lake First Nation
32. Kehewin Cree Nation
33. Louis Bull Tribe
34. Montana First Nation
35. O'Chiese First Nation
36. Paul First Nation
37. Saddle Lake Cree Nation
38. Samson Cree Nation
39. Sunchild First Nation
40. Whitefish Lake First Nation (Goodfish)

Map 1: First Nations in Alberta

41. Blood Tribe
42. Piikani Nation
43. Siksika Nation
44. Stoney Tribe (Bearspaw, Chiniki, and Wesley
45. Tsuu T'ina Nation

As of 2016, there were 136,585 First Nation peoples living in Alberta, including 68,630 children aged 0–24 years. Approximately 82% of Alberta First Nations are Status Indians, an administrative

category defined by the Indian Act that affords access to federal and provincial benefits, and approximately 44% of those with registered Indian status live on reserve. The majority of Indigenous people living off reserve reside in Edmonton or Calgary.

Many Alberta First Nations are comprised of multiple reserve communities. For example, Bigstone Cree Nation is made up of seven reserve communities surrounding Calling Lake and the Wabasca Lakes of central Alberta. First Nations reserves in Alberta are located within one of the three treaty areas that divide the province and extend into neighboring British Columbia, Saskatchewan, and the Northwest Territories. The treaty areas are shown in Map 1. There are 24 Alberta First Nations in Treaty 8 territory (shown in light blue); 16 in Treaty 6 territory (shown in brown), and five in Treaty 7 territory (shown in green).

Statistics Canada. (2017). *Focus on geography series, 2016 census.* Statistics Canada Catalogue, no. 98-404-X2016001. Ottawa, ON. Data products, 2016 Census. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=48

Statistics Canada. (2018). *Aboriginal population profile, 2016 census.* Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/details/page.cfm?Lang=E&Geo1=PR&Code1=48&Data=Count&SearchText=Alberta&SearchType=Begins&B1=All&SEX_ID=1&AGE_ID=1&RESGEO_ID=1

Indigenous and Northern Affairs Canada. (2017). *First Nations Profiles: Bigstone Cree Nation Reserves/settlements/villages.* Retrieved from http://fnp-ppn.aandc-aadnc.gc.ca/fnp/Main/Search/FNReserves.aspx?BAND_NUMBER=458&lang=eng

Indigenous and Northern Affairs Canada. (2014). *First Nations in Alberta.* Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100020670/1100100020675

THE COLONIAL CONTEXT OF SERVICES FOR FIRST NATIONS PEOPLE IN THE ALBERTA REGION

Colonization had a profound impact upon the Indigenous communities inhabiting the region now known as the province of Alberta. Colonial companies such as the Hudson's Bay Company, the North West Company, and the XY Company exploited Indigenous communities in the late 1700s and early 1800s, inflaming intertribal conflicts and depleting the region's natural resources.[4] The resulting famine increased the susceptibility of Indigenous communities to diseases such as measles, whooping cough, and smallpox, leading to mass mortality.[5] This period of exploitation, environmental depletion, and loss of life preceded the negotiation of the numbered treaties between Indigenous peoples of the region and the Dominion of Canada.[6]

Between 1876 and 1899, a period in which First Nations faced a declining buffalo population and a series of small pox epidemics, the Dominion of Canada and the Indigenous peoples of the region signed Treaties 6, 7, and 8. [7,8,9,10] These treaties allowed the Dominion of Canada to continue westward expansion.[11,12] The treaties stated that territory would be ceded to the Dominion of Canada in exchange for agricultural equipment, annual payments, education and health services, and other terms,[13] and many nations were eager to sign the treaties in order to secure the agricultural resources they required to survive.[14,15] Though many Indigenous elders argue that they only agreed to *share* the land, the treaties forced Indigenous communities onto reserves.[16]

The *Indian Act* of 1876 laid a formal foundation for the Government of Canada's systematic efforts to assimilate Indigenous peoples. The act further restricted Indigenous people's rights and mobility, giving the federal government authority to control Indigenous communities in a number of ways, including through regulation of finances and agriculture.[17,18] Successive amendments to the *Indian Act* formalized governmental regulation of Indigenous identity, governance, possession of land, guardianship of children, trade, and cultural and ceremonial practices.[19] Restrictions on Indigenous autonomy and self-determination by the federal government were further complicated by the introduction of section 88 to the *Indian Act* in 1951.[20] This amendment extended application of provincial laws into Indigenous reserve communities, including in some situations where such laws may infringe on legally recognized Indigenous rights, such as rights to hunting and fishing.[21,22] Under the framework established by the *Indian Act*, policies that further dispossessed Indigenous peoples, decimated traditional economies, restricted expression of Indigenous identity, forced children into residential schools and child welfare care, and introduced individual, family, and collective trauma continued to be implemented in the early and mid 20th century.[23,24]

First Nations people living in Alberta actively resisted these policies of cultural genocide. Throughout the treaty formation process, First Nations Chiefs in the Alberta region, such as Chief Peyasiw-awasis (Thunderchild) and Mistahimaskwa, resisted discriminatory policies and strongly advocated for treaty rights even under threat of imprisonment and dispossession by the federal government.[25] In addition, the Truth and Reconciliation Commission of Canada noted the efforts of Indigenous communities in Alberta to resist residential schools: many families refused to send their children to residential school, community members advocated for better conditions within the school, and bands used resources to build on-reserve schools, which allowed children to remain with their families and maintain connections to their language and culture.[26] First Nations people in Alberta continued to strongly advocate for their rights in the second half of the 20th century. For example, in 1970 the Chiefs of Alberta collectively published the Red Paper denouncing the federal government's assimilationist White Paper proposal.[27,28] First Nations people of the Alberta region continue to resist colonial policies today through treaty organizations that advocate for the realization of treaty rights and for self-determination.[29,30]

THE CONTEMPORARY CONTEXT OF SERVICES

The contemporary context of services for First Nations children in the Alberta region is shaped by the long-lasting impact of colonial policies of cultural genocide. Compounded by ongoing discriminatory attitudes and policies, these policies are directly linked to the poor health and social outcomes that First Nations people experience in the contemporary period.[31,32] In Alberta, in 2011 58% of children in foster care were First Nations, and First Nations children were 30 times more likely to be in foster care than other children.[33] More than 55% of on reserve Indigenous children lived in poverty, with the poverty rate being higher for status First Nations children than for children in other Indigenous groups.[34] Also, as of 2011, 35% of First Nations people living on reserve in Alberta lived in housing categorized by the federal government as "crowded", 45% lived in "unsuitable" housing, and 54% lived in houses requiring major repairs.[35] In comparison with others in the province, First Nations people living in Alberta have lower rates of educational attainment, higher rates of high school dropout, lower income levels, and higher unemployment rates.[36] Relative to non-First Nations people, they also have a lower life expectancy, higher infant mortality, and higher rates of diabetes and suicide.[37]

The contemporary context of services for First Nations children in the Alberta region is shaped by a policy framework which reproduces colonial power relations. As discussed in Chapter 1, the fragmented and discriminatory system of public services for First Nations people today is grounded in colonial era policy mechanisms, mainly the *Indian Act* and the *Constitution Act*. The interpretation of these acts has given rise to a policy framework in which the federal government has responsibility for funding of health, social, and education services for First Nation people living on reserve, while the funding and delivery of services for the rest of the population fall, almost without exception, under provincial and territorial jurisdiction.[38] Research on health, social, and education services in the Alberta region has demonstrated the inequities that flow from this fragmented system. In comparison with other people in the Alberta region, First Nations people experience greater barriers in access to appropriate health, education, and social services due to inadequate funding, issues of remoteness, lack of insurance coverage, lack of culturally competent care, racism, and poverty. [39,40,41,42]

The contemporary context of services in Alberta is also shaped by First Nations advocacy for the fulfilment of treaty obligations, the right to self-determination, and equitable services for First Nations. The results of this advocacy are evident in First Nations' organizations advancing governance of and control over services,[43,44,45,46] as well as the increasing number of Alberta First Nations that manage their own health and social service programs.[47,48]

A VISION FOR FIRST NATIONS CHILDREN

The FNHC emerged to address the profound needs of First Nations children within a fragmented and complex regional service context. The four founding board members of the FNHC shared a vision of building strong partnerships between First Nations in Alberta: a commitment to First Nations control over health, social, and education services, and a belief that public service coordination should be a province-wide effort that supports all First Nations children.[49,50] They came together to respond to a Jordan's Principle CFI request for proposals (RFP) released by the federal government in November 2016.[51] They agreed to submit a collective proposal to provide service coordination to all Alberta First Nations children.[52] They saw the RFP as an opportunity to draw on the strengths of their respective organizations, rather than competing with one another for funding as they had done in the past:

> So why did we decide to go together? Well individually, in my opinion, the four organizations are the strongest health organizations in the Alberta region, and each one of us would have probably put together a bid for an RFP to do the work. However, we also felt that this is a regional effort, not an individual effort, not a particular zone area or Treaty area or any other distinction…and so it made sense to us, rather than to compete against each other, to work together and make sure that we could put together the strongest concept of being able to deliver on what the RFP actually was wanting to achieve.[53]

Indigenous Services Canada (ISC) Alberta Region representatives have explained that the FNHC's proposal was successful because they were the only organization to propose coordinating public services for all First Nations children within the province of Alberta, both on and off reserve.[54]

ESTABLISHING ORGANIZATIONAL CAPACITY: A RACE TO EMBODY THE VISION

The RFP noted that applicants should be established

organizations with existing administrative and professional capacity.[55] However, the FNHC was a newly formed organization that initially consisted of only the four board members and an acting director. Building the FNHC from the ground up was essential in order to realize the board's vision of an organization that was the result of collaboration between equal partners.[56,57] This in turn required, first, incorporating and then undergoing a series of financial, legal, and logistical tasks assumed by both board members and newly hired staff.[58] Despite the uncertainty of employment under short-term funding, the FNHC was able to recruit qualified staff.[59,60] However, staffing was delayed by the resignation of the organization's first permanent executive director, for whom the job brought a steep learning curve and required personal sacrifice, including relocation.[61,62] Securing office space was also a major logistical challenge given the FNHC's dispersed organizational structure, with regional service coordinators needing offices in different regions of Alberta.[63,64] The FNHC also had to establish data management, human resources, and program policies.[65,66] The board members had to balance these tasks with their permanent employment positions, so they had limited capacity to support their management staff in day-to-day activities.[67]

The full scope of the work needed to establish the FNHC as a new organization and to develop the ESC model, which is presented in Chapter 3, was not evident to their funders. ISC Alberta Region staff, for example, questioned why it took the newly formed organization so long (8 months, from February to October 2017) to begin providing service coordination, as one ISC staff member stated:

> I know there was a frustration on the Health Canada [federal government] side because the [FNHC] put in their proposal [and] it was selected, and then [they] took a long time to get set up. It took a long time for them to actually launch and make themselves available, like to hire people, to find the office space, all that kind of stuff took quite a bit of time […] I remember Health Canada saying 'What, like you're not going to open until October now?' Like, 'What's going on?'[68]

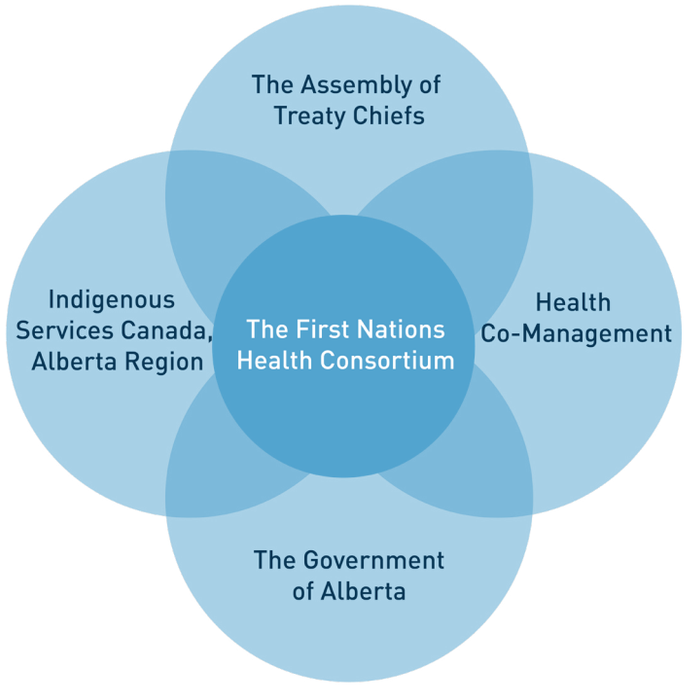


Figure 8: Key Governance and Political Involvement in Health, Education, and Social Service Delivery in Alberta.

One board member described the tension between the desire to start working with families right away, and "pulling the brakes" to first ensure adequate staffing and training.[69] Similarly, another board member noted that the organization was intentional in taking the time required to develop the ESC model, despite pressure from ISC Alberta Region staff to launch the FNHC phone line.[70]

As mentioned in Chapter 1, the pressure to quickly establish organizational capacity and begin providing service coordination is best understood within the context of national-level expectations. The persistent underfunding of health, education, and social services for First Nations children, the long fight for Jordan's Principle to be realized, and

the short timeframes imposed by the Canadian Human Rights Tribunal (CHRT) process each contributed to the expectation that the FNHC would establish a presence in all communities and begin coordinating services right away. However, federal failure to specify how service coordination should work, combined with the FNHC's lack of pre-established capacity, made this a formidable task.

THE COMPLEX REGIONAL CONTEXT: MULTILATERAL GOVERNANCE OF SERVICES FOR FIRST NATIONS CHILDREN

In order to realize a vision of service coordination that could provide equitable services for all First Nations children in the region, the FNHC had to navigate a complex regional context. The fragmented and complex public service delivery system for First Nations children meant that the FNHC had to engage with multiple regional partners. While a full description of all relevant organizations is beyond the scope of this chapter, the organizations in Figure 7 represent key players that shaped, and continue to shape, the FNHC's work at the regional level. A brief description of each is provided below.

THE ASSEMBLY OF TREATY CHIEFS

The Assembly of Treaty Chiefs (AOTC) is a regional body that exercises collective political leadership on behalf of all Alberta First Nations. The Grand Chiefs of Treaties 6, 7, and 8 come together to pass resolutions on issues affecting all Alberta First Nations peoples and to enter Memoranda of Understanding with the Governments of Canada and Alberta.[71] In January 2010, the AOTC passed a unanimous resolution endorsing Jordan's Principle as applying to all First Nation children affected by any federal or provincial governmental disputes over any provision of public services.[72] The resolution called on the federal government to implement Jordan's Principle, to include First Nations representatives in their discussions, and to develop an interim process until the national strategy was complete. The FNHC leadership saw this endorsement as a broad mandate from Treaty 6, 7, and 8 First Nations to pursue Jordan's Principle implementation.[73,74]

HEALTH CO-MANAGEMENT

The term "co-management" has been used variably to refer to different types of relationships between First Nations and government actors, including instances of increased federal control over a First Nation's fiscal management, and collaborative resource management agreements among local resource users, government, and non-governmental organizations.[75,76] In Alberta, the AOTC, Treaty 6, 7, and 8 First Nations, and Health Canada created a unique co-management structure in 1995, known as Health Co-Management (HCOM), to transition management of on-reserve health system funding to Alberta First Nations.[77] HCOM committees include representatives from ISC Alberta Region and from each of the Treaty areas. All health system funding for on-reserve First Nations communities flows through this structure, including the FNHC's funding contract to provide enhanced service coordination.[78] Other First Nations participating in HCOM have requested that FNHC board members attend HCOM and provide regular updates on their work.[79]

INDIGENOUS SERVICES CANADA (ALBERTA REGION)

The federal government's new department of Indigenous Services Canada (ISC) funds health, education, and social services, as well as housing and infrastructure for First Nations children on reserve. It also funds some programs available to status First Nations children living off reserve.[80,81] ISC also controls the Jordan's Principle Service Access Resolution Fund (SARF) described in Chapter 1. ISC also funds First

Nations or First Nations organizations to provide service coordination in each province and territory.[82,83]

In Alberta, FNHC regional service coordinators (RSC) work with ISC Alberta Region focal points to submit Jordan's Principle funding requests on behalf of First Nations families and communities.[84] Regional focal points receive and review Jordan's Principle requests submitted by service providers, First Nations families and communities, or FNHC service coordinators.[85] The RSC and focal points communicate regularly regarding pending Jordan's Principle cases.[86] As will be further described in Chapter 3, focal points inform RSCs of the supporting documentation required for funding requests, and prepare completed requests for approval by ISC Alberta Region leadership or ISC's central office in Ottawa.[87]

THE GOVERNMENT OF ALBERTA

The Government of Alberta funds and provides health, social, and education services to all off reserve children for both First Nations and non-First Nations in the province.[88,89] Accordingly, the province has established at least the basic infrastructure, mechanisms for resource sharing, and economies of scale required to provide public services throughout the province. In addition, the provincial government has responsibility for developing the capacity required to address documented disparities in the provincial services available to urban, rural, and remote populations.[90,91] The government of Alberta also funds limited initiatives for First Nations children on reserve.[92] Since the federal government does not fund the provision of equitable health, social, and education services on reserve, many First Nations children must access provincial public services off reserve.[93,94]

FNHC RSCs work with provincial service providers to collect the documentation required to submit a Jordan's Principle request when First Nations children are denied the off reserve health, social, and education services or reimbursements required to meet the standards of substantive equality in service provision that have been outlined by the CHRT.[95,96,97]

NAVIGATING REGIONAL EXPECTATIONS

The FNHC's vision of region-wide service coordination necessitated collaboration with all the organizations described above, and with many other organizations in the region as well. As an organization serving First Nations people, development of the FNHC is shaped by the decisions taken by the First Nations political leadership represented at the AOTC.[98] The FNHC is directly accountable to the regional HCOM structure that awarded its ESC contract. [99] ISC Alberta Region reviews and approves all Jordan's Principle requests, while the province of Alberta is responsible for many of the off-reserve public services that the FNHC service coordinators help families to access.[100]

In this section, we examine challenges that the FNHC faces in building and maintaining relations with these organizations as well as the challenge of navigating the expectations of regional stakeholders.

COLLABORATING IN A DIVIDED CONTEXT: REGIONAL TENSIONS AND EXPECTATIONS

The FNHC was awarded the only service coordination contract in the province of Alberta and they are mandated to coordinate health, social, and education services for all Alberta First Nations children.[101] Given this responsibility, and the highly politicized nature of Jordan's Principle, the FNHC must work with all Alberta First Nations. One board member noted the importance of recognizing the work of the AOTC on behalf of all Alberta First Nations, and the sense of responsibility this confers:

> This process has been longstanding. Ten years ago, there was an all Chiefs Assembly, an Alberta Chiefs session. AOTC. There, the Chiefs passed a resolution regarding Jordan's Principle. That was ten years ago, you know, so we haven't had much success since then until now here with this [FNHC]. And so I think back and I think about all of the folks previous to us, what they did. We have to acknowledge them. Yeah, we're making a new organization, but this fight and this battle started long before us (…) We have this tremendous responsibility now that has been given to us here and so we want to make sure we honour that responsibility in a good way, in a positive way, and ultimately show results. Because that's what it will come down to.[102]

While the FNHC was formed in a spirit of responsibility and collaboration among First Nations, the competitive nature of RFP nevertheless caused tension with some First Nations communities. Multiple FNHC board members noted that some First Nations disagreed with the outcome of the RFP, which in turn influenced their relationship with the FHNC.[103,104,105] Other FNHC members noted there was confusion surrounding the FNHC's role and mandate: some in First Nations communities believed that the FNHC would use the funding only to serve their own communities, while others believed the FNHC sought to represent all of Alberta's First Nations communities at a political level.[106]

Tensions with other First Nations communities also manifested in relations with the lead HCOM committee. This committee asked the FNHC to present regular updates at their monthly meetings, something that FNHC members note is not typically required for funding contract recipients.[107] One FNHC member recounted that the FNHC's work is sometimes heavily critiqued by Chiefs of other First Nations during these meetings. The board member interpreted this as an expression of resentment towards the outcome of the RFP.[108,109]

The FNHC members explained the tension amongst Alberta First Nations and their scrutiny of the FNHC's work as symptoms of the historic underfunding of First Nations communities combined with a competitive funding system. One of the FNHC's members explained that since many First Nations are chronically underfunded they expect to receive an equal allocation of any new federal government funding, rather than having all funding awarded to one successful proposal.[110] Others noted that HCOM contracts are frequently awarded to the same communities, which tend to be those with greater resources:

> What ends up happening is that often the 'haves' are able to do a proposal and the 'have-nots' are not. So, it tends to be the same communities with more capacity getting these proposals…it's generally the same four to eight bidding against themselves all the time. So, let's say in this case, Siksika has submitted, Bigstone submits, Maskwacis submits, they've all spent all this time putting in this proposal and one gets it. And this is how FNIHB, or co-management, has been issuing funding for new projects for many, many years.[111]

This individualized, competitive approach prevents First Nations from achieving economies of scale similar to the province, and pits communities against each other.

A 2015 evaluation of HCOM commissioned by AOTC similarly highlighted concern among participants about the lack of adequate funding to meet the health care needs of First Nations peoples in Alberta. [112] The evaluation found the organization's funding formula causes competition and disputes amongst treaty areas. The HCOM website notes that in 2017, Health Co-Management commenced structural changes to better serve the needs of First Nations, but the results of this reorganization remain unknown at the time of writing.[113]

OVERLAPPING ROLES AND LOST OPPORTUNITIES FOR COLLABORATION

As discussed in Chapter 3, the FNHC's RSCs have

complex responsibilities, which span from helping families access existing public services, facilitating their requests for Jordan's Principle funding, and providing social support. Some of the RSCs' responsibilities significantly overlap with the role of federal government focal points. For example, RSCs support families in completing requests for Jordan's Principle funding and work with the focal points to submit these requests, but families can also directly call the focal points to process their requests.[114] Moreover, as mentioned in the previous chapter, the national Jordan's Principle campaign directs families to the focal points, rather than to provincial service coordination initiatives such as the FNHC.[115] A federal government employee acknowledged the challenges this overlap imposed:

> I'm wondering if it would've been easier for the [FNHC] if [it] had been […] a bit clearer as to what their role was. Because right now it seems like a duplication, but maybe if it had been very clear with the role of a service delivery, of what a First Nations service delivery was, then the [FNHC] could have maybe established themselves quicker to meet that role… So I don't know if we would have given it some time until the CHRT stuff had settled and we knew what we were doing, and then ask for proposals. Maybe the timing was wrong? I'm not sure. Because maybe it was a bit reactionary and we put the [FNHC] in a bit of a position of not really knowing what they were to do, right. Because now we have a bit of a duplication.[116]

The overlap between focal point and RSC roles is complicated by the significant difference between the decision-making powers of ISC Alberta Region and the FNHC. While both the FNHC and focal points can work with First Nations families to create Jordan's Principle funding requests, only focal points can directly facilitate the approval of requests and the release of funding.[117] Thus, the work of the RSCs employed by the FNHC is closely tied to focal point efforts. As discussed below, the FNHC has worked to build strong working relationships with focal points. Still, as will be discussed in Chapter 3, this linkage between the work of focal points and RSCs sometimes poses serious challenges for the FNHC.

FNHCs service coordination efforts have also been complicated by overlapping new initiatives funded through Jordan's Principle group requests—that is, requests that address service gaps impacting large numbers of First Nations children. The services funded for 2018–2019 through group requests in Alberta (as of Fall 2018) are summarized in Table 1.[118] FNHC staff note that they have been told ISC Alberta Region approves group requests to fund direct health and social service delivery, but not for service coordination.[119] This assertion is consistent with the group request information, provided by ISC Alberta Region, that summarized in Table 1. However, at the time of writing, FNHC staff report that they know of at least three organizations that have used group request funding to establish programs that incorporate elements of service coordination similar to that of the FNHC's model.[120,121] For example, The Nations of Treaty 8 Urban Child and Family Services used group request funding to support a Community Connector Services program, which hires local community members to serve as a link between families and Jordan's Principle funders. This program educates families about their rights to access services through the Jordan's Principle process; advocate for families to ensure timely service access; and provide in-home services as well as follow-up support.[122] RSCs have reported confusion among Treaty 8 First Nations community members, including questions about whether FNHC's services are being replaced by the Community Connector initiative.[123] In the absence of formal processes for clarifying mandates and facilitating collaboration between different groups providing service coordination activities, this overlap can cause confusion and, even conflict.

Group Request #	Approved Supports and Services
1	Allied health services
2	Allied health services
3	Allied health services
4	Allied health services, social worker, home visitation special needs support
5	Pediatric supports, allied health services, mental health support
6	Health promotion, suicide prevention, identity affirming activities, mental health support
7	Allied health services
8	Mental health support
9	Youth programming
10	Mental health support, youth workers, allied health services, early childhood
11	Domestic violence, suicide prevention, bullying intervention, family wellness and respite services
12	Allied health services
13	Mental health support
14	Mental health support
15	Day treatment / aftercare
16	Educational support
17	Allied health services
18	Allied health services
19	Allied health services
20	Allied health services, mental health support
21	Transportation support
22	Nutritional support
23	Medical transition home
24	Summer camp
25	Educational head start program
26	Health services support
27	Mental health and addiction support

Table 1: 2018–19 Jordan's Principle Group Requests in Alberta[124]

The Alberta government also delivers several public services that overlap with the FNHC's work. For example, Alberta 2-1-1 and 8-1-1 telephone information directories refer callers to health and social services in their area.[125,126] The FNHC has established a partnership whereby 2-1-1 and 8-1-1 representatives can refer potential clients to the FNHC. However, the FNHC does not have access to the 8-1-1 and 2-1-1 databases of provincial service providers, which are tools that could be very helpful to FNHC staff. The Alberta government also administers the province's Regional Collaborative Service Delivery (RCSD) program, which has recently been expanded to serve First Nations communities. The RCSD program is a collaborative effort between Alberta Education, Alberta Health, Alberta Children's Services, and Alberta Community and Social Services to meet the needs of children, youth, and their families.[127] Each of the 17 RCSD regions have developed their own program models, and some regions focus on addressing gaps in health, social, and education services impacting children with complex needs.[128] This focus clearly overlaps with the FNHC's and, in the absence of collaboration between RCSD and the FNHC, could lead to duplication of efforts, and confusion for families seeking to access public services.

The overlap between the work of the FNHC and other initiatives implemented in Alberta can be seen as partially resulting from the short timelines associated with the CHRT case. As discussed in Chapter 1, service coordination emerged in response to CHRT rulings that ordered immediate action. The resulting timelines left little room to develop relationships with pre-existing initiatives prior to the launch of service coordination efforts. Neither the federal nor the provincial government has offered the supports and infrastructure required to build collaborations between groups now that the FNHC's service coordination work has begun. As discussed below, the burden of building such collaborations falls to the FNHC as an organization and to FNHC workers, who must differentiate their work from that of overlapping initiatives within the province.

OVERCOMING CHALLENGES IN REGIONAL RELATIONSHIPS: (RE)BUILDING AND COLLABORATION

The FNHC has addressed the challenges described above by employing an approach that emphasizes relationship building and collaboration. This relational approach was evident in founding of the FNHC. As one board member explained, they were able to build the organization within such a limited timeframe because of their respect for one another.[129] Each board member gathered potential partners, and the others tended to support their decisions, allowing swift progress.[130] One board member sought the advice of the Sheldon Kennedy Centre on the development of the ESC model, while another contracted our research team (the Children's Services Policy Research Group) to collect data on service coordination activities and produce a program evaluation. The FNHC also drew on founding members' resources to develop the organization. For example, the interim Executive Director of the FNHC was an employee from Kee Tas Kee Now Health Commission who was seconded to the FNHC in order to facilitate the organization's development.[131]

As the FNHC moved beyond its initial developmental period, the organization continued to emphasize the importance of strong relationships, but it increasingly focused on building and strengthening relationships with external partners. One board member emphasized the importance of First Nations working

together despite the challenges and the confusion imposed by the implementation process:

> I think the only thing that was and continues to be so challenging is there's nothing that came before this. So, we really have to go with our hearts and our best intentions, in doing what we absolutely feel is the right thing to do and facing all the challenges along the way. Being slowed by them, overcoming them, and continuing to move and stay unified, much like a family does, much like we First Nations have done for centuries. Survival is in supporting each other and everybody in their role, instead of opposing each other. I just think this response and the need to uphold Jordan's Principle is so important and I just believe the federal government failed so terribly again in putting out this well-intentioned initiative with little foresight, and the fact that everyone is doing something different, even compounds the issues in front of us.[132]

In addition to their regular presence at HCOM meetings and presentations made to AOTC, the FNHC sponsored a leadership forum, which brought together First Nation leaders served by the health organizations involved in the FNHC's founding.[133] The day-long forum, held in June 2017, provided leaders with an opportunity to learn more about the FNHC and to give feedback on the organization's performance and plans. As described in Chapter 3, the FNHC's staff also engage in extensive outreach activities in First Nations communities. These activities are designed to provide information on Jordan's Principle and the organization's role, and build relationships with community members and service providers.[134] In addition, the FNHC has prioritized the hiring and placement of RSCs across the province in order to develop stronger relationships with all First Nations.[135,136]

The FNHC has consistently worked to build positive relationships with the Alberta Region focal points, whose work is closely tied to the FNHC's service coordination efforts. After making repeated requests for more consistent communication, the FNHC succeeded in establishing regular calls with focal points in the summer of 2017.[137] In the fall of 2017, the FNHC worked with focal points to organize a joint training session in order to improve coordination of Jordan's Principle cases.[138] The FNHC also advocated for the establishment of a shared office for focal point and FNHC staff in order to facilitate ongoing communication about Jordan's Principle cases.[139] Though this co-location has not yet been realized, the FNHC service coordination supervisor recently moved to Edmonton, in part so that regular meetings with the focal points could be held in person.[140]

At times, the FNHC has also helped facilitate communication between ISC and First Nations communities. For example, focal points and FHNC staff have made joint presentations at community and treaty area meetings.[141] In addition, in the spring of 2018 the FNHC hosted the Jordan's Principle Regional Focus Group at the request of the federal government. Representatives from ISC Alberta Region and the ISC national office presented the federal government's strategy for implementing Jordan's Principle beyond March 2019, and sought feedback from attending health, education, and social service directors, First Nations leadership, and other First Nations participants. An FNHC staff member gave a presentation at the focus group, noting the organization's positive relationship with the focal points. [142]

The FNHC has also made efforts to establish stronger ties with the Alberta government, which made its first formal commitment to implementing Jordan's Principle in 2018, two years after the Canadian Human Rights Tribunal's landmark decision.[143] The FNHC's employees have drawn on

relationships formed through previous employment to establish connections with provincial service providers, but there is no tripartite table to facilitate these connections at a higher level.[144] As a partner working with the FNHC noted, individual relationships cannot address structural gaps resulting from the lack of provincial engagement, because public service providers often lack the authority to make the necessary administrative and funding decisions.[145]

To fill this gap, the FNHC advocated for a tripartite agreement between First Nations, the provincial government, and the federal government.[146] It found that a tripartite agreement with all First Nations was untenable, because of challenges associated with securing approval for a tri-lateral agreement through the AOTC.[147] Accordingly, with the support of a majority of leaders who attended the June leadership forum, the FNHC has recently begun to pursue their own tripartite agreement with the provincial and federal governments.[148] The signing of such an agreement would represent a major advance in a context characterized by longstanding disagreement between the provincial and federal governments with respect to responsibilities for delivering health, social, and education services to First Nations peoples.[149]

While the FNHC is mandated to coordinate access to health, social, and education services for First Nations children, the fragmentation and complexity within the region requires work that extends far beyond the organization's service coordination model. FNHC board members continue to lead organizations in their respective communities,[150] but they have nevertheless committed their time to the FNHC's development within this complex regional context. The sense of urgency is palpable in the following statement from one of the board members:

> There's this clock that's going on constantly in my head. We know that children are dying. We know that parents are losing their children to the child welfare system. We know the issues in the community.[151]

ONGOING CHALLENGES: THE NEED TO RECONCILE OVERLAPPING MANDATES

The First Nations Health Consortium was established with a specific mandate to coordinate access to health, social, and education services for First Nations children across the Alberta region. In order to realize this mandate, the organization's leadership has consistently sought to establish strong working relationships across a region that has long been challenged by complex and fragmented public service delivery. The ruling imposed by CHRT meant that the FNHC was expected to establish these relations, while also developing its organizational infrastructure, in a very short time period.

The FNHC's efforts to define a long-term plan for service coordination have been complicated by continuing confusion around the relationships between new initiatives being created under Jordan's Principle and the existing public policy and service framework. For example, the relationship between Jordan's Principle and existing treaty obligations is not clear.[152] In particular, the Medicine Chest Clause included in Treaty 6,[153] as well as similar provisions in Treaties 7 and 8,[154,155] have been interpreted as obliging the federal government to fully fund all health service needs in First Nations communities. First Nations leaders speaking during public forums sponsored by the FNHC noted that, if treaty obligations had been honoured, Jordan's Principle might not be necessary.[156,157] The relationship between Jordan's Principle initiatives and the realization of treaty obligations has not been

specified and, as a result, the roles and responsibilities of treaty organizations in the ongoing implementation of Jordan's Principle remains undefined.

In addition, there is a lack of coordination between existing health, social, and education services, and the new services being created through Jordan's Principle group request process.[158] At the most basic level, a lack of clear communication about the new services funded through group requests poses short-term barriers to service coordination. In response to FNHC advocacy, ISC Alberta region has shared some basic information about services funded through group request.[159,160] A system for ongoing, public release of information about services funded through group request has not been established. The lack of information makes it difficult for service coordinators to link families to new services and even creates confusion around who holds responsibility for service coordination.[161,162]

The approach to funding group requests may also pose challenges to building a system of equitable public services. In order to qualify for group request funding, the person making the request must demonstrate the existence of a gap in the services required to achieve substantive equality for First Nations children. The assessment of group requests does not, however, require reconciliation of new services with existing policy frameworks.[163] There is a possibility that newly funded programs will conflict with the services and mandates of existing organizations. For example, some FNHC members and partners have raised concerns that, under new group request initiatives, Child and Family Service agencies may be funded to provide prevention services that better fit with the mandates and missions of health or educational institutions.[164] The designation of prevention funds to Child and Family Service agencies, which mirrors the structure of prevention services mandated by the CHRT,[165] may have the potential to negatively impact the quality and the long-term viability of services. It may limit access to resources and funding opportunities under existing health, social, and education policies, and potentially even expose families to an increased risk of child protection intervention.

This demand-driven group request process favours those communities with the greatest existing capacity to advance funding requests and develop new services.[166] Accordingly, the failure to assess the need for similar health, social, and education services in other communities, and to support communities in building the capacity needed to provide these services, may compound existing inequities among First Nations communities.

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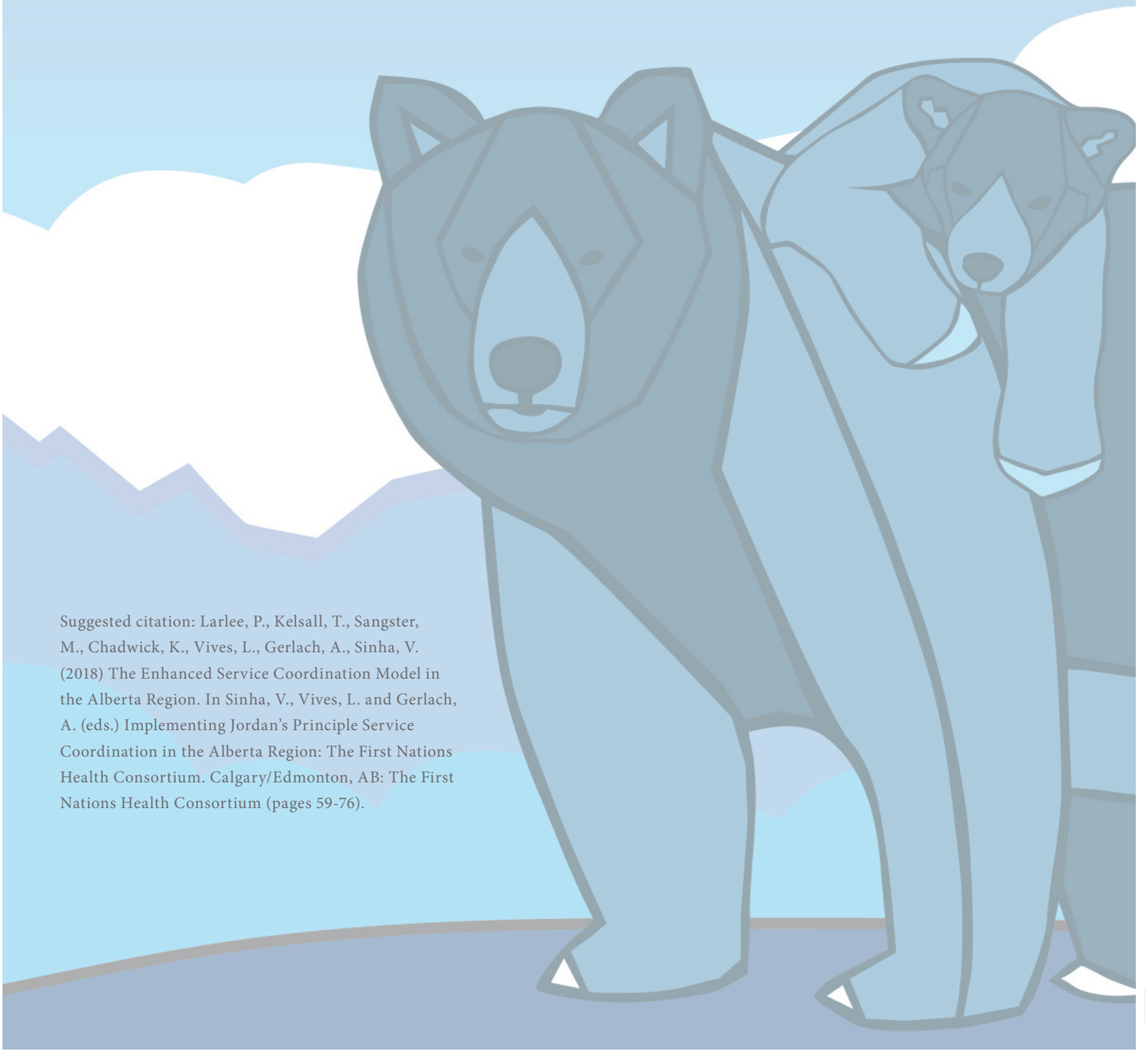
CHAPTER 3

THE ENHANCED SERVICE COORDINATION MODEL IN THE ALBERTA REGION



Suggested citation: Larlee, P., Kelsall, T., Sangster, M., Chadwick, K., Vives, L., Gerlach, A., Sinha, V. (2018) The Enhanced Service Coordination Model in the Alberta Region. In Sinha, V., Vives, L. and Gerlach, A. (eds.) Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium. Calgary/Edmonton, AB: The First Nations Health Consortium (pages 59-76).

CHAPTER 3 THE ENHANCED SERVICE COORDINATION MODEL IN THE ALBERTA REGION

The First Nations Health Consortium (FNHC) was created to implement the enhanced service coordination (ESC) model in Alberta. It emerged in response to the Canadian Human Rights Tribunal (CHRT) ruling and corresponding developments in federal implementation of Jordan's Principle (see Chapter 1). As discussed in Chapter 1, the FNHC developed the ESC model between December 2016 and October 2017, at the same time that the four founding board members were building the organization from the ground up. The ESC model launched in October 2017. [1]

In this chapter, we discuss how the ESC model is being implemented by the FNHC. This discussion centers on the roles and responsibilities of the FNHC's Jordan's Principle access workers (Jordan's Principle AWs) and regional service coordinators (RSCs). Jordan's Principle AWs respond to calls and enquiries, and gather information on the child's needs and situation. Jordan's Principle AWs then transfer cases to RSCs, who follow up with the family to help them identify and access available health, social, and education services or supports; and assist them in filling out a Jordan's Principle funding application.[2] Throughout the service coordination process, the Jordan's Principle AWs and RSCs prioritize building trusting relationships with their clients, being available for them, and moving with them through the steps of the ESC model.[3]

The information presented in this chapter is organized in three sections. In the next section, "Evolution of the Model," we provide an overview of the development of the ESC model and the efforts of the FNHC to reach First Nations families and communities across Alberta. Next, in "Day to Day Work," we provide a rich description of the practice of service coordination, examining the ways in which Jordan's Principle AWs and RSCs support their clients to navigate a fragmented and complex service system. In the last section, "Continuing Challenges," we highlight challenges the FNHC faces in helping families and communities to access Jordan's Principle funding. We describe a pattern of delay in the approval of Jordan's Principal requests that is related to shifting, inconsistent and confusing requirements for documenting client needs. We also describe delays in the reimbursement of approved expenses because of administrative processes.

EVOLUTION OF THE ENHANCED SERVICE COORDINATION MODEL

The ESC model was developed by the FNHC and Carol Blair and Associates, a consultancy firm contracted by the FNHC.[4] Highly qualified Jordan's Principle AWs and RSC were integral to the implementation of the model. Starting in July 2017, the FNHC began hiring Jordan's Principle AWs and RSCs who had considerable experience in First Nations communities and in service domains such as child welfare, social work, education, and nursing.[5] The staff received training on the provincial services and administrative processes central to service coordination.[6] The FNHC prioritized outreach across Alberta, and the impact of this outreach is evident in the increasing number of children and families served by the FNHC over time.

MODEL DEVELOPMENT

In December 2016, the FNHC proposed the ESC model in response to the RFP.[7] The model (summarized in Figure 9) evolved between January and October 2017 but maintained key objectives throughout development: outreach, assessment, coordination of services, follow-up, and ensuring a transition to services.[8]

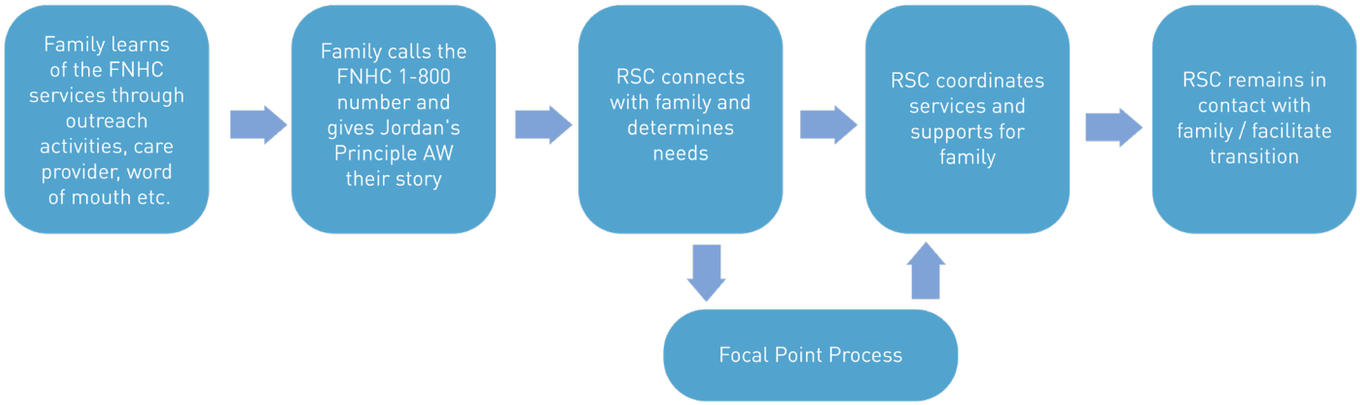


Figure 9: Summary of Enhanced Service Coordination Model (October 2017)

To refine the model, the FNHC and Carol Blair and Associates formed an ESC Working Group, with representatives from the four FNHC member First Nations.[9] Over the course of the development period, the FNHC and its ESC Working Group sought to address issues of First Nations representation, federal government focal point involvement,[10] defining FNHC workers' roles,[11,12] parameters for the length of FNHC service,[13,14] and the feasibility of providing full case management service.[15,16,17,18] After weeks of discussions and final approval from the board, the model launched and the FNHC began service coordination in October 2017.[19,20]

The ESC model, as originally envisioned, included four pathways:[21]

Pathway 1—General Enquiries: a Jordan's Principle AW responds by immediately providing information or referral.

Pathway 2—Services or Support Requests that identify delay, disruption, or denial of services: a RSC provides service coordination and facilitates submission of a request for services under Jordan's Principle.

Pathway 3—RSC Support for Family Facilitator: a RSC supports a health, social, or education service provider or community worker working with a family to access services.

Pathway 4—RSC Full Case Management (complex cases): a RSC provides assessment, ongoing support and case management.

In each pathway, a caller to the FNHC's 1-800 number connects with a Jordan's Principle AW, who triages before determining the next steps.[22] The FNHC staff receive training and on-going peer support to address the broad range of family needs, provide complex case management, and support access to public services for First Nations communities, families, and children.[23,24,25,26]

FIRST NATIONS HEALTH CONSORTIUM STAFF SKILLS AND TRAINING

An initial round of staff hiring took place in the summer of 2017; since then, recruitment has been ongoing. The RSCs and Jordan's Principle AWs have diverse professional backgrounds in areas such as education, social work, and nursing. Most of these RSCs and Jordan's Principle AWs have years of experience in their fields, and some hold multiple qualifications

spanning different sectors. All have experience working with First Nations communities and some speak Cree or Blackfoot.[27,28]

The lack of clarity in the government's initial RFP, discussed in Chapter 1, impacted the recruitment and training of the FNHC staff. [29] The ESC Supervisor was tasked with developing training for staff without a clear definition of service coordination roles and responsibilities. As discussed in Chapter 1, she had to do this during a period of many changes in Jordan's Principle interpretation and eligibility that were driven by the CHRT rulings. At the time of writing, the ESC Supervisor sees her role in training as one of clearly communicating expectations for the RSC and Jordan's Principle AW roles—while also supporting RSCs and Jordan's Principle AWs as they draw on their extensive professional and personal experiences.[30]

Newly hired staff receive a multi-day training on ESC, resources, data collection, and information management within the FNHC. Training for Jordan's Principle AWs and RSCs first focuses on presentation of provincial public services while also encouraging FNHC staffers to independently research regional and province wide resources.[31,32] Subsequent training has included opportunities to learn from coworkers through shadowing and role-playing the intake process.[33] Training on individual and group requests were conducted by focal points in April 2018.[34] Since the spring of 2018, the FNHC has held weekly staff meetings in order to facilitate ongoing opportunities for resource sharing.[35] The FNHC staff also attended and presented at other events sponsored by the FNHC, such as the June 2018 leadership forum and the Jordan's Principle Summit that AFN hosted in Winnipeg in September 2018.[36,37]

OUTREACH ACTIVITIES

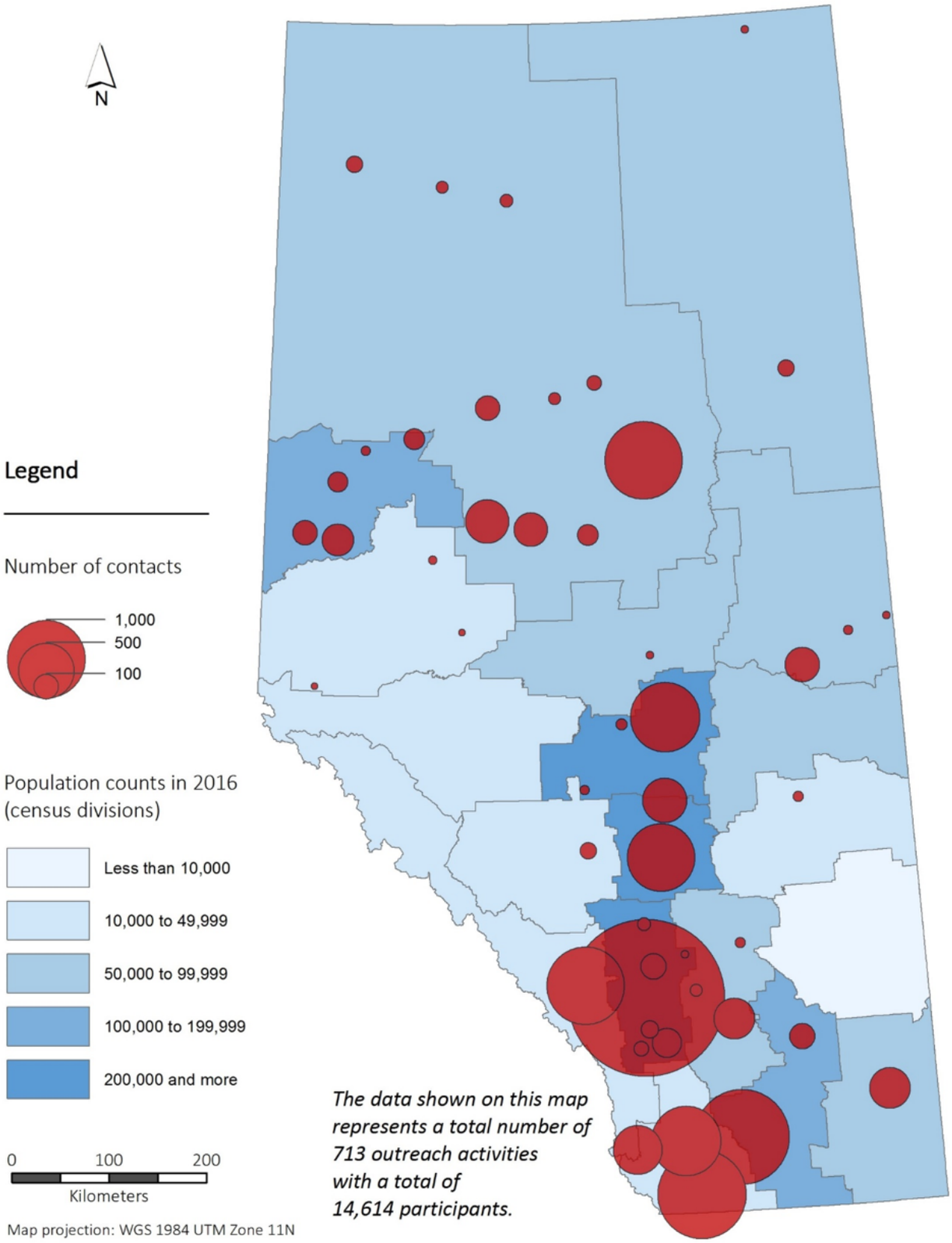
As a new organization, the FNHC prioritized outreach to raise awareness about their services and to build relationships with youth, families, service providers, and First Nations communities. Outreach activities are central to the FNHC's goal of supporting First Nations children and families in securing access to Jordan's Principle funds; these activities also facilitate awareness of First Nations children's rights to equitable supports and public services. FNHC administrative data shows that through their outreach activities, RSCs and Jordan's Principle AWs shared information about the FNHC service coordination with nurses, school principals, doctors, administrative workers, social workers, and other service providers.

The FNHC's approach to outreach is varied and wide-reaching. For example, one RSC worked with Alberta Health Services to secure advertisements on screens throughout emergency rooms in Alberta for the FNHC.[38] Another RSC travelled to the Northwest Territories to meet with regional health, social, and education professionals while spreading broader community awareness of Jordan's Principle and the FNHC.[39] The most common outreach activities consist of networking with service providers, participation in inter-organizational meetings, and formal presentations on the FNHC's work. They also include networking and direct outreach to caregivers through efforts such as tabling at health fairs, including the Teddy Bear fairs held in communities across Alberta.[40]

In March 2018, the FNHC implemented a hybrid approach to outreach and intakes. The RSCs and Jordan's Principle AWs attended presentations and health fairs together, which allowed them to follow up and initiate on-site intake processes instead of responding to inquiries once they returned to the office.[41] As of May 2018, the FNHC had reached nearly 15,000 people in Alberta through more than 700 outreach activities (see Map 2 below).

The FNHC's mandate to serve all First Nations children requires extensive outreach activities across urban,

rural, and isolated communities in Alberta. Outreach to geographically remote communities proved challenging, particularly in the winter months when the roads were icy.[42] To allow for increased outreach activities and casework in the north, the FNHC hired RSCs in northern communities and supported the relocation of the ESC Supervisor to Edmonton.[43]



Map 2: Outreach Efforts by the First Nations Health Consortium (October 2017 to July 2018)

In October 2017, there were five RSCs and three Jordan's Principle AWs, based in Calgary, Edmonton, Grand Prairie, and Slave Lake. Between October 2017 and August 2018, four RSCs joined the FNHC, establishing offices in High Level, the Blood Tribe community, Maskwacis, and Cold Lake. During this period, the number of Jordan's Principle AWs grew from three to four; these AWs were based in Calgary, Edmonton, and Grand Prairie.[44]

GROWING CASELOADS

The efforts in expanding outreach and increase connections to isolated communities have resulted in an increase in FNHC's caseload.[45] FNHC administrative data shows that the number of individual clients served by the organization has grown since ESC launched in October of 2017. In total, the FNHC served 355 children between October 2017 and October 2018. Monthly data through May 2018 is presented in Figure 11. As discussed below, RSC often have long-term engagements with families. Accordingly, new intakes are added on top of the existing caseload. Although the number of intakes fell in subsequent months, the accumulated number of cases being followed by RSCs has increased steadily.

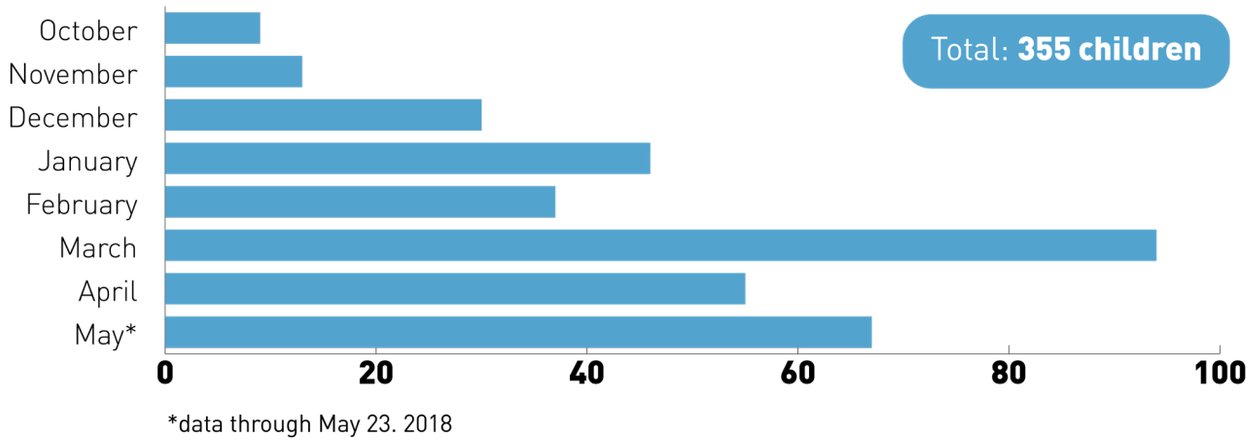


Figure 10: Number of Intakes by Month (October 2017 to May 2018)

MEETING FAMILIES WHERE THEY'RE AT: THE ENHANCED SERVICE COORDINATION MODEL IN PRACTICE

When caregivers or families first connect with the FNHC for service coordination, Jordan's Principle AWs gather information about the child(ren) and family. The Jordan's Principle AW then transfers the file to an RSC who coordinates the necessary health, social, and education services and supports for the family.[46] The process is similar when communities or organizations connect with the FNHC to request support in accessing public services for a group of children in their community. When clients are unable to access needed health, social, or education services, the RSCs support them through the process of submitting a request for Jordan's Principle funding for the needed public service. To submit these requests, the RSCs must collaborate with families, service providers, representatives of government programs such as non-insured health benefits (NIHB), community professionals, and ISC Alberta region focal points.[47,48,49,50] An example of this process is presented below in "A Family's Story (1): Palliative Care and Partial Approvals." Throughout the service coordination process, Jordan's Principle AWs and RSCs prioritize emotional connection with

their clients, being available for their clients, and responsively processing ESC model steps following the clients' needs.[51]

Early discussions of the ESC model envisioned RSCs conducting standardized assessments through home visits (Pathway 4).[52,53] However, due to the conditions of the funding received, the FNHC board endorsed a vision of the RSCs as social workers who evaluate the families' needs and coordinate service provision without conducting in-depth assessments.[54] At the time of writing, the ESC model in practice is consistent with this vision of the FNHC board. As discussed below, the Jordan's Principle AWs and RSCs currently work with their clients to identify their needs for services and supports while engaging and following-up with multiple organizations, including the focal point.

A FAMILY'S STORY (1): PALLIATIVE CARE AND PARTIAL APPROVALS

A mother phoned the FNHC to request funding for home renovations and respite in order to help continue caring for her daughter in the family's home. The mother spoke with a Jordan's Principle AW and described her family's situation. Her daughter uses a wheelchair and a feeding tube, and is completely dependent on her parents to eat, bathe, and move around her home. The family home requires bathroom modifications and a ceiling lift system to lift the daughter from her wheelchair into the bathtub.

The RSC worked with the focal point to develop an itemized list of the required documents for her Jordan's Principle application. Next, the RSC and the mother contacted professionals to gather the required documentation, which included a supporting letter from the doctor and two estimates for the renovations. During this time, the daughter aspirated food into her lungs and was admitted to hospital. The RSC assisted the mother to access transportation and living expenses through NIHB. The RSC also coordinated a community support drive to ensure that the mother had access to clothing and basic needs during her extended hospital stay with her daughter.

Nine months after the initial case submission the family has received a series of uncoordinated, partial approvals with a number of unaddressed needs. For example, the daughter's respiratory monitoring equipment was approved but the adapted plugs required to run the equipment were only approved after the RSC advocated for the family with focal point staff. A second application was submitted for the unaddressed needs from the orginal case submission and is pending.

The daughter is currently in home palliative care with her family. The family continues to wait on full case approval for necessary housing modifications and will be forced to move from their home before winter if the needs remain unaddressed.

Source: Interview, Staff 8.

IDENTIFICATION OF NEEDS

During the initial intake, the Jordan's Principle AWs gather demographic information about families and their children and document the caller's request for services, equipment, or medication.[55] From the outset, AWs also focused on developing trusting relationships with families. One Jordan's Principle AW explained that this process goes beyond a simple exchange of information, but instead can involve developing an

emotional connection with a caller:

> [S]o you're connecting with the caller, with these parents that are calling […] this one was complex, because it was also emotional. You know, the mom cried, I cried, you know you're dealing with people's lives, and little children, and I'm a mom myself. […] It wasn't just a medication: it was medical supplies, it was medical equipment, it was renovation of a house, it was a lack of transportation, it was the medical needs of the entire family. Just the dynamics, there was just so many different areas.[56]

After Jordan's Principle AWs complete the intake, they transfer the file to a RSC. RSCs contact families to gather more information and gain consent to contact service providers on their behalf. One RSC described the process of picking up where the Jordan's Principle AWs left off:

> [T]he access workers are doing a terrific job of […] being the first point of contact and capturing the first, not just the demographics, but really getting into the story. So, I'm always thrilled to get files from them because it's already told a little bit of the story and it's just kind of our job to jump in after, phone the family and fill in any blanks basically.[57]

As service coordinators, the RSCs do not complete assessments. Rather, they work with their clients to help them articulate exactly what they are experiencing and need. As one RSC explained:

> Often people are not able to articulate exactly what it is they are seeking, they may have a multitude of [needs], and are not sure how to break it down. RSCs help break that down.[58]

The identification of needs is a collaborative process in which the RSCs coordinate between caregivers, community contacts, and service providers to gather

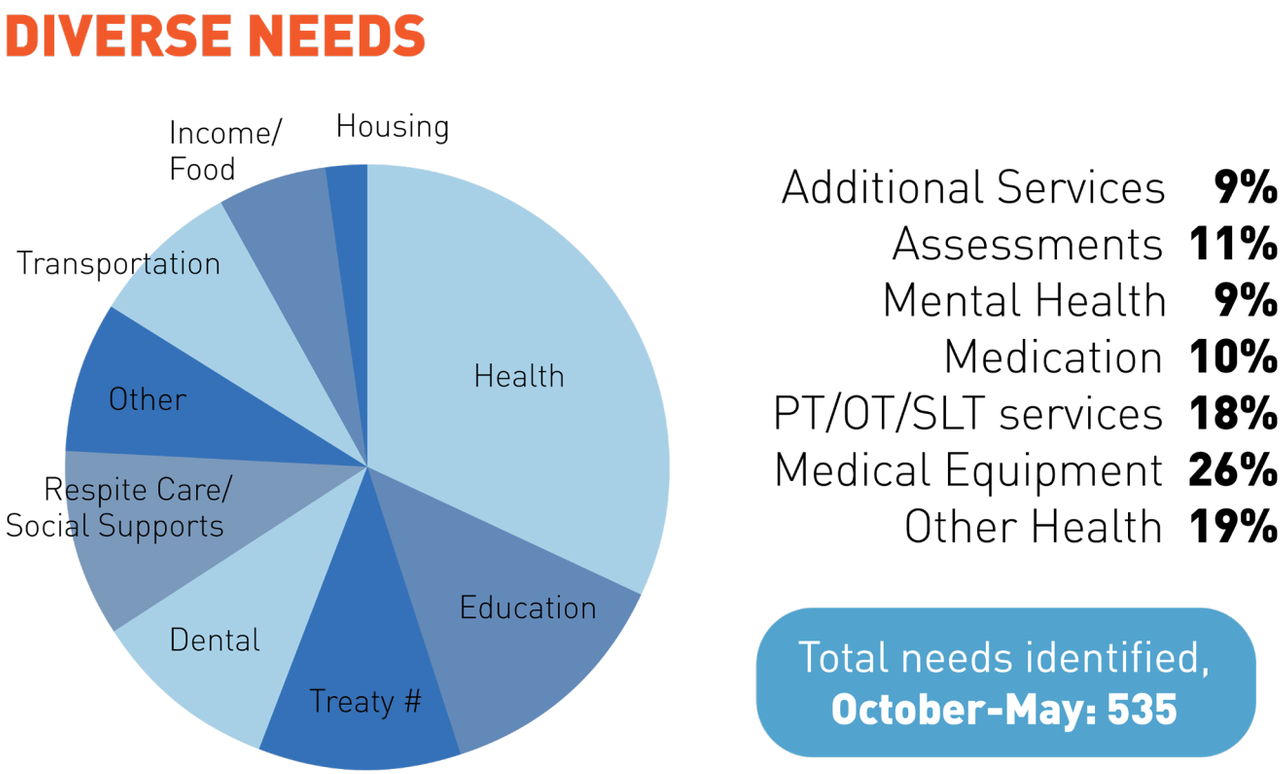


Figure 11: Unmet Needs Identified in Collaboration with Families and Service Providers (October 2017-May 2018).

the documentation needed for a Jordan's Principle request. Ultimately, the service providers substantiate the caregiver's reported need with documents such as prescriptions or letters of support. They may also help with estimation of the cost of requested health, social, or education services by providing budgets or quotes.

The diversity of needs presented in the administrative data collected by the FNHC demonstrates the broad range of expertise required for Jordan's Principle AWs and RSCs. The FNHC supported the families of 355 children in identifying 535 needs between October 2017 and May 2018. The needs identified were diverse and included: income or food (6%); transportation (8%); respite care or social supports (10%); housing (2%); health (32%); education (13%); dental (10%); treaty or status registration (11%). Needs identified under the category of health requests included: assessments (11%); mental health services (9%); medication (10%); rehabilitation services including physical therapy, occupational therapy, speech, and language pathology (18%); medical and assistive equipment (26%); additional services, including transportation and respite care (9%) and other health needs (19%).

Furthermore, 32% of cases were for children with multiple needs, while a single need was identified in 63% of cases. As the case discussed in "A Family's Story (2): Waiting for a Safe Home" (below) illustrates, the time and energy required for service coordination is greater when a child or family has multiple identified needs and complex social circumstances. In complex cases where a child may have multiple needs, the RSC must collaborate with multiple service providers and professionals, across different sectors, to document the spectrum of the child's unmet health, education, and social needs. In this case, for example, the RSC worked with the Band Chief and Administrator, an occupational therapist, an environmentalist, and a pediatrician.

A FAMILY'S STORY (2): WAITING FOR A SAFE HOME

A RSC became aware, through her conversations with local public service providers, of a family in need of a new home. The family consists of two grandparents, a mother (who uses a wheelchair) and three children. One of the children uses a wheelchair and a feeding tube as a result of complications from a surgery when she was much younger. Following this surgery, the grandparents had been told that they would be unable to bring the child home because they did not have the supports necessary to meet her needs. Rejecting this verdict, the grandparents sought the training needed to care for their granddaughter, while residing in the city where the surgery took place. After about a month, the family returned home.

The family home is approximately 900-square feet with poor ventilation, mold, and only one wheelchair accessible exit; in an emergency, the mother and daughter would not be able to get out at the same time. Further, the living room has sunken floors, making much of the house inaccessible to the mother and daughter who use wheelchairs. The isolated location of the home makes it difficult for the family to arrange purified water delivery, which they need to clean the daughter's feeding tubes. Minor renovations on the house were supported by the family's Band, which has a housing budget of $80,000 for the entire community, but the renovations were not enough to adapt the home to the family's needs.

The RSC joined with local service providers to advocate for a larger and wheelchair accessible home for this family. However, the RSC was told by the focal point that, because Jordan's Principle CFI funding ends in March 31, 2019, there is no funding available for services, renovations, or equipment beyond this date. Thus, funding could only be provided if the home was built in less than a year.

With this tight timeline in mind, the RSC mobilized multiple health professionals to gather the documents required for the application to the focal point. The family's pediatrician wrote a letter explaining the granddaughter's health issues. The Chief wrote a letter confirming land was available to the family for a new house, and another detailing the community's insufficient housing budget. An occupational therapist met with contractors and reviewed plans for a wheelchair accessible home. In addition, the RSC met with an environmentalist to inspect the home for mold and document the findings in a letter. The RSC also worked with the Band administrator to gather three quotes to build a new home or purchase a prefabricated home that could be moved to the lot.

This RSC submitted an initial request for house modifications for this family on March 23, 2018, and has communicated regularly with the focal point regarding the required documentation. In June 2018, the federal government focal point informally confirmed that the government would fund major renovations to the family's existing home to make it wheelchair accessible, but would not fund the building of a new home under Jordan's Principle. At the time of writing, the RSC and family have received a formal denial of Jordan's Principle funding for house modifications.

Source: Interview, Staff 6.

ENGAGING AND COLLABORATING WITH FAMILIES, SERVICE PROVIDERS, EXISTING PROGRAMS, AND FOCAL POINTS

The RSC's service coordination process is non-linear and complex, involving multiple collaborators (see Figure 13). RSCs prioritize listening to their clients to understand their needs, often in the midst of collaborating with service providers, who often have their own understandings of the clients' situations.[59] One RSC saw their role as "walking with" their clients, moving at their client's pace, and supporting families to gather supporting documentation from service providers.[60]

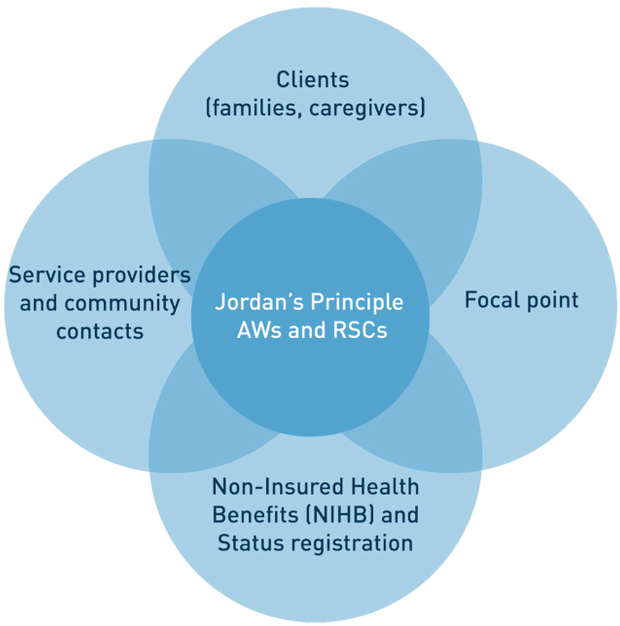


Figure 12: Jordan's Principle Access Workers and Regional Service Coordinators Collaborate to Coordinate Health, Social, and Education Services for Children

THE CLIENTS: SUPPORTING FAMILIES AND CAREGIVERS

RSCs strive to develop genuine connections with families to support them as they navigate complex public service systems. The RSCs go to great lengths to contact families, who are dealing with complex health, social, and education needs while having limited availability.[61,62] In one case, an RSC persisted over two months to connect with referred parents.[63] The Jordan's Principle AWs and RSCs actively identify new ways to reach caregivers with the understanding that access to communication services can be limited. Communities may have poor cell phone reception and caregivers living on fixed incomes may have limited cell phone minutes.[64] When the RSCs make contact with parents, they prioritize sitting with parents, "getting their side of the story," and connecting with them on a

personal level.[65] "A Family's Story (3): Relocating from a Northern Community for Cancer Treatment," (below) illustrates the lengths to which RSC go to support families, at times drawing on their personal networks and extending far beyond the service coordination for which the FNHC receives funding.[66]

A FAMILY'S STORY (3): RELOCATING FROM A NORTHERN COMMUNITY FOR CANCER TREATMENT

A RSC was informed by a community professional that they had received a letter from a representative of a small northern community about a family that had recently relocated to Edmonton. The family had several children, including a son with cancer. The community professional asked the RSC for advice about available supports and services for the family.

The RSC connected with the family, who had already been in Edmonton for several weeks, and learned about the challenges they were facing. The family was experiencing culture shock in the city, had limited knowledge of local resources, and had rented a house that was too far from the hospital where their son was completing his treatment. They were also struggling to pay the high heating bill during the winter.

First, the RSC went to the focal point and applied for a moving allowance to help the family with a move to more suitable subsidized housing. The RSC also submitted an application for reimbursement to recoup some of the family's expenses during their time in Edmonton. This application was successful just in time for Christmas. However money was not deposited until four weeks later. To provide interim support until the family received the deposit, the RSC gathered hand-me-down items for children from her own social network, and delivered these to the family. The RSC foresees that she will stay in contact with the family while they are in Edmonton for the next three years for their son's treatment.

Source: Interview, Staff 10

The RSCs also ensure their clients understand their role and the process of service coordination through consistent check-ins and collaborative service coordination with parents, caregivers, and service providers.[67,68,69,70] In one case, a check-in entailed an RSC translating and explaining forms to a parent in Cree to meet the needs of the family.[71] Such efforts ensure active consent and transparency, are integral to the RSCs work with families and caregivers, and are also in keeping with the standard of substantive equality that has been established for Jordan's Principle's by the CHRT (see Chapter 1).

RSCs also support clients in direct ways that reflect the unique needs of the family. In some cases, these efforts go far beyond the RSCs' formal responsibilities and the scope of service coordination for which the FNHC is funded. For example, one RSC, aware that their client was caring for her daughter at the hospital 24/7, provided respite for the mother, doing paperwork in the child's hospital room while the mother slept.[72] The immediate provision of support to meet pressing familial need reflects the RSCs' flexibility and commitment to support families in navigating through barriers to equitable health, social, and educational services and supports.

THE FOCAL POINT: COLLABORATING WITH THE FEDERAL GOVERNMENT

Once RSCs have connected with families and identified the health, social, and education services that are needed, they begin service coordination to meet those needs. A central component of the RSCs' work is submitting requests for funding of services under Jordan's Principle to the ISC Alberta region focal point.

These requests are submitted when existing public services do not meet family and caregiver needs.[73]

The relationship between RSCs and focal points is dynamic. RSCs must be in regular contact with focal points in order to facilitate submission of a Jordan's Principle application.[74] For example, one RSC regularly consults with the focal points to confirm the list of supporting documents that should be provided:

> [W]hen I call the focal points, I will ask them very specifically when I get a complex file, or a file with complex needs, I will ask […] 'do you have a couple of minutes. I just need to talk about a file' and they're really good about that and so I'll give them the scenario of what's happening and because I'm a list person, I'll say, 'I need you if you can, within less than ten points, tell me exactly, very specifically what you need from me to help this family.' And then they're usually good and then they'll say, the anticipated budget, pictures of what needs to take place, number of people in the home, the types of supporting documents from the doctors and what have you.[75]

The RSC prioritizes confirmation of the documents with the focal point based on the understanding that parents and caregivers seeking to address their child's needs do not have a moment to spare. Following verification with the focal point, the RSC works with families and caregivers to start gathering documentation.

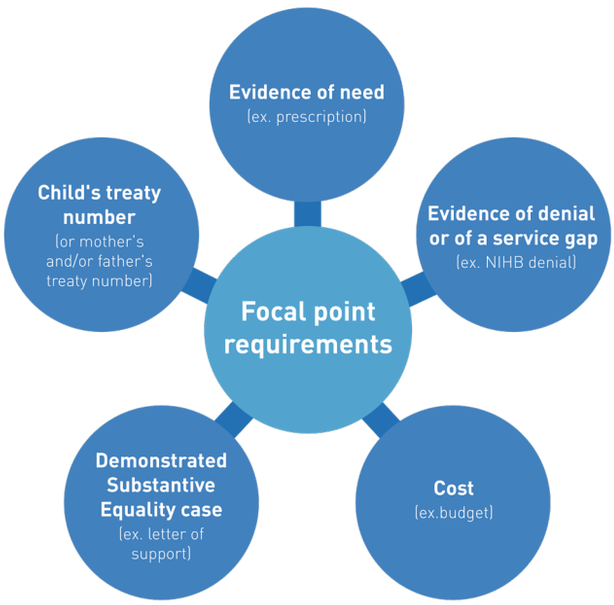


Figure 13: Focal Point Requirements

Government websites describe documentation as "helpful" rather than necessary to submit a Jordan's Principle request.[76] However, RSCs report that focal points require significant documentation in advance of submitting a Jordan's Principle request. Focal points typically ask for documentation in the five categories depicted in Figure 14.[77] For example, to document evidence of need, the RSC might need to submit a prescription with the request. For evidence of denial under existing programs or policies, the RSC would submit documentation to prove NIHB or another public service provider refused coverage of the prescription (see "A Family's Story (4): Waiting for Denial," below). Documenting costs requires a RSC to confirm the price of a service or equipment with a service provider or professional (see "A Family's Story (2): Waiting for a Safe Home," above). To demonstrate that a case meets the criteria to be considered under the principles of substantive equality, the RSC must also submit a letter addressing the substantive equality questions put forth by the federal government (see Textbox 4: Questions for Assessing Substantive Equality, Chapter 1).

COMMUNITY CONTACTS AND SERVICE PROVIDERS

Gathering the documentation required to advance requests under Jordan's Principle can be a long and labour intensive process, both because of the need to collaborate with multiple partners, and because it requires families and RSCs to navigate the complex and evolving bureaucratic processes of existing programs and policies.

The process for demonstrating that a child requires Jordan's Principle funding because they are not eligible

for a service under existing NIHB policies can be complicated. The NIHB program offers supplemental health insurance for Status First Nations people living both on and off reserve. It covers services such as medication, vision, and mental health as well as transportation, food, and lodging related to necessary medical care.[78] Some services are explicitly not covered by the NIHB: these are listed in the program's "exclusion list."[79] Families requiring services included on that list can proceed directly to the focal point by virtue of clear delineation of services within the NIHB mandate. However, other services exist in a gray area: they are not included in the exclusion list, but are commonly denied. In cases in which a family requires such services, RSCs and families must demonstrate that the service is not covered under NIHB policy before they can submit request for Jordan's Principle funding.[80] FNHC staff have been told that, to demonstrate this, they must submit the formal denial in advance of a Jordan's Principle request being submitted. 81 As shown in "A Family's Story (4): Waiting for Denial," the NIHB process of obtaining a formal NIHB denial an be complicated and lengthy despite the time sensitive needs of children and their families; supporting clients and service providers in navigating this process is a key task for RSCs.[82]

The RSCs also routinely support clients through the complicated processes of registering for Indian Status with the federal government or of demonstrating status eligibility. To apply for a child's status registration, caregivers must submit their child's long-form birth certificate, a document which carries a prohibitive fee for caregivers with low incomes. 83 Even the determination of eligibility for registration can be complicated, requiring knowledge and demonstration of parental or grandparental status and, in some cases, a much more complicated family history, including details of ancestors' marriage, status, and birth history.[84,85] Demonstration of status registration or eligibility is required in order to access Jordan's Principle funding.[86] Thus, though Jordan's Principle exists, in part, to remedy the delays in public services that First Nations children face within a colonial system, RSCs must support their clients in working through the status registration process that is a central feature of this system in order to access Jordan's Principle funding.

A FAMILY'S STORY (4): WAITING FOR DENIAL

On a Wednesday, the FNHC received a call from a social worker at the Stollery Children's Hospital in Edmonton to request service coordination for a family. The mother, accompanied by her mother, had travelled to Edmonton from their home community with her severely malnourished infant. The family lives in an isolated northern community that is only accessible by plane, except when it is cold enough in the winter to use ice roads. Children under the age of two make up 10% of the community's population. However, as in many northern communities, the cost of food is prohibitive. For example, in the spring of 2018 a gallon of milk cost $70. The price of baby formula was also exorbitant. Furthermore, a permanent boil water advisory makes it difficult for parents to prepare powdered formula, which is the only formula officially approved through NIHB. Despite widespread and sometime permanent boil water advisories in First Nations communities throughout the province, NIHB does not cover bottled water.

In the hospital, a social worker informed the Jordan's Principle AW that the baby would be discharged on Friday, and would require liquid formula when returning home. Two days before the baby was to be

discharged home, the Jordan's Principle AW started gathering information about the family. She learned that the grandmother's first language was Cree and that the hospital lacked a Cree translator; which created a barrier when communicating with hospital staff. The Jordan's Principle AW then phoned a nurse in the family's home community to gather information about the process of shipping supplies north. She was told that doctors completing rotations in the community often brought medications and prescriptions, but that access to these resources was weather-dependent, with up to three weeks between shipments.

After gathering this information, the Jordan's Principle AW started the process of securing liquid formula for the family. She asked the hospital nurse to have the attending doctor write a prescription for the liquid formula and take it to the pharmacy immediately. The pharmacy tried to charge NIHB for the prescription, but received an immediate denial. The doctor completed a form explaining why the medical team requested a formula prescription and faxed this documentation to NIHB. At this point, the Jordan's Principle AW was advised it could take 24-48 hours for an answer from NIHB—time the family did not have, because the baby was due to be discharged.

The Jordan's Principle AW anticipated, based on past experience, that the liquid formula prescription would be denied by NIHB. She developed a contingency plan with the focal point: if the family did not receive NIHB approval by Friday, they would apply to fund the formula under Jordan's Principle. The family received a second denial for liquid formula coverage from NIHB, after which the focal point approved funding.

In the interim, the doctors decided to keep the child in hospital over the weekend. During this observation period, doctors prescribed a different liquid formula in order to better meet the child's medical and developmental needs.

The Jordan's Principle AW was told by a focal point that this change in prescription meant she had to again complete the process of documentation gathering and NIHB denial. The secondary submission process required taking the new prescription to the pharmacy and getting another immediate denial from NIHB, after which the doctor wrote another letter to explain why the prescription was changed. This was followed by a fourth submission to NIHB, which received another denial.

At this point, the Jordan's Principle AW submitted a second Jordan's Principle application, which was deemed complete by the focal point. The mother, baby, and grandmother returned home with a prescription for a year's worth of liquid formula. The family later contacted the Jordan's Principle AW to confirm the compensation process for purchase of additional formula. The Jordan's Principle AW contacted the focal point and learned that, after four NIHB denials and two Jordan's Principle applications, NIHB had agreed to fund the medically necessary liquid formula for the family.

The community and Jordan's Principle AW were concerned by the family's experience and submitted a successful group request to circumvent potentially life-threatening delays in the future. Through this group request, all parents in the community have access to liquid formula for their children under age two. According to the RSC, this cost more than $700,000. The entire process took about two and a half months.

Source: Interview, Staff 4.

FOLLOW UP AND TRANSITION TO OTHER PROGRAMS

RSCs monitor and follow-up with the families they work with. Extended case management responsibilities have emerged for a number of reasons.[87] Both the cases and the focal point processes are complex, and require ongoing communication with families. Furthermore,

RSCs prioritize remaining in contact with their clients even after the initial call request is resolved, with the understanding that families might have emerging needs in the future. One RSC described the process of closing a case:

> It's about when the parents tell me they don't want me in their life anymore. And it may be another six months and it may not be. It's ensuring that everything is put in place and the child and the parents feel comfortable and that during the time I will continue to ask them, like 'what would you like me to do, do you want me to back away,' you know, and just build that relationship with them and sometimes it's only about having tea with them or having that ability to talk.[88]

Another RSC explained she would provide ongoing support for a family in case their needs changed:

> [W]hat I had said to them was, you know, things evolve. There might be needs that their younger children might need. I mean, a new file and everything would have to be created if we were starting to work with another child. You just don't know.[89]

The RSCs' dedication to providing ongoing support for families extends beyond the formal description of the ESC model developed by the FNHC. Under this framework, "if the child's needs are determined to be met and the family is stable and self-sufficient, the family is considered inactive for ESC. If the child is transitioning into other programs as an adult then assistance is provided as needed to facilitate the transition."[90]

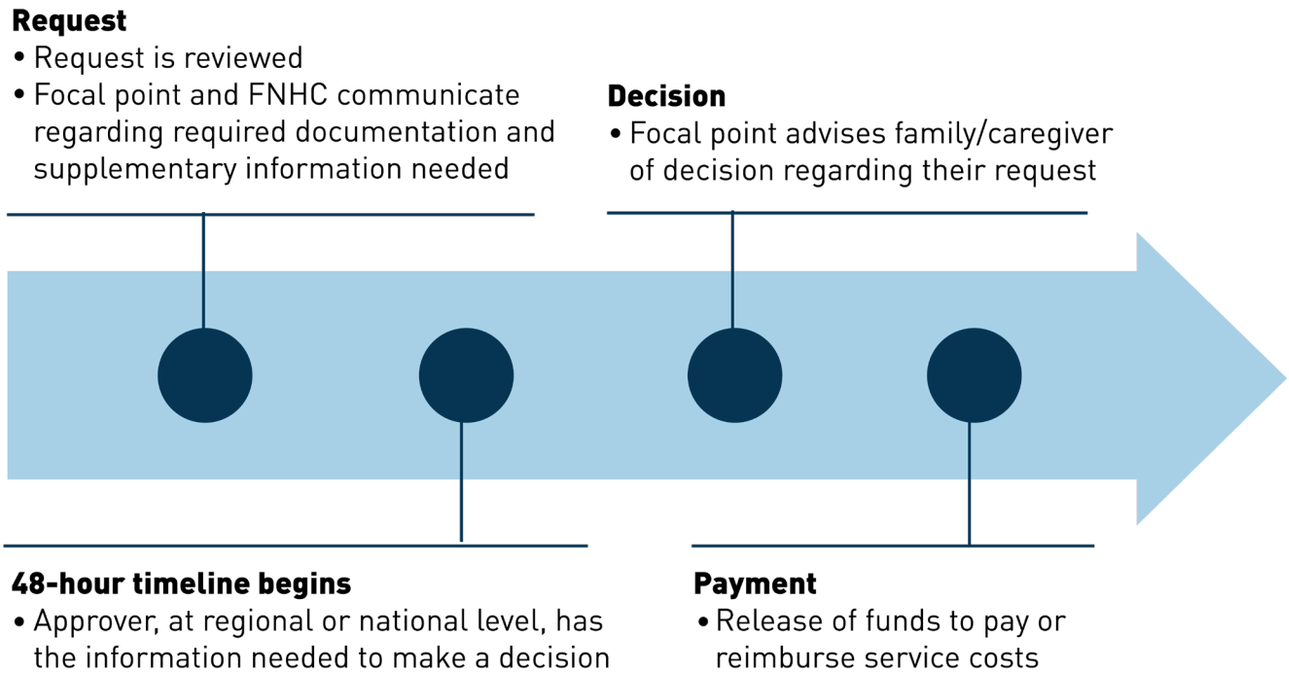


Figure 14: Indigenous Services Canada Alberta Region Process Challenges

CONTINUING CHALLENGES: FOCAL POINT PROCESS

The FNHC service coordination process facilitated by Jordan's Principle AWs and RSCs is inherently complicated. It involves working back and forth between families, service providers and community workers, and focal points. It also requires navigation of complex public service systems and bureaucratic processes. As described in this report, FNHC staff

have worked to develop the knowledge, relationships, and ESC model needed to support families as they navigate these systems and processes. However, in recent months, FNHC staff report that their work to meet the needs of First Nations children and groups has been further complicated by challenges in working with ISC Alberta region focal points to access Jordan's Principle funds. These changes may be linked to the larger national framework within which focal points are operating.

The CHRT has ordered that focal points must respond to requests for non-urgent services within 48 hours of receiving necessary information.[91] Indications are that this timeline is, in general, being met. However, starting in the spring of 2018, FNHC staff have reported instances of inconsistent, increasing, and unclear focal point expectations around the documentation that must be submitted before the 48-hour response period begins. RSCs report recent shifts in the standards for documenting children's needs.[92,93] For example, for all cases where the request may extend beyond the normative standard, they are now required to submit a letter or other documentation justifying the need for services under the principle of substantive equality.[94,95] In some cases, upon submission of the documents that a focal point had confirmed they needed, RSCs were asked for additional documentation.[96] When this happened, the RSCs returned to their clients and worked with them to gather the new required documents. In addition, FNHC staff noted instances in which they were asked to resubmit documents already transferred to the focal points, experienced long delays in focal point response to documents submitted, or were not notified of focal point decisions in cases involving their clients.[97] In combination, these challenges increase the time between first contact with a focal point and successful submission of Jordan's Principle to weeks and even months. The timeframe agreement reached between the Caring Society, AFN and ISC, and endorsed by the CHRT, indicates clinical case conferencing can extend the 48-hour response period, but that administrative case conferencing cannot.[98] Even if clinical consultation is required, the response must be made in "as close to the [initial] 48-hour time frame as possible."[99] It is unclear whether delays linked to documentation requirements are in compliance with CHRT standards.

Some FNHC members hypothesized that the growing challenges around documentation requirements may be linked to the structure of focal point work, and stem from developments and decisions made at the national level.[100] For example, despite growing caseloads, the number of focal points remained consistent until August, 2018 when an additional focal point was hired. When FNHC staff questioned focal points about communication delays, they were told that, in order to manage the increasing workload, focal points prioritized initial response over follow up.[101] Also, at the same time that focal points' workload was increasing, scrutiny of Jordan's Principle cases by ISC national headquarters seemed to intensify.[102] While focal points retained responsibility for preparing application packages in all cases, responsibility for assessing several broad categories of service requests was transferred from ISC Alberta region to the ISC national office in Ottawa.[103,104] FNHC staff reported hearing from focal points that the national office frequently and without prior notice provided new instructions regarding the cases to be transferred, including clear restrictions on communication of national direction, procedures, and policies to the FNHC or other First Nations groups.[105] In other words, difficult communication between RSCs and focal points may also have been linked to the evolving national context of Jordan's Principle.

While the delays prior to consideration of applications seemed to increase over time, FNHC staff consistently reported delays in payment after services were approved. Release of service access resolution

funds (SARF) funds to pay or reimburse families or caregivers and service providers was a rigid and lengthy administrative process that often took weeks.[106] The FNHC, as an independent organization with flexible administrative procedures, sought to shorten this process by administering payment from SARF funds, on behalf of the federal government. In April 2018, the ISC Alberta Region confirmed it was drafting terms and conditions for such a funding arrangement.[107] However, at the time of writing, an agreement for the FNHC to administer SARF funds had not been implemented.

Cumulatively, the challenges described above have created delays (sometimes lengthy), in the provision of services to First Nations families and children. As discussed in Chapter 2, FNHC staff remain committed to strong collaboration with focal points, and have intensified their efforts to create open communication. However, FNHC staff also have reported frustration at being unable to prevent delays in needed services due to the lengthened and complex federal process.[108] Needless to say, their clients, who were seeking needed services for their children, were also affected. A RSC reported that, managing clients' expectations has emerged as a key component of their work.[109] One RSC described their role as being the "middle person" between the focal point and clients. She emphasized the importance of being honest with clients about the length of the Jordan's Principle processes in order to maintain transparency and build trust.[110]

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[47] Interview: Staff 8.
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[49] Interview: Staff 4.
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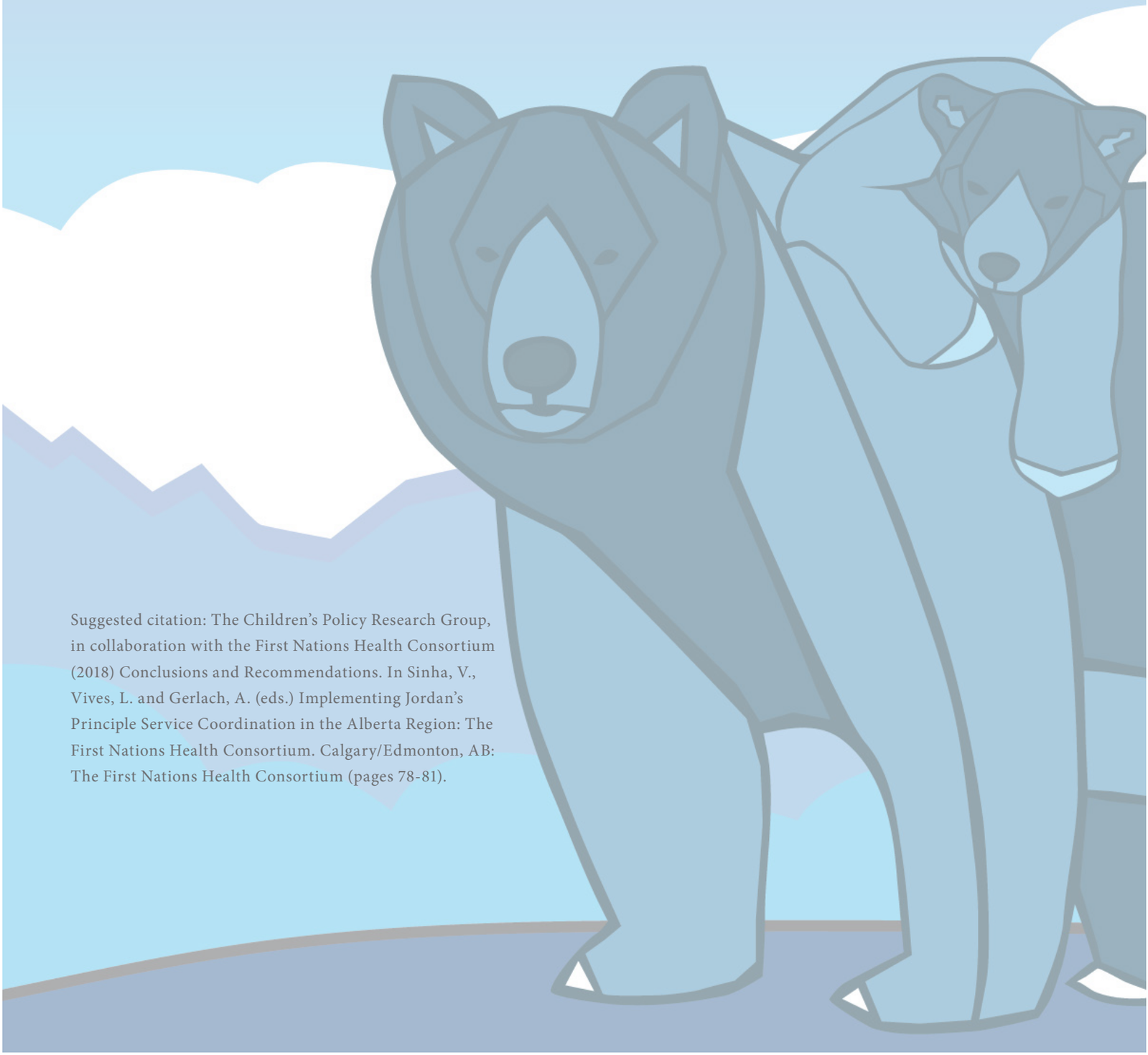
CONCLUSIONS AND RECOMMENDATIONS



Suggested citation: The Children's Policy Research Group, in collaboration with the First Nations Health Consortium (2018) Conclusions and Recommendations. In Sinha, V., Vives, L. and Gerlach, A. (eds.) Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium. Calgary/Edmonton, AB: The First Nations Health Consortium (pages 78-81).

CONCLUSIONS AND RECOMMENDATIONS

The First Nations Health Consortium (FNHC) is a new organization that was conceived in November 2016, and formally founded in February 2017, to improve access to health, social and educational services for First Nations children in Alberta. It is a collaboration between four First Nations health organizations from Treaty areas 6,7, and 8: Bigstone Health Commission, Kee Tas Kee Now Tribal Council, Maskwacis Health Services, and Siksika Nation. The FNHC is currently funded by the federal Jordan's Principal Child First Initiative (CFI), which expires in March of 2019. The FNHC is guided by a vision of continuity of care, a commitment to First Nations development and delivery of services, and a focus on fulfilling First Nations children's rights to services that meet their needs. Since October 2017, the FNHC has facilitated access to health, education, and social services for First Nations children and families throughout Alberta through its enhanced service coordination (ESC) model.

In this report we described the development of the FNHC and its ESC model, as well as the first year of ESC provision. We found that FNHC development was shaped by a fragmented policy context. The divisions and tensions within this context are grounded in colonial policies that gave rise to a contemporary policy framework which has persistentently failed to meet the needs of First Nations children. At the national level Jordan's Principle has emerged as a primary mechanism for addressing these failures. As the result of a series of decisions from the Canadian Human Rights Tribunal, interpretation of and response to Jordan's Principle has evolved quickly and dramatically since the FNHC's inception. This shifting national policy framework posed challenges to the FNHC as the organization worked to establish itself and develop a long-term strategy. The regional context, on the other hand, is marked by a lack of inter-governmental communication and competition for funding among First Nations; both of these factors created challenges for the FNHC as it sought to navigate regional expectations.

The FNHC responded to this fragmented context by consistently emphasizing collaboration and the development of strong working relationships. FNHC board members built on their collective strengths and relational networks to quickly establish the organization and develop a new service coordination model that has evolved to respond to client needs. The FNHC has engaged in outreach to service providers and community members across the province and quickly expanded the number and geographic distribution of front line staff to better meet needs across the province. Between October 2017 and May 2018, the FNHC served 355 children, working to address a broad range of needs. The FNHC also worked to build the national and regional relationships needed to support long-term service coordination efforts: it has established ongoing communication with focal points; sought the support of regional First Nations leadership; drafted a tripartite agreement between the FNHC, the Alberta government, and the federal government; and participated in the national Jordan's Principle Action Table (AT).

Despite its achivements and consistent efforts to build relationships, FNHC service coordination efforts are shaped by multiple continuing challenges. Key challenges are discussed below and linked with recommendations that were collaboratively developed by our research team and the FNHC board of directors.

SHORT TIMELINES AND FUNDING UNCERTAINTY

Funding for the Jordan's Principle CFI ends on March 31, 2019, and the details of long-term plans have not been announced. It is unclear whether

the FNHC and other service coordination efforts developed under CFI funding will continue to be funded by the federal government. The uncertainty around continuation of funding means that the FNHC has to simultaneously work to realize a long-term vision for service coordination and mitigate the risks associated with a cessation of funding. Highly qualified regional service coordinators, Jordan's Principle Access Workers and administrative staff signed on with, and continue to work for, the FNHC knowing that their employment may end within a few months. In addition, given the long-term engagement with families served, regional service coordinators must also face difficult questions about when and how much information about funding uncertainty to share with the families they support.

1. **In order to ensure the continuity of service coordination efforts and continued access to more equitable services for First Nations children, we recommend the federal government provide increased, long-term funding for the Service Access Resolution Fund (SARF) and for service coordination initatives; renewal of these funds should occur at least 12 months in advance of the sunset of funding.** The requirement of 12-month advance notice of funding renewal would help to reduce the uncertainty, risk and burden that accrues to First Nations service providers when funding is renewed or terminated with short notice.

UNCOORDINATED NATIONAL INITIATIVES

Several independent proposals for long-term responses to Jordan's Pinciple have emerged in a complex and rapidly evolving national policy context. These include: long-term plans being developed by the Jordan's Principal AT; the child welfare reforms ordered by the Canadian Human Rights Tribunal; and the Spirit Bear plan proposed by the Caring Society. Despite the FNHC's participation in the Jordan's Principle AT, information about national initiatives has not been available, and it remains unclear how continued funding for service coordination efforts developed under the CFI might fit in with these initiatives. Moreover, it is not known whether or not any of the national initiatives being advanced includes a mechanism for resolving the underlying policy issues that lead to the service inequities being addressed through service coordination.

2. **In order to ensure that First Nations families and communities can access equitable children's services without needing to apply for Jordan's Principle funding, we recommend that the Department of Indigenous Services Canada develop and implement a system for immediately identifying and reforming the policies that give rise to the gaps or delays in any service requested under Jordan's Principle.** By using information about Jordan's Principle cases to reform policies and practices, the federal government can prevent denials, delays, and disruptions in services for other children in similar circumstances and eliminate the burden of applying for Jordan's Principle funding in order to access services that many First Nations families still face. For example, the Non-Insured Health Benefits program could incorporate a mechanism for ongoing review of medical supplies, equipment, and drugs approved under Jordan's Principle and revise the list of automatically approved benefits accordingly.
3. **In order to support the development of First Nations capacity to provide effective service coordination, we recommend that the Department of Indigenous Services Canada commit to the creation of formal pathways for ongoing communication between organizations tasked with implementing Jordan's Principle in different jurisdictions.** The creation of these pathways would facilitate the sharing of resources

and information in order to promote capacity building and inform best practices in enhanced service coordination of Jordan's Principle. It would also facilitate the flow of information across the national, regional and community levels, enabling organizations like the FNHC to better track and adapt to a shifting national policy context.

POLICY CONFUSION

The relationships between new regional and community level initiatives being created under Jordan's Principle and existing policy frameworks are not clear. Many of these initiatives have been funded through group requests—applications for Jordan's Principle funding to address service gaps affecting large numbers of First Nations children. In order to qualify for group request funding, an applicant must demonstrate the existence of a gap in the services required to ensure substantive equality for First Nations children. However, the assessment of group request applications does not require reconciliation of new services and existing policy frameworks; assessment of the need for similar services in other communities; or even public dissemination of basic information about the initiatives being funded. The lack of transparency around services funded under group requests poses challenges for service coordination efforts designed to link families with existing services. In addition, the demand-driven approach favours those communities with the greatest existing capacity and accordingly has the potential to create new inequities in services.

4. **In order to ensure that First Nations families can easily access new services funded under Jordan's Principle, we recommend that Indigenous Services Canada Alberta Region make public basic information about new services funded through Jordan's Principle group requests; this information should include the population to be served, the types of services to be provided, and a timeline for offering services.** Sharing of this type of information would allow the FNHC to efficiently refer families to the new services created through group requests. It would also help to reduce overlap and potential confusion about service roles and responsibilities.
5. **In order to support the development of a well-coordinated, sustainable system of services, we recommend that Indigenous Services Canada Alberta Region work in partnership with First Nations in Alberta to reconcile the mandates and standards of accountability for new service initiatives developed under Jordan's Principle with pre-existing service frameworks.** This will help ensure the quality and the long-term viability of new services, potentially opening access to additional resources, and permanent funding under existing policies.
6. **In order to ensure that First Nations children throughout Alberta have access to equitable services within their communities, we recommend that the province of Alberta work in partnership with First Nations to build the capacity required to increase access to services on reserve and in rural regions.** Funding alone will not eliminate service gaps in areas marked by a shortage of qualified service providers. Provision of incentives for qualified workers and trainees to relocate to under-resourced areas, creation of additional and more flexible training opportunities, partnerships between existing professionals and qualified community workers, and other initiatives are needed.

INEFFICIENCY IN FOCAL POINT PROCESS

FNHC staff have experienced inconsistent, increasing, and confusing focal point expectations for the documentation required to access Jordan's Principle funding. Staff also report ongoing delays in payment

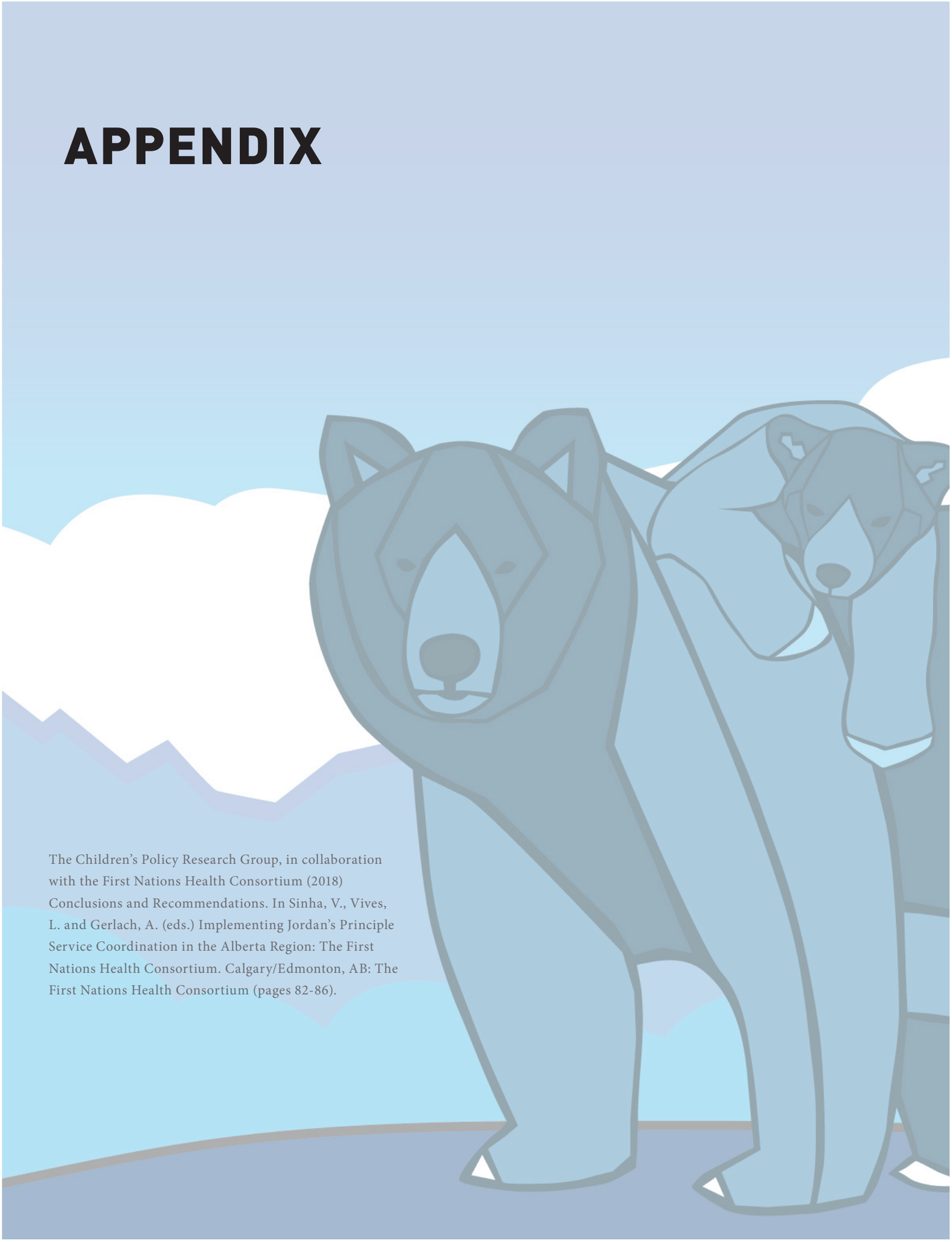
for approved services. Cumulatively, the lack of clarity and consistency in expectations and the complexity of the system for administering payment creates lengthy delays in children's access to equitable services. These delays pose substantial burdens for families and for regional service coordinators, who are charged with helping families navigate complex Jordan's Principle processes.

7. **In order to minimize delays in the provision of services in individual Jordan's Principle cases, we recommend that Indigenous Services Canada Alberta Region implement standards and policies that facilitate timely communication and ongoing collaboration with the First Nations Health Consortium. Recommended measures include:**
    - **Co-locating focal points with FNHC staff in order to facilitate transparency around shifting guidelines, status of group requests, and efficient communication around specific cases.**
    - **Hiring more regional focal point staff in order to respond efficiently and effectively to Jordan's Principle requests. Focal point work should be their sole responsibility rather than an extra responsibility that is added to a pre-existing role.**
    - **Instituting requirements for focal points to:**
        - **Provide a full and clear list of all information requirements in their initial response to each Jordan's Principle case.**
        - **Confirm any additional information requirements with FNHC service coordinators within 48 hours of receipt of this information.**
        - **Share with the FNHC information about all decisions made in, and a copy of the assessment file prepared for, any individual or group Jordan's Principle request submitted by FHNC staff.**

    These measures would help eliminate the administrative delays in approval of Jordan's Principle requests that have been expressly forbidden by the Canadian Human Rights Tribunal and facilitate the efficient compilation of necessary clinical information.

8. **In order to facilitate more timely reimbursement to First Nations families and communities, we recommend that Indigenous Services Canada Alberta Region transfer partial responsibility for administering the SARF to the First Nations Health Constorium.** This would reduce focal point workload and eliminate delays in reimbursement that result from rigid governmental administrative processes. As an independent not-for-profit organization, the FNHC has more flexible financial processes. Accordingly, shifting responsibility for reimbursement to the FNHC would improve the timeline of response to First Nations children and families.

APPENDIX



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APPENDIX

FIRST NATIONS HEALTH CONSORTIUM INTERIM REPORT METHODOLOGY

The First Nations Health Consortium (FNHC) partnered with the Children's Services Policy Research Group (CSPRG) to document the development of the organization's service coordination model and the nature of service coordination provided to First Nations children. The partnership was initiated during the preparation of the FNHC's successful enhanced service coordination proposal. The collaboration was formalized in January 2017 with the signing of a research agreement between the research team and the FNHC.[1]

Included in this research agreement are the conditions for data management and analysis. The research team works in close collaboration with the FNHC management and board. In addition, to help mediate First Nations ownership of and control over the data, the FNHC and the research team created the Information and Evaluation Working Group. The membership of this advisory body included the FNHC management, regional service coordinators (RSC), data management representatives, and other external partners.[2] As required by this agreement,[3] this interim report was reviewed and validated by members of the FNHC board of directors, staff, and other partners prior to its publication.[4]

The research being conducted by CSPRG is grounded in a participatory mixed methods approach (summarized in Figure 1, Executive Summary). As presented in Table 2, this interim report draws on multiple sources of primary data, including:

1- FNHC administrative data (intakes and outreach);
2- Review of FNHC internal and publicly available documents;
3- Participant observation;
4- In-depth, semi-structured interviews (n=18); and
5- A focus group.

In addition, we drew on literature and publicly available government and legal documents related to Jordan's Principle, First Nations in Alberta, and the Alberta health, education, and social service systems.

TYPE OF DATA	DATA SOURCE	TYPES OF INFORMATION COLLECTED
ADMINISTRATIVE DATA	Case data, documented by RSCs and Jordan's Principle AWs in the FNHC information management system October 2017–May 2018	Number of FNHC intakes, number of client needs identified, and client needs identified
OUTREACH DATA	Outreach tracking tool completed by RSCs and Jordan's Principle AWs October 2017–July 2018	Number of outreach activities, number of service providers reached, number of people reached, location of outreach activities
DISCUSSION WITH GOVERNMENT REPRESENTATIVES	Notes from calls to government phone lines and discussion with ISC regional and national employees October 2017–September 2018	Information regarding Jordan's Principle policies and the process of submitting a Jordan's Principle request
REVIEW OF FNHC DOCUMENTS	FNHC public and internal documents, presentation, and communication January 2017–September 2018	Information regarding FNHC vision, organizational and service coordination development, relations with partners, Jordan's Principle policies and cases
PARTICIPANT OBSERVATION	Field notes based on participant observation in FNHC meetings/events and other Jordan's Principal meetings/events, including: public fora, staff meetings, meetings with partners and staff trainings January 2017–September 2018	
IN-DEPTH UNSTRUCTURED INTERVIEWS	Transcripts of interviews with 18 FNHC staff, board members and partners October 2017–December 2017 and April 2018–May 2018	
FOCUS GROUP	Transcripts and notes from a focus group with 7 FNHC staff, board members and partners December 2017	

Table 2: Primary Data Collection: Types of Data, Data Sources, and Types of Information Collected

Secondary information and primary qualitative data (such as interviews, participant observation, and a focus group) analyzed in this interim report were collected between January 2017 and September 2018. The research team transcribed, coded, and analyzed this data following an iterative process of validation with the FNHC, partners, and with the larger literature used for this report.

Administrative data was collected by FHNC staff using an Information Management System developed and implemented by the FNHC and a consultant with whom they have contracted. The Information Management System is based on an intake and tracking form created collaboratively by the research team and the Information and Evaluation Working Group.[5] This form was developed in consultation with members

of the group and FNHC staff in order to support documentation of intake information, case follow-up, and communication with the focal points. Forms and other documentation used by public service providers in Alberta and in other jurisdictions provided a starting point, but the form was developed specifically to meet the needs of the FNHC. The Information Management System continues to be refined through regular consultation with Jordan's Principle access workers and regional service coordinators. In accordance with the research agreement, the data is owned and managed entirely by the FNHC.[6] The research team has no access to identifying information about the children or the families serve by the FNHC.

[1] First Nations Health Consortium. (2017, June). First Nations Health Consortium Jordan's Principle Enhanced Service Coordination Project: Information and Evaluation Working Group Terms of Reference (TOR).

[2] McGill University & First Nations Health Consortium. (2017, January). Research Agreement.

[3] McGill University & The Fist Nations Health Consortium. (2017, January 14). Research Agreement.

[4] Minutes: FNHC meeting with board members, staff, and First Nations Inuit Health Branch (2018, September 24).

[5] Minutes: Information and Evaluation Working Group (2018, January 24).

[6] McGill University & The First Nations Health Consortium. (2017, January 14). Research Agreement.


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