Advancing Jordan's Principle
by realizing Enhanced Service Coordination in the Alberta Region

March 31, 2019

FIRST NATIONS
HEALTH CONSORTIUM

FIRST NATIONS HEALTH CONSORTIUM

The First Nations Health Consortium is working to implement Jordan's Principle by offering Enhanced Service Coordination throughout the province of Alberta; it strives to improve access to health, social and educational supports and services.

The First Nations Health Consortium Board is comprised of four Health Directors from Bigstone Cree Nation, Kee Tas Kee Now, Maskwacis and Siksika Nation. They envisioned and led the development and implementation of Jordan's Principle Enhanced Service Coordination in Alberta.

First Nations Health Consortium and Children's Services Policy Research Group members and staff during a retreat.

Advancing Jordan's Principle
by realizing Enhanced Service Coordination
in the Alberta Region
Sangster, M., Vives, L., Chadwick, K., Gerlach, A., & Sinha, V. (2019)

1-844-558-8748 ▪ www.abfnhc.com

Printed in:
Amiskwacîwâskahikan (ᐊᒥᐢᑲᐧᒌᐚᐢᑲᐦᐃᑳᐣ)
Treaty 6 Territory
Edmonton, Alberta

Reporting by: The Children's Services Policy Research Group
Published by: First Nations Health Consortium
Design by: Cristian Enciso, Dylan Lightbourn and Steven Kendall of Circle Teachings

Community

Throughout this publication you will find photographs and illustrations from the many First Nations and Inuit communities that are engaged with the First Nations Health Consortium and its front line staff. Many from these communities can benefit from the enhanced service coordination that is being realized in Alberta.

Within these opening pages are illustrations created by these communities and submitted to the First Nations Health Consortium as an exciting way to participate in the report's creation. Many more illustrations, as well as photographs taken during community outreach events, are found within each chapter.

S. Bighetty - Calgary, Alberta

Urban First Nations youth gathered around an ancient medicine wheel in Majorville learning about plants and medicines.

Creating cultural awareness with Siksika children and youth by participating in a pipe ceremony on the Nation.

Gathering the Grandfathers and wood for the sacred fire in preparation for the pipe ceremony and feast at Crowfoot.

The traditional feast by candle light in the tipi following the pipe ceremony.

April - Chief Old Sun School

The Children's Services Policy Research Group

Research team members:

Vandna Sinha – Associate Professor, School of Social Work, McGill University.

Luna Vives – Assistant Professor, Département de Géographie, Université de Montréal.

Alison Gerlach – Assistant Professor, School of Child and Youth Care, University of Victoria.

Meghan Sangster – Research Assistant, Centre for Research on Child and Families, McGill University.

Kathryn Chadwick – Research Assistant, Centre for Research on Child and Families, McGill University.

Cartographer:

Philippe Major – Département de Géographie, Université de Montréal.

Copies of this report can be downloaded from: http://www.abfnhc.com/index.php/news

Recommended citation:

Sangster, M., Vives, L., Chadwick, K., Gerlach, A., & Sinha, V. (2019). Advancing Jordan's Principle by realizing Enhanced Service Coordination in the Alberta Region. Calgary/ Edmonton, AB: The First Nations Health Consortium.

Cover illustration: **Holly Heitman**

FIRST NATIONS HEALTH CONSORTIUM

McGill UNIVERSITY

Université de Montréal

University of Victoria

Table of Contents

Figures

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.

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.** This is the federal government's 3-year, short-term response to Jordan's Principle. In 2019 CFI funding has been extended for an additional 3 years.

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 Service 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.

RCSD **Regional Collaborative Service Delivery.** Province-led and funded integrated approach to health, education, social services development, and coordination in Alberta.

RFP **Request for Proposals.** Document setting parameters for a bidding funding process 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.

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 Principle when no existing services or funding meet a child's needs.

Acknowledgements

This report is dedicated to all the individuals, families, and organizations, from the national level to the community level, who are working to meet the needs of First Nations children and realize systemic changes to a discriminatory framework of public services.

This report draws on an interim report entitled Implementing Jordan's Principle Service Coordination in the Alberta Region: The First Nations Health Consortium. The interim report is available at: http://csprg.research.mcgill.ca/new-page-1. Tyson Kelsall, Portia Larlee, Rodrigo Amado, and Roberto Nieto contributed to the research and to the preparation of the interim report, we are grateful for their contributions. We would also like to thank Marie Saint Girons for her help in editing this report.

We thank the members of the First Nations Health Consortium board and staff for their trust and support during the preparation of this report. This report was completed in collaboration with the First Nations Health Consortium (FNHC) and was supported by the FNHC's Information and Evaluation Working Group.

This report would not have been possible without the support and engagement of:

Board Members

Kirsten Sware
Randy Littlechild
Samantha Noskiye
Tyler White

Executive Director

Barry Phillips

External Information and Evaluation Working Group Members

Ben Choi
Carol Blair
Margaret Kagard
Selena Willier-Schmidt
Vanessa Buckskin

Staff Members

Beatrice Little Mustache
Bernadette Cardinal
Brenda Dowhaniuk
Deanna Wolf Ear
Dyan Harke
Elizabeth Skorupa
Freda Alook
Jaspreet Atwal
Jenny Cardinal
Josephine Salopree
Julia Knott
Kayla Klatt
Leonda Solway
Lorinda Patterson
Miranda Bourque
Peggy Minde
Rebecca Rochon
Sam Laboucan
Tammy Island
Theresa Devost
Tina Littlechild
Wendy Henshaw

And many others...

We are pleased to provide our second report on the implementation of Enhanced Service Coordination in the Alberta Region of Jordan's Principle. This report was prepared in collaboration with Children's Services Policy Research Group and we extend our appreciation to the researchers for their tremendous work with our organization.

Our Strategic Plan included with this report looks to the future and the work that needs to be done. It was developed with the assistance of Carol Blair and Associates and we thank Carol for her valuable contribution.

The four founding partners from the three Treaty areas in Alberta are committed to providing enhanced service coordination for all First Nation children in Alberta. Serving as the link between a First Nation child's needs and the service or programs needed is the first step in closing the gap and allowing the child to reach optimal health status.

The strong working relationship between our organization and the Government of Canada's FNIH Regional Office in Alberta, and the developing relationship through our Tri-Party Memorandum of Understanding with Alberta provides us with the ability to enhance service coordination for all First Nations children on and off reserve.

FNHC wishes to express their appreciation to all First Nations Leadership and Councils for their continued support and guidance as we move forward. We wish to assure all stakeholders that our dedicated and committed staff will continue to work hard to maintain the trust you place in us to leave no child forgotten.

I would like to take this opportunity to acknowledge our Board of Directors for their vision of continuity of care and fulfilling First Nations children's rights to services. Without your vision, leadership, commitment and dedication the regional approach to enhanced service coordination would not have been realized—thank you.

Director
Samantha Bow-Noskiye

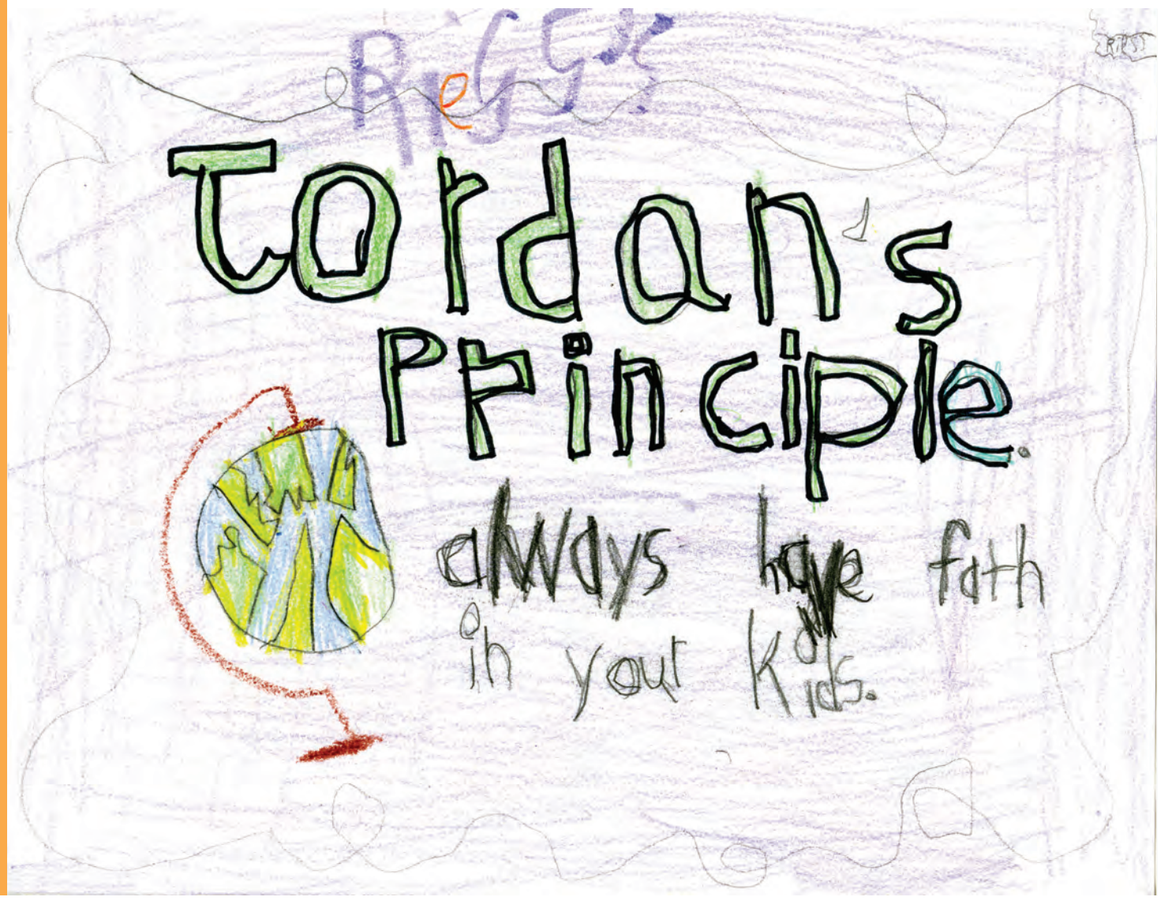
Director
Kirsten Sware

Director
Randy Littlechild

Director
Tyler White

G. Barry Phillips
Executive Director—First Nations Health Consortium

Executive Summary



Riess Jerry
2A - Chief Old Sun School

The First Nations Health Consortium (FNHC) is a new organization that was conceived in November 2016 and formally founded in January 2017. 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 Health Commission, Maskwacis Health Services, and Siksika Nation Health & Wellness Centre. 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.[1]

The FNHC is funded through the Jordan's Principle Child First Initiative (CFI), the federal government's short-term response to Jordan's Principle, which is a child-first principle designed to ensure that First Nations children receive equitable public services without denial, delay, or disruption (see Info box 1). The federal government announced the creation of the Jordan's Principle CFI, which consisted of a $382.5 million budgetary allocation lasting from 2016 to 2019 in July 2016. A portion of this funding was dedicated to supporting "Enhanced Service Coordination" (ESC) initiatives in each province.[2] The FNHC successfully applied for funding to deliver ESC initiatives across Alberta and received funding in February 2017.

The FNHC has a mandate to ensure First Nations children can access holistic services and supports. Since October 2017 the organization has helped facilitate access to and has connected First Nations children, families and groups to needed health, education and social services through its ESC model.

Where such services are not available, FNHC staff support caregivers and community service providers in completing a Jordan's Principle request.

Three years of renewed and expanded funding of the Jordan's Principle CFI was included in the 2019 federal budget. As a result, the FNHC's funding has been formally extended until March of 2020, with the potential of renewal for an additional 2 years.

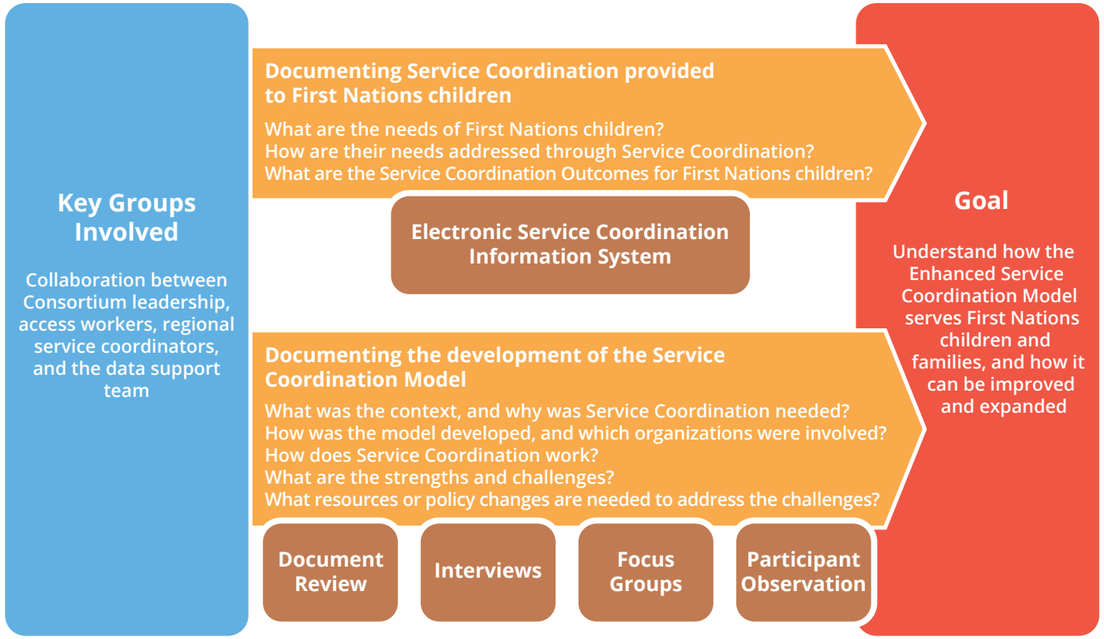
This report presents the results of a formative evaluation of FNHC's ESC model, describing the development and implementation of the ESC model between January of 2017 and April of 2019. It also describes the national, provincial, and organizational contexts in which the ESC model was developed and implemented.

1. Research Collaboration

The FNHC partnered with the Children's Policy Research Group to document and evaluate the service coordination provided to First Nations children in Alberta and the development of the ESC 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 extracted from the FNHCs electronic service coordination information system, and participant observation. This report presents findings for the evaluation of the FNHC's work between January of 2017 and April of 2019.
It builds on an interim report, which was released in December of 2018, and is available here: http://csprg.research.mcgill.ca/new-page-1.

The research collaboration between the Children's Policy Research Group and the First Nations Health Consortium (2017 – 2019)

Figure 1



2. Summary of Findings

Chapter 1: The First Nations Health Consortium in a Colonial Context: Towards the Implementation of Jordan's Principle

As a result of historical and ongoing colonial policies, First Nations children living on reserve in Alberta experience poorer health, educational, and social outcomes relative to non-First Nations children. Historical inequities are compounded by a current policy framework in which the structure and funding of services for First Nations children living on reserve differs from that of other children. Jordan's Principle emerged in response to this discriminatory policy framework.

In Chapter 1, we examine the colonial, on-reserve, service-delivery context that necessitated the development of Jordan's Principle. We also trace the evolution of Jordan's Principle in response to Canadian Human Rights Tribunal's rulings issued between 2016 and 2019. The CHRT's orders have expanded the interpretation of Jordan's Principle to require the federal government to provide services and supports that are in the best interests of the child, are culturally appropriate, and do not compound the historical disadvantages that have accrued to First Nations children. The Government of Canada responded by establishing the Jordan's Principle CFI.

What is Jordan's Principle?

Info box 1

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 5, never having had the opportunity to live in a family home.

Jordan's Principle was initially articulated as a child-first principle that was intended to ensure that First Nations children have timely access to the same services as other children in Canada.[1] Though this vision of Jordan's Principle was unanimously endorsed by the House of Commons in 2007, it has never been fully implemented.

Progress towards the implementation of Jordan's Principle has been made since 2016, in response to a series of rulings and court orders arising from a decade-long legal battle initiated by the First Nations Child and Caring Society of Canada and the Assembly of First Nations. The Canadian Human Rights Tribunal (CHRT) ruled that inequitable funding and administration of on-reserve child welfare services constitutes 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 clarified that Jordan's Principle applies to all First Nations children, whether they live on or off reserve, and instituted strict 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 if this is needed to meet the best interests of the child.

For more information on Jordan's Principle see: https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html

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): 2016 CHRT 2, s65.

The CFI includes funding to pay for services requested under Jordan's Principle and to support ESC initiatives intended to maximize timely access to health, social, and educational services for First Nations' children. At the time of writing, the CHRT continues to monitor Canada's implementation of Jordan's Principle and to hear arguments about Jordan's Principle eligibility criteria. Jordan's Principle currently exists as a short-term solution available to those families and communities that are able to complete requests for needed services; a longer-term, more systemic and proactive approach to addressing inequities has yet to be implemented.

Chapter 2: The First Nations Health Consortium: Coordinating Access to Services for First Nations in Alberta

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. The task facing the FNHC was to realize this vision within a national context that was rapidly evolving in response to CHRT decisions and a regional context shaped by colonial history and policy frameworks.

In Chapter 2, we describe the FNHC's efforts to establish a new organization and a service coordination initiative within the Alberta context. The FNHC's development during its first 2½ years has been shaped by short timelines, a lack of guidance as to the nature of ESC, inconsistent expectations around ESC implementation, and shifting Jordan's Principle eligibility criteria. It has also been impacted by the federal government's retention of control over Jordan's Principle funds and an individualistic, demand-driven approach to addressing children's needs. This approach has displaced burden from the federal government onto First Nations families and communities and fueled the development of overlapping services and service coordination initiatives.

The task of providing service coordination for all First Nations children has also been complicated by a historical context in which government policies have created resource scarcity and competition, fostering distrust between some First Nations communities and organizations. The FNHC has taken a relational approach to addressing each of these challenges, systematically working to build strong relationships with government focal points (workers charged with responding to Jordan's Principle requests), service providers, and other First Nations.

Chapter 3: The First Nations Health Consortium's Enhanced Service Coordination Model

Since service coordination efforts began in October 2017, the FNHC has facilitated access to a broad range of services and supports to First Nations families across the province. The ESC model has been developed and implemented in a short period of time, in the midst of shifting federal directives surrounding the eligibility, provision, and administration of services for First Nations children. The ESC model and the FNHC's approach to delivering that model have evolved over time, in order to better address the needs of First Nations children.

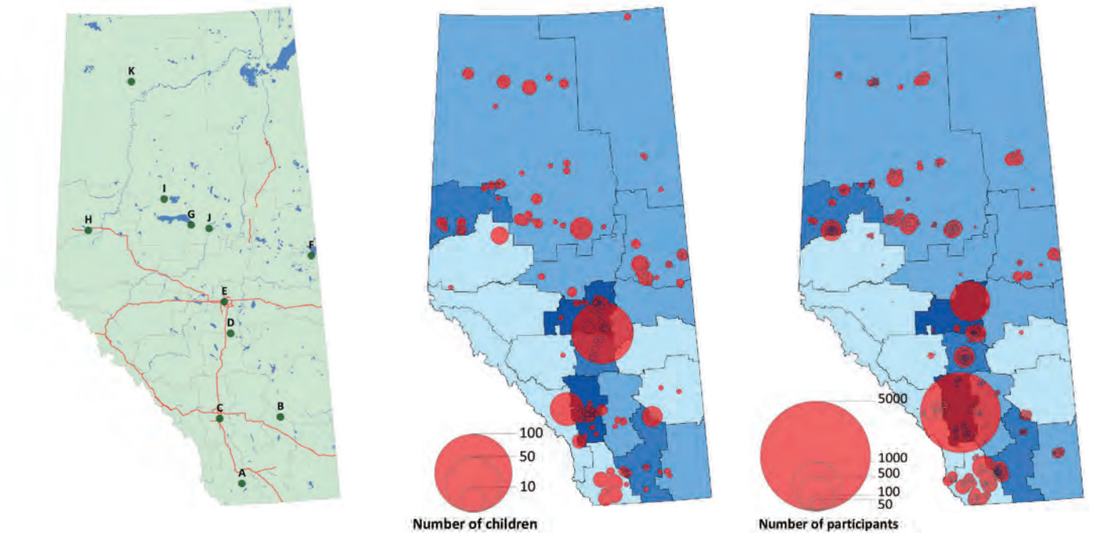
Dayla First Rider - 2A - Chief Old Sun School

In Chapter 3 we document the ESC model that the FNHC uses to connect First Nations children to needed health, education, and social services in their region. We also examine the FNHC's approach to implementing this model. As summarized in Figure 2, we describe the growth and geographic dispersion of front-line staff, the number and geographic profiles of children served, and the outreach activities conducted by FNHC staff. We also describe the range of needs identified in cases opened by the FNHC.

Chapter 4: Behind the Numbers: The First Nations Health Consortium's Enhanced Service Coordination Model in Practice

The ESC model developed by the FNHC is intended to facilitate access to a broad range of health, education and social services across Alberta. Given the diversity in children's needs as well as their family, community, and service contexts, the ESC process is inherently complicated.

The Enhanced Service Coordination (ESC) model in numbers — **Figure 2**



4 Jordan's Principle access workers and **14** regional service coordinators serving First Nations families in Alberta.

739 children from **39** First Nations in Alberta with service coordination cases opened by April 2019.

1,175 activities reaching **28,000** service providers and community members.

* Full sized maps found in Chapter 3.

It requires knowledge of services available across service domains and geographic regions, as well as close collaboration with families and communities, service providers, and the federal government.

In Chapter 4, we examine the frontline implementation of the ESC model, providing a detailed account of the daily casework undertaken by the Jordan's Principle access workers (AWs) and the regional service coordinators (RSCs). We describe the steps involved in initiating ESC cases, the process of identifying children's unmet needs, and the ways in which RSCs support families. We also examine the working relationship between FNHC's frontline staff and the federal government focal points charged with reviewing Jordan's Principle requests. We highlight the ways in which the FNHC is increasingly mediating between the federal government and First Nations families and examine both the benefits of and the tensions associated with this collaboration.

3. Implementing Jordan's Principle in Alberta: The FNHC's Achievements in a Shifting Context

Since initially receiving funding, the FNHC has:

- **Built strong collaborations across the Alberta region.** The FNHC has built on member strengths and relational networks to quickly establish a new organization that serves First Nations children throughout Alberta.

- **Developed and implemented a service coordination model.** With minimal guidance, the FNHC established a service coordination model that has evolved in response to community and family needs and to changing federal policies.

- **Quickly expanded the number and geographic distribution of front line staff.** The FNHC's frontline staff has grown from six people located in three offices in September of 2017 to 18 people in 11 offices, spread across Alberta, by March of 2019.

- **Spread awareness of the FNHC's service coordination initiative.** FNHC staff have participated in 1,175 outreach activities. Through networking with service providers, presentations at conferences, and tabling at community events, they engaged over 28,000 service providers and community members across the province.

- **Supported individual needs in 1,162 cases and inquiries.** By April 2019, the FNHC responded to 423 requests for information or referral and helped families access needed services in 739 cases involving children from 39 First Nations in Alberta.

- **Supported First Nations and organizations serving First Nations to access funding for new services.** In addition to facilitating individual Jordan's Principle requests, the FNHC has supported the development of diverse group requests for Jordan's Principle funding to address the needs of groups of First Nations children.

- **Built strong working relationships with government focal points charged with the administration of Jordan's Principle funds.** Shifting national policies, administrative restrictions, focal point staffing shortages, and communications challenges have continued to delay the approval and release of Jordan's Principle funding. The FNHC has prioritized the development of strong working relationships with focal points so that they can collaboratively address these delays by sharing responsibilities and working together to revise policies and practices.

- **Developed relationships with provincial policy makers.** In November 2018, the FNHC, the Alberta government, and the federal government signed a tripartite agreement to work together to improve access to services for First Nations children. Work to build on this agreement is ongoing.

- **Developed relationships with national level Jordan's Principle policy leaders.** The FNHC's leadership participates in the national Jordan's Principle Action Table, which is mandated to explore long-term policy options for the implementation of Jordan's Principle

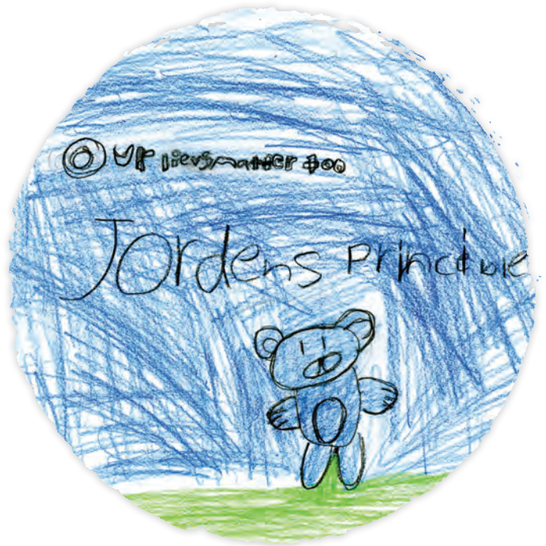
4. Looking to the Future

In the spring of 2019 the federal government extended the FNHC's funding for 1 year, with the potential to renew for an additional 2 years. The organization will continue to deliver service coordination through the ESC model, but the scope of and approach to this work will undoubtedly continue to evolve in order to better serve First Nations children and to address unresolved tensions in the current implementation of the ESC model and of Jordan's Principle in Alberta.

The research presented in this report and our ongoing collaboration with the FNHC suggest several key questions will be critical to determining the future directions for the FNHC. Answers to these questions may also ultimately determine the success of the FNHC's efforts to ensure equitable services for First Nations children in Alberta.

- **How will the ESC model and the roles and responsibilities of front-line FNHC staff evolve over time?** The FNHC's caseloads, as well as the scope of the services offered, has expanded over time. Though the size of the FNHC staff has also grown, work burden remains high and revision of roles/responsibilities may be necessary in order to ensure the sustainable implementation of the ESC model.

- **How will the ongoing pattern of delays in government response to Jordan's Principle requests be addressed?** FNHC staff report an ongoing pattern of delays in the federal government's assessment of and response to Jordan's Principle requests. These delays result from the unclear, inconsistent, and burdensome federal expectations regarding the information that must be provided in order for a Jordan's Principle request to be submitted. The delays are also a result of federal failure to provide sufficient infrastructure to support Jordan's Principle processes. The FNHC has made concerted efforts to support regional



Katie Duck Chief - 2A - Chief Old Sun School

Executive Summary: First Nations Health Consortium

focal points in ameliorating this situation, but delays persist and the solution to these delays remains to be found.

- **How will close collaboration between FNHC staff and federal government focal points impact the FNHC's relationship with First Nations families and communities?** The FNHC has developed strong working relationships with government focal points and, as a result, is uniquely positioned to advocate for families advancing Jordan's Principle requests. However, this relationship also puts the FNHC in a tenuous position of working with the federal government to try to address service gaps and redress historical disadvantages that have been caused by the federal government's own policies and actions. The full impact of this alliance on the FNHC's relationship with First Nations families and communities is not yet known.

- **How will existing federal and provincial policies be reformed in order to more systematically and proactively ensure equitable services for First Nations children?** The individualized, case-by-case approach that is at the heart of Jordan's Principle places a heavy burden on First Nations families and communities. In order to secure needed services for First Nations children, families and communities must identify unmet needs and undertake the process of requesting Jordan's Principle funding. Systemic reforms that expand the services routinely available to all First Nations children are needed in order to alleviate this burden. The funding of services to address the needs of groups of children though Jordan's Principle group requests and the signing of a tripartite Jordan's Principle Memorandum of Understanding (MOU), between the FNHC and the Alberta and federal governments, are promising steps towards systemic reform. However, the realization of equitable services for First Nations children will depend on future actions to extend and formalize systemic reforms.

- **How will services be adapted to ensure that they actually address the needs of First Nations children?** Meeting the needs of First Nations children requires more than just access to services. Ultimately, the goal must be to provide high quality, culturally appropriate services that address children's needs within their home, family, and community contexts.

As the FNHC moves into the next stage of its work and development, we look forward to seeing the organization consider and address these important questions in order to advance the rights and best interests of First Nations children.

Endnotes

1 For more information, visit http://www.abfnhc.com/

2 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

Chapter 1

The First Nations Health Consortium in a Colonial Context: Towards the Implementation of Jordan's Principle

Shalawna
Chief Old Sun School

Jordan's Principle was designed to address persistent inequities in the public services available to First Nations children.[1] These inequities arose from a colonial policy framework in which the structure of services for First Nations children living on reserve differed, and continues to differ, from that for other children. Current inequities in services compound deep disparities in health, social, and educational outcomes for First Nations children that result from historical policies and processes.

A series of rulings and orders issued by the Canadian Human Rights Tribunal (CHRT) between 2016 and 2019 have dramatically shifted the interpretation of Jordan's Principle.[2, 3, 4, 5, 6] The CHRT has expanded the goals of Jordan's Principle, mandated its full and immediate implementation by the federal government, specified eligibility criteria, and set timelines for response in Jordan's Principle cases. In response, the federal government committed 3 years of funding to pay for services approved under Jordan's Principle and to support Enhanced Service Coordination (ESC) initiatives that were intended to help maximize access to health, social, and educational services while reducing service delays for First Nations children.[7] This funding has recently been renewed for another 3 years.[8]

In this chapter we examine the evolution of Jordan's Principle within a colonial context.

- Section 1 examines the impact of historical and current discriminatory policies on First Nations people in Alberta.
- Section 2 details the fragmented service delivery framework that currently exists for First Nations children.
- Section 3 traces the evolution of Jordan's Principle, from the federal government's narrow definition of Jordan's Principle cases to a much broader definition as mandated by the CHRT.
- Section 4 describes the federal government's short-term response to implementing Jordan's Principle.
- Section 5 explores the limitations of an individualistic approach to Jordan's Principle requests and discusses current proposals for long-term systemic policy changes.

1. First Nations in the Alberta Region: Colonialism Past and Present

The FNHC's work takes place in the context of historical and ongoing colonial processes. These processes shape relationships and interactions between First Nations peoples and the Canadian government, including the delivery of health, social, and education services to First Nations children.

Prior to colonization, the region now known as Alberta was inhabited by diverse First Nations peoples including the Siksika, Piikani, Kainai, Dakota, Stoney Nakoda, Cree, Assiniboine, and Tsuut'ina. They possessed unique hunting practices, forms of social organization, cultural practices, and spiritual belief systems. Spoken languages included Algonquin, Cree, and Siouan, among others.[9, 10] The arrival of colonial settlers and colonial companies such as the Hudson's Bay Company and the North West Company depleted the region's buffalo and beaver populations, caused widespread famine and disease, and inflamed intertribal conflicts

throughout the late 1700s and 1800s.[11] In the late 1800s, First Nations leaders signed Treaties 6, 7, and 8 with the Dominion of Canada in order to adapt to the changing conditions imposed by colonization.[12] Though many First Nations Elders argue that they only agreed to share the land,[13] Canada used the treaties as a tool to force First Nations peoples onto reserves in exchange for agricultural equipment, annual payments, education, and health services, amongst other conditions.[14]

The Indian Act of 1876 laid a formal foundation for the Government of Canada's systematic efforts to assimilate First Nations, Métis, and Inuit peoples into the settler population. The Indian Act established criteria for eligibility, acquisition, and transmission of Indian status, the mechanism used by the federal government to define the First Nations population directly under its jurisdiction. It also formalized federal government claims to control over community governance, finances, agriculture, trade, Indigenous identity, property rights, mobility, guardianship of children, and cultural and ceremonial practices.[15, 16, 17] Over time, amendments to the Indian Act also imposed provincial laws onto reserve communities.[18, 19] These amendments, and other policies implemented in the 20th century, dispossessed Indigenous peoples of their lands, decimated traditional economies, restricted expression of Indigenous identity, forced children into residential schools and out-of-home care, and increased individual, family, and collective trauma.[20, 21]

Under section 70 of the 1876 Indian Act, First Nations peoples across the territory that would become Alberta were restricted from residing on lands claimed by the Crown and offered to settlers, regardless of Treaty agreements.[22] The allotments offered to First Nations families on reserve were significantly smaller and more resource poor than those offered to settlers.[23] The 1909 Alberta Election Act excluded persons believed to belong to Indian bands from voting until it was amended in 1965.[24]

In Alberta, 25 residential schools operated between 1862 and 1975.[25] Survivors of these schools have recounted experiences of principals, teachers, and other school administrators punishing students for speaking their languages or for participating in traditional cultural activities, such as attending Sun Dances, in their summers off from school.[26] Accounts from survivors also indicate that children faced neglect and physical abuse (such as beating and shackling students who attempted to runaway together), as well as sexual abuse.[27] As the residential school system ceased to operate in Alberta, the government's assimilationist objectives continued within the child welfare system: by 1979, 51% of all children in the province in temporary out-of-home care and 44% of children in permanent out-of-home care were Indigenous children.[28]

The pattern of family separation that began with residential schools continues to be realized in the foster care system today. In 2016, 5.7% of the Alberta child population were First Nations children, but 59.1% of children in foster care were First Nations, and First Nations children were 32 times more likely to be in foster care than non-Aboriginal children.[29, 30] The overrepresentation of First Nations children in foster care is associated with social and economic factors linked to historical policies. In 2016, more than 55% of on-reserve Indigenous children in Alberta lived in poverty, and status First Nations children experienced a higher poverty rate than children in other Indigenous groups.[31] In addition, 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 over half lived in housing requiring major repairs.[32] In comparison to others in the province, First Nations people living in Alberta have lower rates of educational attainment and lower income levels; they also experience higher rates of dropping out of high school and unemployment.[33] Relative to other populations in Canada, First Nations people

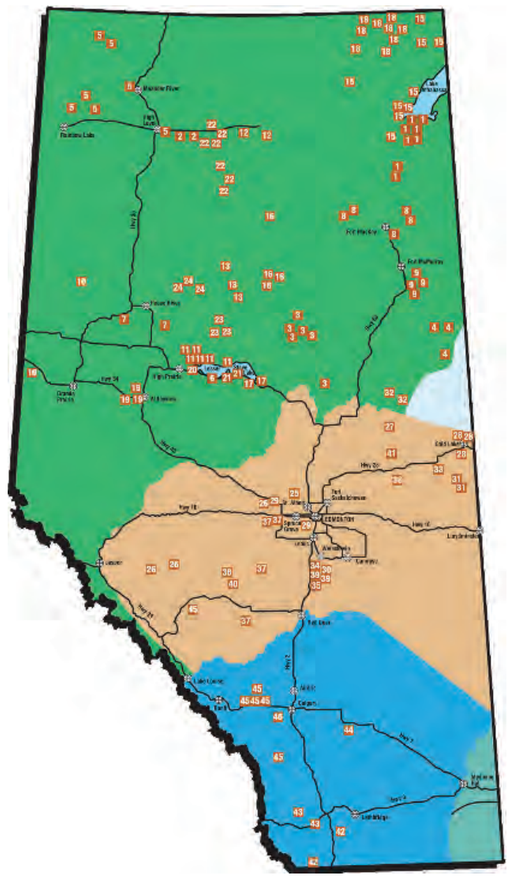
in Alberta also have a lower life expectancy, higher infant mortality, and higher rates of diabetes and suicide.[34] These conditions are the result of historical colonial and systemic discrimination that has involved and continues to involve unsustainable resource depletion, denial of traditional economic practices, disenfranchisement, forced relocation, family separation, and chronic federal refusal to meet Treaty obligations.[35, 36, 37, 38]

First Nations people have actively resisted these policies of cultural genocide. Throughout the treaty formation process, First Nations Chiefs in the Alberta region, including Chiefs Peyasiw-awasis (Thunderchild) and Mistahimaskwa, resisted discriminatory policies and strongly advocated for Treaty rights even under the federal government's threat of imprisonment.[39] First Nations organizations and communities opposed the residential school system. For example, the League of Indians of Canada called for the closure of the residential schools as early as 1932. Within Alberta, many examples of resistance have been documented, including families refusing to send their children, community members advocating for better conditions within the schools, and bands using resources to build on-reserve schools, which allowed children to remain with their families and maintain connections to their language and culture.[40]

First Nations people in Alberta continued to advocate for their rights in the second half of the 20th century. In 1970, over 1,000 parents of children at the Blue Quills School in Alberta occupied the school and successfully demanded that its operation be turned over to a First Nation education authority.[41] In 1970 the Indian Association of Alberta published the Red Paper denouncing the federal government's White Paper proposal, which proposed complete legal assimilation of First Nations peoples.[42, 43] The Red Paper united a large number of Indigenous peoples across Canada. The same year, the federal government withdrew the White Paper proposal under intense pressure.

First Nations people in Alberta continue to resist colonial policies today through Treaty organizations that advocate for the realization of Treaty rights and self-determination, and through a broad range of advocacy and community development efforts at the First Nation, regional, and national levels.[44, 45]

Alberta First Nations and Treaty areas[157] **Map 1**



2. Discrimination in the Provision of Public Services for First Nations Children in Alberta

Today there are 46 First Nations communities in the province of Alberta, spread across 140 reserve communities.[46] These First Nations exist within three Treaty areas that extend into neighbouring British Columbia, Saskatchewan, and the Northwest Territories.[47] These Treaty areas are shown in Map 1. There are 24 First Nations in Treaty 8 territory within Alberta (shown in light blue), 17 in Treaty 6 territory (shown in brown), and 5 in Treaty 7 territory (shown in green).[48] As of 2016, there were 136,585 First Nation peoples living in the province of Alberta, including 56,565 children aged 0–19 years.[49] Approximately 82% of Alberta First Nations were Status Indians and approximately 44% of those with registered Indian status lived on reserve.[50] The majority of First Nations people living off reserve reside in Edmonton or Calgary.[51]

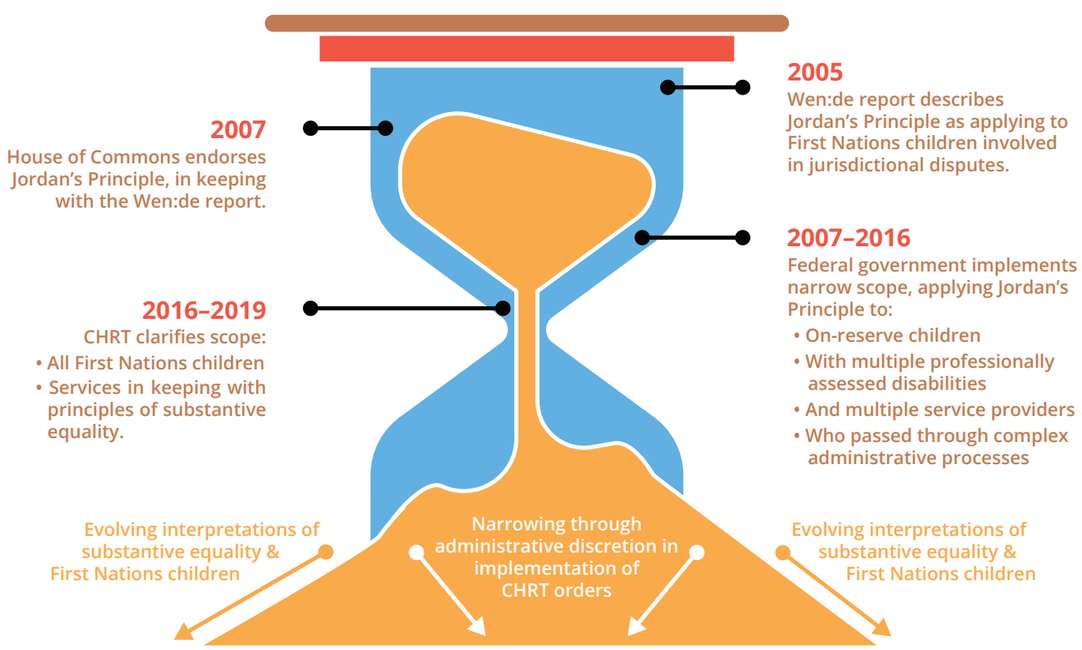
Colonial power dynamics formalized through legislation continue to shape the relationship between the Government of Canada and First Nations peoples in Alberta. Combined, the Indian Act of 1876 and the Constitution Act of 1867 gave the federal government responsibility for the provision of health, education, and social services on reserve, while provinces retained responsibility for services provided off reserve.[52, 53, 54] The Medicine Chest clause, which is included in several of the numbered treaties, also reinforced federal responsibility on reserve. This clause has been interpreted by some Canadian courts as a federal obligation to ensure that First Nations peoples are "provided with all the medicines, drugs or medical supplies which they might need entirely free of charge."[55, 56] Despite this interpretation, historically entrenched approaches to the funding of public services have resulted in First Nations children experiencing inequities in health, social, and educational supports and services in comparison with other Canadian children. Numerous reports and legal decisions have noted the federal government's failures to provide adequate funding for health and social services for First Nations children living on reserve. They have also noted the failures to reform federal and provincial policies in order to eliminate racial discrimination, honour Treaty obligations, and fulfill Crown responsibilities to Indigenous populations across Canada.[57, 58, 59, 60, 61, 62, 63]

While the federal government has primary responsibility for on-reserve services, the province of Alberta funds some health and social programming on reserves. First Nations in Alberta also influence service provision through the management of services within their communities, as well as through the Assembly of Treaty Chiefs (AoTC), the region's political leadership body, and Health Co-Management (HCoM), which facilitates co-management of on-reserve health system funding by First Nations and the federal government.[64] Research on health, social, and education services in the province has demonstrated that this fragmented system results in inequities for First Nations people. This fragmentation causes First Nations children to experience denials, delays, and disruptions of needed services in violation of their Treaty, constitutional, and human rights. Specifically, 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.[65] Compared to Alberta's general population, First Nations peoples also experience more barriers to accessing appropriate health, education, and social services due to inadequate funding, obstacles related to the remote geographic location of some First Nations, lack of insurance coverage, lack of culturally competent care, racism, and poverty.[66, 67, 68, 69] The lack of funding and access to necessary services in many First Nations communities often leads First Nations children and families to seek access to provincial public services off reserve in order to receive adequate care.[70, 71]

3. The Long Struggle to Realize Jordan's Principle in Canada

Jordan's Principle is a child-first principle designed to ensure that First Nations children receive needed services without denial, delay, or disruption. The principle is named in honour of Jordan River Anderson, a First Nations boy from Norway House Cree Nation who was born with a rare neuromuscular disease (see Executive Summary, Info box 1). It aims to protect First Nations children's rights in a context shaped by colonial policies and processes.[72] Jordan's Principle 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.[73] Since its inception in 2005, Jordan's Principle has been championed by the First Nations Child and Family Caring Society (the Caring Society). In 2007 the House of Commons unanimously endorsed a resolution that the Canadian government support the principle's full scope.[74] Despite receiving strong support from First Nations, Canadian, and international bodies, Jordan's Principle has never been fully implemented.[75, 76, 77, 78] Figure 4 represents a timeline of recent events in the long struggle to realize Jordan's Principle, and Figure 3 depicts the changes in Jordan's Principle eligibility over the decade and a half since the Principle was first proposed.

Changes in Jordan's Principle eligibility (2005 – 2019) **Figure 3**



Chapter 1: First Nations Health Consortium

Jordan's Principle Timeline (2016 – 2019)

Figure 4

Legend

Red = Canadian Human Rights Tribunal orders

Blue = Federal/regional developments in Jordan's Principle implementation

January 26, 2016
CHRT Ruling

CHRT orders Canada to cease discriminating against First Nations children through inequitable and insufficient funding of child welfare services, and to cease applying a narrow definition of Jordan's Principle.

April 26, 2016
CHRT Compliance Order #1

CHRT orders Canada to take immediate measures to address the findings of the previous decision, including considering Jordan's Principle to include all jurisdictional disputes and all First Nations children.

July 6, 2016
Federal Funding Announcement

Canada's first compliance report includes commitment to $382 million in funding to broaden the scope of Jordan's Principle, and deliver service coordination services for First Nations families.

September 14, 2016
CHRT Compliance Order #2

Canada ordered to fund First Nations Child and Family Service Agencies based on actual service needs rather than estimates, and to immediately apply Jordan's Principle to all First Nations children, not only those living on reserve and with multiple disabilities.

November 1, 2016
House of Commons Motion to comply with CHRT

Federal MP Charlie Angus calls on government to comply with CHRT rulings and motion passes unanimously, across party lines.

December 7, 2016
FNHC submits proposal

First Nations Health Consortium submits proposal to deliver service coordination services in response to Alberta Health Co-Management call for proposals released on November 21.

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 in the absence of a jurisdictional dispute and to provide services beyond the normative standard of care where necessary to ensure substantive equity. Determinations must be made within 12-48 hours.

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 24-48 hours 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.

October 23, 2017
Launch of FNHC service coordination

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

November 2, 2017
CHRT Compliance Order #4

Ruling amended with agreement from all parties to clarify clinical case conferencing permitted while administrative conferencing cannot delay service delivery. Timeline amended to 12 hours for urgent requests, 48 hours for non-urgent requests and urgent group requests, and 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

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 #5

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.

January 7, 2019
CHRT Compliance Order #6

CHRT orders Canada to compensate the First Nations Child and Family Caring Society, the Assembly of First Nations, and the Chiefs of Ontario resultant from Canada's failure to disclose 90, 000 documents relevant the Tribunals July 3 2013 decision.

February 21, 2019
CHRT Compliance Order #7

CHRT orders Canada to provide Jordan's Principle funding to First Nations children who live off reserve, do not have Indian Act status, and are recognized by their Nation as members. The CHRT is in the midst of hearings to determine the definition of a First Nations child for the purposes of Jordan's Principle eligibility.

March 19, 2019
Federal Budget Released

Federal budget proposes $1.2 billion of funding for the next 3 years. No details are provided surrounding the allocation of funds.

Government Inaction and Failed Commitments (2016 – 2019)

Jordan's Principle was originally intended to ensure that all First Nations children have equitable access to needed services without delay.[79, 80] However, between 2007 and 2016, the federal government applied a much more narrow interpretation: a child had to be professionally assessed as having multiple disabilities, require services from multiple providers, and be ordinarily resident on reserve in order to benefit from Jordan's Principle.[81] Additionally, the services requested had to be comparable to existing provincial services in a "similar geographic" location.[82] A case that met these strict criteria had to pass through a lengthy, eight-step case conferencing process in order to be recognized by the government as a Jordan's Principle case.[83]

Some cases were resolved without ever being identified as Jordan's Principle cases. In other instances, the narrow application of Jordan's Principle led to denials of service alongside lengthy legal and bureaucratic proceedings.[84] In an unknown number of cases, the needs of First Nations children went unrecognized—and thus were never met. The impact of the restrictive definition of Jordan's Principle was clear when the federal government asserted in 2010, 2012, and 2015 that it knew of no Jordan's Principle cases in Canada.[85, 86, 87] According to a federal official's testimony before the Canadian Human Rights Tribunal in 2012, no child in Canada had ever accessed a federal fund that was available between 2008 and 2012 to resolve jurisdictional disputes in Jordan's Principle cases.[88]

Details of the implementation of Jordan's Principle in Alberta during this period are extremely limited. The Canadian Paediatric Society's (CPS) 2016 review of Jordan's Principle implementation across jurisdictions describes the Alberta government as having "expressed support for" Jordan's Principle. However, the authors noted that they could not find documentation of any agreements regarding implementation of Jordan's Principle in Alberta and could not identify any Jordan's Principle practices or policies that had been put in place in the province.[89] In two earlier reviews, published in 2009 and 2011, the CPS rated the implementation of Jordan's Principle in Alberta as "poor." [90, 91]

Transformation Despite Government Resistance: The Canadian Human Rights Tribunal's Decisions, 2016 – 2019

The Canadian Human Rights Tribunal's (CHRT) response to a human rights complaint filed by the First Nations Child and Family Caring Society (Caring Society) and the Assembly of First Nations (AFN) in 2007 has driven recent reforms to the restrictive federal interpretation of Jordan's Principle. The complaint alleged that the underfunding and poor administration of child welfare services in First Nations constituted systemic discrimination against First Nations children "because of their race and national ethnic origin."[92] One component of the complaint identified the failure to implement Jordan's Principle as a factor perpetuating discrimination against First Nations children in child welfare.[93]

In 2016, the CHRT ruled that Canada discriminated against First Nations children through its funding and administration of child welfare services. The CHRT ordered Canada to immediately adopt the full scope of Jordan's Principle.[94] Between April of 2016 and February of 2019, the CHRT issued seven additional orders responding to Canada's continued failure to comply with the Tribunal's orders (see Figure 4). The first ruling reinforced the original vision of Jordan's Principle, stating:

> 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.[95]

Subsequent non-compliance orders enforced the broad application and eligibility criteria originally envisioned for Jordan's Principle. They also specified timelines for the government's response to Jordan's Principle requests. These rulings indicated that:

- Jordan's Principle applies to all First Nations children, regardless of ability, disability, or their place of residence within or outside of First Nation reserve communities.[96, 97]
- Jordan's Principle addresses the needs of First Nations children by ensuring there are no gaps in the government services provided to them.[98, 99]
- Jordan's Principle applies to a broad range of health, social, and education services; it can address, but is not limited to "mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy."[100, 101]
- The government must respond to a Jordan's Principle request within specific time limits: within 48 hours of an initial request for services for an individual child and within 12 hours for urgent requests.[102] 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"[103] and the government is required to respond within 12-48 hours of receiving all necessary clinical information.[104] Responses to group requests, which address service gaps impacting a large number of children, are required within 48 hours for urgent cases and 1 week for non-urgent cases.[105]

Recent interim orders from the CHRT also require the federal government to approve emergency cases for children living off reserve without status, including children who are ineligible for First Nations status.[106]

In response to the CHRT decisions, the federal government has expanded Jordan's Principle eligibility to include all First Nations children living on or off reserve, regardless of ability or disability. [107, 108] In the fall of 2018 eligibility for Jordan's Principle was extended to Inuit children.[109] Métis children have yet to be included. Despite these significant expansions and the clarification provided through CHRT orders, stringent eligibility criteria continue to prevent children from accessing services through Jordan's Principle.

Skylynn - 4A - Chief Old Sun School

Chapter 1: First Nations Health Consortium

For example, the federal government has yet to produce policy guidelines clarifying the scope of eligible First Nations children.[110] As demonstrated by the case of Baby S. J. (see Info box 2), existing policies regarding First Nations status can limit access to services funded through Jordan's Principle. Furthermore, variation in the legal age of majority defined by provincial governments presents barriers for First Nations families: a child deemed eligible for Jordan's Principle in one province may be considered an adult, and thus excluded from Jordan's Principle eligibility in another province. This can cause problems when families need to move provinces to access specialized health, social, or education services or supports.[111, 112]

Substantive Equality: Setting the Stage for the Future

The CHRT rulings also linked Jordan's Principle to a standard of substantive equality,[113, 114] a legal term which refers to a standard of equality that requires provision of additional services to some groups who experience unique disadvantages so that they may achieve equivalent outcomes.[115] The CHRT recognized that First Nations peoples have suffered a "legacy of stereotyping and prejudice" "through colonialism, displacement and residential schools," which has contributed to inter-generational trauma.[116, 117] To address historical injustices and ensure that First Nations children are able to achieve outcomes that are similar to non-First Nations

Baby S. J. and the impact of colonial legislation on the interpretation of Jordan's Principle — Info box 2

Due to a rare medical condition, Baby S. J. required a scan to determine the level of necessary medical intervention for her care. This scan was only available in Edmonton and would present significant cost to the family who resided in Toronto. The family submitted a request for coverage of their travel costs through the federal government's Non-Insured Health Benefit (NIHB) program for First Nations people, and began working with an NIHB Navigator on November 9, 2018. The NIHB Navigator was advised by the Southern Ontario Program Officer for Medical Transportation that the family's request for support had been submitted as a Jordan's Principle request on November 9, 2018. The family's Jordan's Principle request was denied on November 20, 2018 because Baby S. J. was deemed ineligible for Indian status. In order to be eligible for Indian Act status registration, a child must either have two parents who are registered/eligible for registration. If the child has one ineligible parent, they must have one registered/eligible parent who themselves had two registered/eligible parents. Because baby S. J.'s father and maternal grandfather were not registered under the Indian Act, Baby S. J. was unable to inherit status from her mother.[1] The federal government specified that Baby S. J. was ineligible for Indian Act status through her mother, did not live on reserve, and as such was ineligible for a Jordan's Principle request within the federal government's current interpretation of Jordan's Principle eligibility.[2, 3] In November 2018 a federal service provider alerted the Caring Society to the case of Baby S. J. and the Caring Society funded the family's expenses.[4] The number of families and children who have experienced Jordan's Principle request denials on the basis of First Nations status ineligibility remains unknown.

1 Government of Canada. (2019). Background on Indian registration. Retrieved from: https://www.aadnc-aandc.gc.ca/eng/1540405608208/1540405629669
2 First Nations Child and Family Caring Society of Canada et al. (Affidavit of Cindy Blackstock): T1340/7008 https://fncaringsociety.com/sites/default/files/affidavit_of_cindy_blackstock_december_2018.pdf
3 Canadian Human Rights Tribunal, File No. T-1340/7008 https://fncaringsociety.com/sites/default/files/FNCFCSParticulars_1_0.pdf
4 Canadian Human Rights tribunal (2019). Affidavit of Cindy Blackstock, Retrieved from: https://fncaringsociety.com/sites/default/files/affidavit_of_cindy_blackstock_december_2018.pdf

Questions for assessing substantive equality — Info box 3

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:
   a. the risk of children being placed in care; and
   b. 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?

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.htm

children, the Government of Canada must, in some circumstances, provide First Nations children with services that extend beyond those provided to non-First Nations children.[118] Thus, linking Jordan's Principle to a standard of substantive equality extends the principle's application far beyond those cases in which a First Nations child is denied a government service available to all other children and where a jurisdictional dispute exists.[119, 120] As discussed in detail in the next section of this chapter, the inclusion of substantive equality requires the federal government to formally expand the goals of Jordan's Principle so as to ensure that "First Nations children can access the products, services and supports they need, when they need them."[121]

Achieving substantive equality in Alberta requires recognition of the ongoing discriminatory attitudes and policies that compound the unique disadvantages First Nations children experience because of colonial policies designed to displace and dispossess Indigenous peoples from their traditional territories, suppress Indigenous languages and culture, and force the assimilation of Indigenous peoples into settler colonial society.[122, 123] Because of the historical disadvantages imposed on First Nations people, First Nations children in Alberta will, in many cases, require greater supports and services to attain the level of wellbeing enjoyed by non-First Nations children.

Despite the CHRT's linking of Jordan's Principle to a standard of substantive equality in 2016, the federal government required Jordan's Principle applicants to prove that the services they requested were equal to those available to non-First Nations children under provincial funding.[124] Finally, in April of 2018 the federal government announced that it would consider unique needs stemming from historical disadvantage, and whether denial of funding would perpetuate such disadvantage, when assessing Jordan's Principle cases. The federal government released a list of nine questions to guide government employees' assessment of substantive equality when making decisions about services requested under Jordan's Principle (see Info box 3).[125]

As evident from the questions (listed in Info box 3), an accurate articulation of historical disadvantage requires both knowledge of historical events and an ability to connect complex processes of discrimination and trauma to a child's individual experience. Though it is the federal government's responsibility to assess eligibility for Jordan's Principle funding, the government has shifted this responsibility onto First Nations families by requiring them to answer the nine questions in their applications.[126] This effort is time consuming and may be traumatizing for some families. Moreover, the process itself violates the principle of substantive equality, because First Nations people must spend additional time and resources advocating for the government to address heightened needs created by the government's discriminatory treatment.[127] The federal government has a legal obligation to ensure First Nations peoples face fewer barriers to accessing services; this obligation cannot be met through processes that impose additional burden on First Nations families.

Danina - 4A - Chief Old Sun School

4. The Short-Term Response to Implement Jordan's Principle: Context for the Development of the FNHC in Alberta

In July of 2016, the federal government announced the creation of the Jordan's Principle Child-First Initiative (CFI), a $382.5 million budgetary allocation lasting from 2016 to 2019 and recently renewed for the 2019–2020 fiscal year.[128, 129] The CFI established the Service Access Resolution Fund (SARF) to pay for services for individual children whose requests were approved under Jordan's Principle.[130] In addition, federal SARF funds have been used to fund group requests, which address service gaps affecting large numbers of children.[131] The federal government reports that between July 2016 and February 2019, more than 216,000 requests for federal CFI funding were approved. These included requests to cover the costs of a broad range of services, including "respite care, speech therapy, schooling supports, medical equipment, mental health services and more."[132] The CFI also included federal funding for an "Enhanced Service Coordination model of care" (ESC model),[133] under which organizations in each province and territory would be funded to help families navigate existing federal and provincial services.[134, 135]

The FNHC emerged in response to a request for ESC proposals issued in Alberta in November of 2016 under the CFI. The leaders of health service organizations from Bigstone, Kee Tas Kee Now, Maskwacis and Siksika proposed to develop a new organization that would provide Enhanced Service Coordination for all First Nations children in Alberta.[136, 137] As a result, 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 federal government, limits on the FNHC's control over funding and decision-making in Jordan's Principle cases, shifting mandates linked to evolution in the interpretation of Jordan's Principle, and overlapping national initiatives. These challenges have continued to impact the FNHC's development over the first 3 years of its operations and will be further addressed in Chapter 2.

5. A Sustainable Approach to Jordan's Principle: Envisioning a Commitment for the Long Term

The 2019 federal budget included an allocation to renew the national CFI for 3 years,[138] and regional CFI organizations such as the FNHC have received confirmation that their funding will be renewed for the 2019–2020 fiscal year.[139] Long-term plans for implementation of Jordan's Principle remain unclear. The current federal government has allocated "$1.2 billion over three years"[140] for Jordan's Principle nationally. However, projections that take into account the tripling of Jordan's Principle requests during the 2017–2018 year, estimate $840.5 million will be required to adequately fund nationwide

Mathew - 4A - Chief Old Sun School

Jordan's Principle requests in 2019–2020. If estimated demand continues, funding needs may exceed the current budgetary allocation by $1.3 billion over 3 years.[141]

The federal government has described their plans for the long-term implementation of Jordan's Principle as a "phased approach." [142] The first, transitional phase involves continued funding of Enhanced Service Coordination, First Nations service delivery, and innovation in service delivery. It also involves seeking a mandate and funding from Cabinet for consultation with First Nations. The goal of the second phase has been described as the "implementation of a First Nation vision for Jordan's Principle based on the results of First Nations-led dialogue sessions, including funding needed to fill persistent gaps in service."[143]

The national Jordan's Principle Action Table, which is chaired by the AFN and includes First Nations representatives from across Canada,[144] was founded in June of 2017 to look at "policy options for the long-term implementation of Jordan's Principle." It has already put forward several recommendations[145] including: shifting from an individual proposal-based system to community-based funding that adequately meets the needs of the community, moving from intervention to prevention-focused service delivery, expanding Non-Insured Health Benefits (NIHB), investing in capacity development, and investing in the infrastructure required to ensure long-term implementation of First Nations designed and controlled Jordan's Principle initiatives.[146] The Jordan's Principle Summit, sponsored by the AFN in 2018, brought together First Nations leaders and community members, First Nations service coordinators, Health Directors, technicians, service providers, and innovators.[147] Presentations at the summit highlighted potential future working directions, including First Nations control over funding, increased capital investment, the development of a single Jordan's Principle authority to streamline administration processes while minimizing institutional silos, a shift towards prevention alongside continued supports for intervention, and increased collaboration between First Nations, provinces, territories, and the federal government.[148]

In order to improve the health and wellbeing of First Nations children in keeping with a standard of substantive equality, the structure and delivery of social and health services needs to be inclusive of, and responsive to, the complex ways in which their communities and families' everyday lives are impacted by social and structural inequities. In other words, addressing inequities in services for First Nations children requires an understanding of the systemic ways in which the processes of resource allocation and service provision must change in order to be effective. The extent to which the federal government will pursue these needed changes is unknown at the time of writing. The Canadian Human Rights Commission (CHRC) has recommended that if Canada's implementation of Jordan's Principle is found to be unsatisfactory, the CHRT retain jurisdiction and file orders as needed to address continued discrimination.[149]

Kyler Sitting Eagle - 2A - Chief Old Sun School

Thus, the CHRT continues to monitor government efforts to comply with its rulings, and is currently hearing arguments to clarify the definition of "First Nations child" for Jordan's Principle eligibility.[150] The nature of the federal government's response will also be shaped by a complex national context which includes four additional technical tables developed to provide "key recommendations for the medium and long-term relief related to" the CHRT rulings,[151] the Caring Society's Spirit Bear Plan, new federal child welfare legislation, and the impending federal election.[152]

For the FNHC and First Nations in Alberta, the future of Jordan's Principle will also be partially determined by the provincial context, which is also in evolution. In 2008 the Alberta government "expressed support for Jordan's Principle" with no corresponding actions or provincial directives.[153] In November of 2018, a Memorandum of Understanding (MOU) was signed by the federal government, the government of Alberta, and the First Nations Health Consortium.[154]

The MOU adopted the definition of Jordan's Principle from the CHRT's original ruling and outlined the signatories' shared objective to facilitate access to government services and supports for First Nations children living on or off reserve.[155] It established a foundation for provincial, federal, and First Nations collaboration to implement Jordan's Principle within the province of Alberta. Alberta is the first province to finalize a MOU with the federal government and First Nations partners, and this work may present a positive model for other First Nations, provinces, and territories seeking to advance the implementation of Jordan's Principle. A working group involving members of the FNHC and the province has since been created to support the implementation of policies based on this MOU,[156] however in April 2019 Alberta elected a new United Conservative Party government led by Jason Kenney and it remains to be seen how the new government will take up this collaborative process.

Dreysen Turning Robe - 2A - Chief Old Sun School

Endnotes

1 First Nations Child and Family Caring Society of Canada. (2018). Jordan's Principle. Retrieved from https://fncaringsociety.com/jordans-principle
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.
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): 2016 CHRT 16.
4 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.
5 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.
6 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.
7 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
8 Government of Canada. (2019). Investing in the middle class: Budget 2019. Retrieved from https://www.budget.gc.ca/2019/docs/plan/toc-tdm-en.html
9 Basserm T. J. (2009). Plains Indigenous people in Canada. The Canadian Encyclopedia. Retrieved from https://www.thecanadianencyclopedia.ca/en/article/aboriginal-people-plains
10 Government of Alberta. (2013). Aboriginal peoples of Alberta: Yesterday, today, and tomorrow. Retrieved from http://indigenous.alberta.ca/documents/AboriginalPeoples.pdf
11 Daschuk, J. (2013). Clearing the plains: Disease, politics of starvation, and the loss of aboriginal life. Regina, SK: University of Regina Press.
12 Daschuk, J. (2013). Clearing the plains: Disease, politics of starvation, and the loss of aboriginal life. Regina, SK: University of Regina Press.
13 United Nations International Work Group for Indigenous Affairs. (1997). Honour bond: Onion Lake and the spirit of Treaty Six: The international validity of treaties with Indigenous Peoples, 1997. Retrieved from https://www.iwgia.org/images/publications/0143_Honour_bound.pdf.
14 Indigenous and Northern Affairs Canada. (1964). Treaty texts: Treaty No. 6. Retrieved from http://www.aadnc-aandc.gc.ca/eng/1100100028710/1100100028783
15 Indian and Northern Affairs Canada. (2010). A history of treaty making in Canada. Retrieved from https://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ/STAGING/texte-text/ap_htmc_treatliv_1314921040169_eng.pdf
16 Daschuk, J. (2013). Clearing the Plains: Disease, politics of starvation, and the loss of aboriginal life. Regina, SK: University of Regina Press.
17 Government of Canada. Indian Act. Retrieved from http://laws-lois.justice.gc.ca/eng/acts/i-5/FullText.htm
18 McNeil, K. (2000). Aboriginal title and Section 88 of the Indian Act. UBC Law Review, 34.1, 159–194.
19 Wilkins, K. (2000). "Still crazy after all these years"; Section 88 of the Indian Act at fifty. Alberta Law Review, 38(2), 458–503.
20 Truth and Reconciliation Commission. (2015). Honoring the truth, reconciling for the future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
21 Daschuk, J. (2013). Clearing the Plains: Disease, politics of starvation, and the loss of aboriginal life. Regina, SK: University of Regina Press.
22 Government of Canada. (1876). Indian Act. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100010252/1100100010254
23 Moss, W., & Gardner-O'Toole, E. (1991). Aboriginal people: history of discriminatory laws. Library of Parliament: Ottawa. Retrieved from <http://publications.gc.ca/Collection-R/LoPBdP/BP/bp175-e.htm#(40)txt>
24 Moss, W., & Gardner-O'Toole, E. (1991). Aboriginal people: history of discriminatory laws. Library of Parliament: Ottawa. Retrieved from <http://publications.gc.ca/Collection-R/LoPBdP/BP/bp175-e.htm#(40)txt>

25 Truth and Reconciliation Commission. (2015). Residential school locations. Retrieved from http://www.trc.ca/about-us/residential-school.html
26 Truth and Reconciliation Commission. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Retrieved from http://trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
27 Truth and Reconciliation Commission. (2015). Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Retrieved from http://trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
28 Johnston, P. (1983). Native children and the child welfare system. Toronto, ON: James Lorimer Limited, Publishers.
29 Health Canada. (2016). Health determinants for First Nations in Alberta 2016. Retrieved from http://publications.gc.ca/collections/collection_2016/sc-hc/H34-217-2016-eng.pdf
30 Statistics Canada. (2016a). 2016 Census of Population: Data tables. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&-FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=110515&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2017&THEME=122&VID=0&VNAMEE=&VNAMEF
31 Macdonald , D. & Wilson, D. (2016). Shameful neglect: Indigenous child poverty in Canada. Canadian Centre for Policy Alternatives. Retrieved from https://www.policyalternatives.ca/publications/reports/shameful-neglect
32 Health Canada. (2016). Health determinants for First Nations in Alberta 2016. Retrieved from http://publications.gc.ca/collections/collection_2016/sc-hc/H34-217-2016-eng.pdf
33 Health Canada. (2016). Health determinants for First Nations in Alberta 2016. Retrieved from http://publications.gc.ca/collections/collection_2016/sc-hc/H34-217-2016-eng.pdf
34 Health Canada. (2016). Health determinants for First Nations in Alberta 2016. Retrieved from http://publications.gc.ca/collections/collection_2016/sc-hc/H34-217-2016-eng.pdf
35 Daschuk, J. (2013). Clearing the Plains: Disease, politics of starvation, and the loss of aboriginal life. Regina, SK: University of Regina Press.
36 Government of Canada. (2019). Background on Indian registration. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1540405608208/1540405629669
37 Elections Canada. (2019). Mapping the legal consciousness of First Nations voters: Understanding voting rights mobilization. Retrieved from https://www.elections.ca/content.aspx?section=res&dir=rec/part/APRC/vot_rights&document=p4&lang=e
38 Truth and Reconciliation Commission. (2015). Honouring the truth, reconciling for the future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Retrieved from http://trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
39 Truth and Reconciliation Commission. (2015). Canada's residential schools: The history, Part 1 Origins to 1939. In The final report of the Truth and Reconciliation Commission of Canada, Vol. 1. Retrieved from http://www.myrobust.com/websites/trcinstitution/File/Reports/Volume_1_History_Part_1_English_Web.pdf.
40 Truth and Reconciliation Commission. (2015) Honoring the truth, reconciling for the future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
41 Truth and Reconciliation Commission. (2015). Honoring the truth, reconciling for the future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf
42 Indian Chiefs of Alberta. (1970). Foundational document, citizens plus: The Red Paper. Retrieved from http://ejournals.library.ualberta.ca/index.php/aps/article/view/11690
43 Government of Canada. (1969). Statement of the Government of Canada on Indian Policy 1969: The White Paper. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100010189/1100100010191
44 The Confederacy of Treaty Six First Nations. (n.d.). Welcome to Treaty 6 First Nations. Retrieved from http://www.treatysix.org
45 Treaty 8 First Nation of Alberta. (n.d.). Homepage. Retrieved from http://treaty8.ca

46 Government of Canada. (2014). Indigenous and Northern Affairs Canada: First Nations in Alberta. Retrieved from: https://www.aadnc-aandc.gc.ca/eng/1100100020670/1100100020675
47 Indigenous and Northern Affairs Canada. (2014). First Nations in Alberta. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100020670/1100100020675
48 Indigenous and Northern Affairs Canada. (2014). First Nations in Alberta. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100020670/1100100020675
49 Statistics Canada. (2018). Alberta [Province] (table). Aboriginal population profile. 2016 Census. In Statistics Canada Catalogue no. 98-510-X2016001. Ottawa, ON. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=E> (accessed June 5, 2019).
50 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&C1=All&GeoLevel=PR&GeoCode=48&SEX_ID=1&AGE_ID=1&RESGEO_ID=1
51 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
52 Government of Canada. Constitution Acts, 1867 to 1982: Distribution of legislative powers. Retrieved from http://laws-lois.justice.gc.ca/eng/Const/page-4.html
53 Lavoie, L. G., Toner, J., Bergeron, O., & Thomas, G. (2011). The Aboriginal health legislation and policy framework in Canada. Prince George, Canada: National Collaborating Centre for Aboriginal Health.
54 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
55 Wuskwi Sipihk Cree Nation v. Canada. (Minister of National Health and Welfare), 1999 CanLii 7454 (FC).
56 Dreaver et al. v. The King (1935, April 10). Exchequer Court of Canada.
57 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.
58 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
59 Vives, L., Sinha, V., Burnet, E., & Lach, L. (2017). Honouring Jordan's Principle: Obstacles to accessing equitable health and social services for First Nations children with special healthcare needs living in Pinaymootang, Manitoba. Retrieved from http://cwrp.ca/sites/default/files/publications/en/pinaymootang_honouring_jordans_principle_web_20170714.pdf
60 Blackstock, C., Prakash, T., Loxley, J., & Wien, F. (2005). WEN:DE: We are coming to the light of day. First Nations Child & Family Caring Society of Canada. Retrieved from https://fncaringsociety.com/sites/def ault/files/Wen.de%20We%20are%20Coming%20to%20the%20Light%20of%20Day.pdf
61 Truth and Reconciliation Commission of Canada. (2012). Calls to action. Retrieved from http://www.trc.ca/webs ites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
62 Royal Commission on Aboriginal Peoples. (1996). Volume 5. Renewal: A twenty-year commitment. Ottawa, ON: Canada Communications Group
63 UNICEF Canada. (2012). Invited response to concluding observations for the United Nations Committee on the elimination of racial discrimination: Canada's 19th and 20th reports on the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) (Brief submitted by UNICEF Canada to the Human Rights Program, Department of Canadian Heritage, Government of Canada). Toronto, ON: UNICEF Canada. Retrieved from http://www.unicef.ca/sites/default/files/imce_uploads/submission_by_unicef_canada_re_ce rd_concluding_observations_for_canada_aug_2012_final.pdf
64 HCoM. (2014). Health co-management retrospective. Retrieved from http://retrospective.hcom.ca

65 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
66 Nader, F., Kolahdooz, F., & Sharma, S. (2017). Assessing health care access and use among Indigenous peoples in Alberta: A systematic review. Journal of Health Care for the Poor and Underserved, 28(4), 1286–1303. doi:10.1353/hpu.2017.0114.
67 Health Canada. (2016). Health determinants for First Nations in Alberta 2016. Retrieved from http://publications.gc.ca/collections/collection_2016/sc-hc/H34-217-2016-eng.pdf
68 Memorandum of Understanding for First Nations Education in Alberta: Long Term Strategic Action Plan (2013, September 24). Retrieved from http://www.learnalberta.ca/content/aswt/aboriginal_and_treaty_rights/documents/mou_long_term.pdf
69 First Nations Child and Family Caring Society of Canada v. Attorney General of Canada (Representing the Minister of Indian Affairs and Northern Development Canada (2016 , January 26), 2016 CHRT 2, Retrieved from https://fncaringsociety.com/sites/default/files/2016%20CHRT%20Ruling%20on%20FN%20child%20welfare%20case.pdf
70 Lavoie, L. G., Forget, E. L., & Brown, A. J. (2010). Caught at the crossroad: First Nations, health care, and the legacy of the Indian Act. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 8(1), 83–100.
71 The Jordan's Principle Working Group. (2015). Without denial, delay, or disruption: Ensuring First Nations children's access to equitable services through Jordan's Principle. Ottawa, ON: Assembly of First Nations.
72 Blackstock, C., Prakash, T., Loxley, J., & Wien, F. (2005). WEN: DE: We are coming to the light of day. First Nations Child and Family Caring Society of Canada. Retrieved from https://fncaringsociety.com/sites/default/files/WendeReport_0.pdf
73 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.
74 Parliament of Canada (2007, December 5). 39th Parliament, 2nd Session (Number 031). Retrieved from http://www.parl.gc.ca/HousePublications/Publication.aspx?Doc=31&Language=E&Mode=1&Parl=39&Pub=Hansard&Ses=2
75 Assembly of First Nations. (2016). Resolution no. 62: Full and proper implementation of the historic Canadian Human Rights Tribunal decisions in the provision of child welfare services and Jordan's Principle. Retrieved from http://www.afn.ca/uploads/files/resolutions/2016_aga_res.pdf
76 Amnesty International. (2016, January 26). Landmark Human Rights Tribunal decision a victory for the First Nations children and for the Canadian human rights system [Statement]. Retrieved from https://www.amnesty.ca/news/landmark-human-rights-tribunal-decision-victory-first-nations-children-and-canadian-human
77 First Nations Child and Family Caring Society of Canada and Assembly of First Nations v. Attorney General of Canada: 2016 CHRT 2. Retrieved from https://fncaringsociety.com/sites/default/files/2016%20CHRT%20Ruling%20on%20FN%20child%20welfare%20case.pdf
78 Truth and Reconciliation Commission of Canada. (2012). Truth and Reconciliation Commission of Canada: Calls to action. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_E nglish2.pdf
79 Blackstock, C., Prakash, T., Loxley, J., & Wien, F. (2005). WEN: DE: We are coming to the light of day. First Nations Child and Family Caring Society of Canada. Retrieved from https://fncaringsociety.com/sites/default/files/WendeReport_0.pdf (PAGE 17)
80 Assembly of First Nations. (2016). Resolution no.62: Full and proper implementation of the historic Canadian Human Rights Tribunal decisions in the provision of child welfare services and Jordan's Principle. Retrieved from http://www.afn.ca/uploads/files/resolutions/2016_aga_res.pdf
81 Pictou Landing Band Council v. Canada (Attorney General), 2013 FC 342.
82 Pictou Landing Band Council v. Canada (Attorney General), 2013 FC 342, s84.
83 Blumenthal, A., & Sinha, V. (2015). No Jordan's Principle cases in Canada? A review of the administrative response to Jordan's Principle. The International Indigenous Policy Journal, 6(1). doi: 10.18584/iipj.2015.6.1.6

84 Pictou Landing Band Council v. Canada (Attorney General), 2013 FC 342.
85 Government of Canada. (2012, April 23). Question period note: Advice to the Minister - First Nations -Jordan's Principle - Funding. (Access to information document)
86 Indian and Northern Affairs Canada. (2010, October 8). Jordan's Principle: Key messages. Access to information document. Retrieved from http://www.fncaringsociety.com/sites/ default/files/docs/ A201003015_2011.pdf
87 Webber, B. (2015, February 10). Aboriginal children receive poorer health care, suffer delays. Canadian Press; Globe & Mail. Retrieved from http://www.theglobeandmail.com/news/national/aboriginal-children-receive-poorer-health-care-suffer-delays/article22905265
88 First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and North-ern Affairs Canada): 2016 CHRT 2.
89 Canadian Pediatric Society. (2016). Are we doing enough? A status report on Canadian public policy and child and youth health. Retrieved from https://www.cps.ca/uploads/advocacy/SR16_ENG.pdf
90 Canadian Pediatric Society. (2009). Are we doing enough? A status report on Canadian public policy and child and youth health. Retrieved from https://www.cps.ca/uploads/advocacy/StatusReport2009.pdf
91 Canadian Pediatric Society. (2012). Are we doing enough? A status report on Canadian public policy and child and youth health. Retrieved from https://www.cps.ca/uploads/advocacy/StatusReport2012.pdf
92 Assembly of First Nations & First Nations Caring Society. (2007, February 23). Human rights complaint to the Canadian Human Rights Commission. First Nations Caring Society. Retrieved from https://fncaringsociety.com/sites/default/files/Caring%20Society_AFN%20HR%20complaint%202007.pdf, (p.3)
93 Assembly of First Nations & First Nations Caring Society. (2007, February 23). Human rights complaint to the Canadian Human Rights Commission. First Nations Caring Society. Retrieved from https://fncaringsociety.com/sites/default/files/Caring%20Society_AFN%20HR%20complaint%202007.pdf
94 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.
95 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
96 Government of Canada. (2018, July 26). Submit a request under Jordan's Principle: Step 2. Who is covered. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-2.html
97 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, s135.
98 Government of Canada. (2018, July 26). Submit a request under Jordan's Principle: Step 2. Who is covered. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-2.html
99 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, s135.
100 Government of Canada. (2018, August 9). Submit a request under Jordan's Principle: Step 1. What is covered. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-1.html
101 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, s135.
102 Government of Canada. (2017, June 23). Joint ministerial statement on the Canadian Human Rights Tribunal's May 26th decision. Retrieved from https://www.canada.ca/en/health-canada/news/2017/06/joint_ministerialstatementonthecanadianhumanrightstribunalsmay26.html
103 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, s2ii.
104 Government of Canada. (2017, June 23). Joint ministerial statement on the Canadian Human Rights Tribunal's May 26th decision. Retrieved from https://www.canada.ca/en/health-canada/news/2017/06/joint_ministerialstatementonthecanadianhumanrightstribunalsmay26.html

105 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.
106 2019 CHRT 7 {Feb 21, 2019} para 87
107 2016 CHRT 2 {Jan 26 2016} para 481
108 Department of Justice Canada. (2016). Re: First Nations Child and Family Caring Society, et al. v Attorney General of Canada Tribunal file: T1340/7008. Retrieved from https://fncaringsociety.com/sites/default/files/INAC_May%2010%2C%202016%20submissions.pdf
109 Staff Meeting, September 2019.
110 2016 CHRT 2 {Jan 26 2016} para 481
111 Government of Canada. (2019). Submit a request under Jordan's Principle: Step 2. Who is covered. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-2.html
112 2019 CHRT 7 (Feb 21, 2019) para 64
113 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
114 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, s69.
115 Sheppard, C. (2010). Inclusive Equality: The Relational Dimensions of Systemic Discrimination in Canada. Montreal, QC: McGill-Queen's University Press.
116 2016 CHRT 2 (Jan 26, 2016) para 402.
117 2016 CHRT 2 (Jan 26, 2016) para 406–427.
118 2016 CHRT 2 (Jan 26, 2016) para 422.
119 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
120 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, s69.
121 Government of Canada. (2019). Jordan's Principle. Retrieved from: https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html
122 The Wellesley Institute. (2015). First Peoples, second class treatment. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf.
123 Czyzewski, K. (2011). Colonialism as a broader social determinant of health. The International Indigenous Policy Journal, 2(1). DOI: 10.18584/iipj.2011.2.1.5
124 2017 CHRT 14 as amended Nov 2, 2017 para 69.
125 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
126 Staff Meeting, September 2018.
127 Staff Meeting, October 2018.
128 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
129 Health Canada. (2016, Sept). A new approach: Jordan's Principle–Child-first initiative. PowerPoint presentation.
130 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

131 Government of Canada. (2018, August 20). Submit a request under Jordan's Principle: Step 4. Who can submit requests. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-4.html
132 Government of Canada. (2019). Jordan's Principle. https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html
133 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
134 First Nations Inuit Health Branch. (Nov 23, 2016). Jordan's Principle: Guidance document for establishing regionally-based Enhanced Service Coordination. Document obtained from the First Nations Health Consortium.
135 Health Canada. (2016, Sept). A new approach: Jordan's Principle–Child-first initiative. PowerPoint presentation.
136 Alberta First Nations Enhanced Service Coordination Consortium. (2016, Dec 7). Proposal for Enhanced Service Coordination for Jordan's Principle in Alberta 2016–2019. Proposal obtained from First Nations Health Consortium.
137 Minutes: FNHC Board Meeting (2017, Jan 1).
138 Government of Canada. (2019). Investing in the middle class: Budget 2019. Retrieved from https://www.budget.gc.ca/2019/docs/plan/toc-tdm-en.html
139 Staff Meeting, April 2019.
140 Government of Canada. (2019). Investing in the middle class: Budget 2019. Retrieved from https://www.budget.gc.ca/2019/docs/plan/toc-tdm-en.html
141 Government of Canada. (2019). Summary of cost development for Jordan's Principle. Internal memo prepared for the Jordan's Principle Action Table. Document obtained from
142 Assembly of First Nations. (2018). Sharing, learning and growing: Imagining the future of Jordan's Principle. Summit report. Retrieved from https://www.afn.ca/wp-content/uploads/2018/09/Gideon-Valerie.pptx. PowerPoint presentation.
143 Assembly of First Nations. (2018). Sharing, learning and growing: Imagining the future of Jordan's Principle. Summit report. Retrieved from https://www.afn.ca/wp-content/uploads/2018/09/Gideon-Valerie.pptx. PowerPoint presentation.
144 Gideon, V. (2018) Sharing, learning and growing: Imagining the future of Jordan's Principle. Retrieved from https://www.afn.ca/wp-content/uploads/2018/09/Gideon-Valerie.pptx. PowerPoint presentation.
145 NAC. (2018, January). Interim report of the NAC. Retrieved from http://www.afn.ca/wp-content/uploads/2015/06/National-Advisory-Committee-Interim-Report-Final_18-01-24.pdf, p.2
146 NAC. (2018, January). Interim report of the NAC. Retrieved from http://www.afn.ca/wp-content/uploads/2015/06/National-Advisory-Committee-Interim-Report-Final_18-01-24.pdf, p.2
147 Assembly of First Nations. (2018). Jordan's Principle summit. Retrieved from https://www.afn.ca/jordans-principle-summit/
148 Assembly of First Nations. (2018). Jordan's Principle summit: Sharing, learning and growing: Imagining the future of Jordan's Principle. Retrieved from https://www.afn.ca/uploads/Social_Development/Jordan%27s%20Principle%20Summit%20Report_en.pdf
149 2019 CHRC written submissions (March 20, 2019) para 10–11.
150 2019 CHRT 7 {Feb 21, 2019} para 87.
151 NAC. (2018, January). Interim report of the NAC. Retrieved from http://www.afn.ca/wp-content/uploads/2015/06/National-Advisory-Committee-Interim-Report-Final_18-01-24.pdf, p.2
152 Kelsall, T., Chadwick, K., Sangster, M., Larlee, P., Vives, L., Gerlach, A., & Sinha, V. (2018). Chapter 1: The evolution of Jordan's Principle. In Sinha, V., Vives, L., & 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.

153 Canadian Pediatric Society. (2009). Are we doing enough? A status report on Canadian public policy and child and youth health. Retrieved from https://www.cps.ca/en/status-report/jordans-principle
154 Alberta Government. (2018). Memorandum of Understanding on implementation of Jordan's Principle in Alberta. Retrieved from: https://open.alberta.ca/publications/mou-implementation-of-jordans-principle-in-alberta
155 Alberta Government. (2018). Memorandum of Understanding on implementation of Jordan's Principle in Alberta. Retrieved from https://open.alberta.ca/publications/mou-implementation-of-jordans-principle-in-alberta
156 Internal communication, January 2019.
157 Indigenous and Northern Affairs Canada. (2014). First Nations in Alberta. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100020670/1100100020675

Chapter 2

The First Nations Health Consortium: Coordinating Access to Services for First Nations in Alberta

Felicia Breaker
2A - Chief Old Sun School

The First Nations Health Consortium (FNHC) seeks to address the inequities in public services facing First Nations children through a federally-funded, Alberta-wide Enhanced Service Coordination (ESC) model. This chapter outlines the FNHC's approach to achieving this goal during the first 2 years of its existence (between February 2017 and March 2019). The challenges the FNHC faced during this period are largely the result of the policies and processes the Canadian government has used to award funding for services to First Nations children, deliver services to First Nations communities, and address gaps in service delivery.

This context shapes relations between First Nations in Alberta as well as relations between First Nations and provincial and federal governments. It also shapes relations between the FNHC and regional focal points, employees of Indigenous Services Canada (ISC) Alberta region who are responsible for administering Jordan's Principle funding. While these groups do collaborate, they can also operate as separate silos. Tension and distrust are not uncommon. In developing its ESC initiative, the FNHC has taken a relational approach which prioritizes the development of strong relationships among all the key actors in order to work towards reducing tension and competition between groups.

This chapter describes the FNHC's efforts to establish a new organization and a service coordination initiative within the Alberta context.

- Section 1 describes the FNHC's vision to serve all First Nations children in the province.
- Section 2 offers an overview of the primary challenges the organization faced during the first 2 years of its existence.
- Section 3 explores tensions within the regional context in which the FNHC works.
- Section 4 explores the strategies the FNHC has adopted to overcome challenges and realize its vision.

1. The First Nations Health Consortium: A Vision for First Nations Children in Alberta

The First Nations Health Consortium (FNHC) was created to address the needs of First Nations children in Alberta within a fragmented and complex regional service context. The four founding board members of the FNHC—from Bigstone, Siksika, Maskwacis, and Kee Tas Kee Now—shared a vision of building strong partnerships between First Nations in Alberta in order to gain control

FIRST NATIONS HEALTH CONSORTIUM

over the administration of and improve access to health, social, and education services within their communities. The founding board members also shared a belief that public service coordination should be a province-wide effort that supports all First Nations children.[1, 2] They came together to respond to a Jordan's Principle Child First Initiative (CFI) request for proposals (RFP) that was released by the federal government in 2016.[3] The founding partners saw this RFP as an opportunity to draw on the strengths of their respective organizations rather than to compete with each other. As one of the funding members explained,

> 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.[4]

In turn, representatives of Indigenous Services Canada (ISC) Alberta Region, which is charged with overseeing the Jordan's Principle CFI within Alberta, explained that the FNHC's proposal was successful because they were the only organization to propose service coordination for all First Nations children, both on and off reserve, in Alberta.[5] The Assembly of Treaty Chiefs (AoTC), a regional body exercising political leadership on behalf of Alberta First Nations, has endorsed Jordan's Principle as applying to all First Nations children, and the FNHC interpreted this endorsement as a broad mandate from Treaty 6, 7, and 8 First Nations to pursue Jordan's Principle implementation across the province.[6, 7]

2. Implementing the FNHC's Vision: Primary Challenges

Realizing the vision for a service coordination initiative that addresses the needs of all First Nations children in Alberta has been challenging, given the colonial context governing relations between First Nations in the province. The rapidly evolving national-level Jordan's Principle policy

FNHC Founding Partner's Logos

has created additional obstacles. In this section, we address some of the primary challenges faced by the FNHC during its first 2 years of existence. These include: short and unclear guidelines, shifting eligibility criteria, the limitations of a demand-driven approach to services, the power that Canada exercises over funding allocation decisions, the proliferation of overlapping and competing initiatives, and the provision of service coordination in a fragmented context.

Short Timelines and Unclear Guidelines

Short timelines resulting in the Canadian Human Rights Tribunal (CHRT) orders (discussed in Chapter 1) impacted organizations selected to deliver Enhanced Service Coordination. With an initial 3-year funding horizon (2016–2019), the FNHC was working with tight timelines from the outset. In addition, the government's request for service coordination proposals (RFP) was not released until late 2016 and lacked detail. FNHC board members hired a consultant to develop an initial vision for their ESC model of care, together with a detailed plan for its implementation, within the 2 weeks afforded before the submission deadline.[8, 9, 10, 11, 12] The FNHC was informed that its proposal was successful in mid-January 2017, however the organization did not receive its first monetary transfer until late February of 2017.[13] Accordingly, the organization was required to spend their entire 2016–2017 funding allocation and produce a report on funding outcomes within 1 month, before the March 31 end of the 2017 fiscal year.[14, 15]

The challenge of meeting extremely short timelines was amplified by the FNHC's status as a new organization that, at the time funding was awarded, had only four board members and an acting director. In a very short period of time, the FNHC had to incorporate and then recruit and hire staff who were willing to accept that the organization only had 3 years of guaranteed funding, refine the ESC model for its successful implementation, and establish a dispersed organizational infrastructure covering the entire province. In addition to these tasks, the FNHC was simultaneously developing its data management, financial, and legal capacities.

The RFP had called for proposals from organizations with existing administrative and professional capacity,[16] and ISC Alberta Region did not seem to appreciate the time and resources that a new organization required for capacity development before becoming operational.[17, 18, 19, 20] 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?"[21]

The long-term 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 all contributed to the expectation that the FNHC would establish a presence in all communities and begin coordinating services immediately. However, the federal government's failure to specify how service coordination should work, combined with the FNHC's lack of pre-established capacity, made the development and implementation of an ESC model a formidable task. As will be discussed in Chapters 3 and 4, the lack of clear procedures from the federal government continues to present challenges to federal focal points, FNHC staff, and the families who request Jordan's Principle funding.

Changes in Eligibility Criteria

The FNHC's efforts to develop its ESC model (see Chapter 3) were further complicated by ongoing shifts in the interpretation and application of Jordan's Principle. The RFP issued by the federal government in 2016 described the target population of ESC as "First Nations children with a disability or an interim critical condition."[22] This focus was not in compliance with CHRT rulings and other national discussions concerning Jordan's Principle. Federal guidelines around ESC eligibility only changed after the FNHC launched and the organization's budget was no longer negotiable.[23] Additional eligibility shifts and clarifications announced after the FNHC commenced operations included the eligibility of Inuit children and the continued exclusion of registered Métis children. There also continues to be ambiguity and inconsistency regarding the age of majority across provinces, and conflict over the operational definition of the "First Nations" children who are eligible under Jordan's Principle criteria.[24, 25, 26, 27]

Based on their shared vision and tracking of the CHRT rulings, FNHC board members nevertheless rejected the federal government's initial, narrow eligibility requirements and, from the outset, proposed to serve all First Nations children.[28] This decision minimized the planning and budgetary impacts of future eligibility changes that altered the scope of services that the FNHC was required to provide. Still, FNHC members described shifting national-level eligibility criteria as a source of confusion and tension.

A Demand-Driven and Individualistic Approach to Services

The current approach to Jordan's Principle requires a First Nations family or community to apply for Jordan's Principle funding for services for an individual First Nations child or for a group of First Nations children. An individual or organization must identify a need that is unmet by existing services, bring that potential need to the attention of someone charged with facilitating Jordan's Principle cases, and present evidence in order to qualify for services under Jordan's Principle. Individuals or groups with identical needs that go unrecognized, cases that are not advanced though Jordan's Principle applications, or those that cannot be supported with sufficient evidence do not receive funding. In contrast to a policy approach in which the supply of services available to all First Nations children would be systematically increased, this demand-driven request process favours those individuals and communities with the greatest existing capacity to advance funding requests and develop new services.[29]

FNHC staffers have noted the significant burden that the current demand-driven approach to Jordan's Principle places on families. In addition, they observed that caregiver willingness to participate in this process could be shaped by systemic factors linked to the extended history of institutional discrimination against First Nations peoples in

Bruce Healy - 1P - Chief Old Sun School

Canada and the resulting distrust between First Nations and the federal government.[30] Notably, caregivers may hesitate to make a Jordan's Principle request due to concerns about discriminatory or ineffective professional intervention, fears of racism and being dismissed, and conflicting opinions within families about whether to ask for help.[31] Thus the impacts of systemic discrimination on individual decision-making might be unaccounted for in the current model's case-by-case attempt to facilitate equal access.

This demand-driven approach shifts the locus of reform from systemic transformation to fragmented developments and individual remedies. As such, it does not necessarily result in structural changes that address the systemic discrimination CHRT rulings obligate the federal government to resolve. Case-by-case adjudication also risks creating discrepancies between communities that have the capacity to apply for funding and those that do not, while providing no overarching reform to policy frameworks such as federal funding models, which perpetuate gaps

Jojo - 4A - Chief Old Sun School

in services provided.[32] The failure to systematically assess the need for health, social, and education services across communities, and to support communities in building the capacity needed to provide these services, may compound entrenched inequities among First Nations communities. This approach perpetuates a competitive funding model that has been advanced within Alberta by the federal government over many years. As one FNHC staff member stated:

> 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 [the First Nations and Inuit Health Branch or Health] Co-management has been issuing funding for new projects for many, many years.[33]

Group requests are also decided on a case-by-case basis without a clear mechanism of public documentation and reconciliation with pre-existing services. In order to qualify for group request funding, the person making the request must demonstrate the existence of a gap in a service required to achieve substantive equality for First Nations children. But there is no formal process for assessing the fit between newly funded programs and the services and mandates of existing organizations. For example, the designation of prevention funds to Child and Family Service (CFS) agencies to develop entirely new prevention services may limit opportunities to build on existing resources within other health, social, and educational organizations. In addition, due to the ongoing overrepresentation of First Nations children in care, families may be reluctant to access CFS-provided prevention services for fear of increasing

the potential for child protection surveillance or intervention. Thus, channeling prevention funds to CFS agencies, while in keeping with CHRT orders, may negatively impact the quality and the long-term viability of services.[34, 35, 36]

In the long-term, FNHC board members hope to begin identifying systemic reforms that can eliminate barriers to services. One board member cited speech therapy and allied health services as one example:

> A major issue is the lack of speech language therapy. So, we have to change regulation so speech language therapy is an automatic approval process, then you don't have to go through a Jordan's Principle system. We used to have allied health services as part of NIHB but that included occupational, physio, things like that, and speech language therapy and chiropractic. We have to be able to, through our data, we have to tell people . . . that there is a better way of delivering services.[37]

Bruce Healy - 2A - Chief Old Sun School

Canada Remains a Gatekeeper to Funding

As in prior efforts to implement Jordan's Principle,[38] all requests for Jordan's Principle funding under CFI are administered by federal government representatives known as focal points. Focal points are responsible for facilitating the review and approval of requests for services under Jordan's Principle.[39] FNHC staff mediate between First Nations communities, families and children, and the focal points to facilitate access to health, social, and education services. This work entails extensive coordination between organizations and individual professionals in order to identify and address existing needs. While the FNHC is charged with coordinating existing services, they are dependent upon focal points to facilitate the release of Jordan's Principle funds when the necessary services are not available.[40] The FNHC is responsible for developing and implementing an ESC model, but the organization has not been given control over Jordan's Principle administration, request approval, or funding distribution.

The division of responsibilities means that the work of the FNHC and the work of Jordan's Principle focal points are inextricably linked. Prior to October 2018, FNHC staffers reported a number of tensions in their interactions with focal points. These included a lack of clarity on supporting documentation requirements, discrepancies in approvals and denials, delays in focal point response to communication surrounding time-sensitive cases, extensive delays in fund dispersal after focal point approval, and limited communication surrounding pertinent case decisions causing delays and confusion for FNHC staff and the families they serve.[41] Extensive delays in the dispersal of funds after a request has been approved are still widespread, with FNHC staffers noting delays ranging from 2 weeks to 8 months.[42]

In late 2018, focal points were operating with chronic understaffing and a lack of guiding

documentation such as standard operating procedures, specifications for required case documentation, or basic definitions of terms surrounding eligibility.[43] In addition, the shifting interpretations of Jordan's Principle that were outlined in Chapter 1 mean that focal point staff are responding to new federal directives on a regular basis.[44] The lack of clear federal directives on Jordan's Principle eligibility shifts the burden of adjudicating and developing approval processes onto the ISC Alberta region focal point staff. This offloading of responsibility from Ottawa federal government officials to ISC Alberta region staffers creates additional barriers for FNHC staff and families. New federal directives modify existing procedures and, in some cases, create new documentation requirements, adding further delays to the request approval process.[45] As will be discussed later in this chapter, the FNHC has worked to develop clear and consistent communication with focal points. As a result, though challenges persist, FNHC staff report that focal points have become more responsive to the FNHC's efforts to develop supportive collaboration.[46] This collaboration will be explored in depth in Chapters 3 and 4.

Overlapping and Confusing Initiatives

Unclear links between Treaty obligations, existing programs, and new initiatives created under Jordan's Principle undermine the FNHC's efforts to define a long-term plan for service coordination in Alberta. The relationship between Jordan's Principle and existing Treaty obligations is not clear, in particular the Medicine Chest Clause in Treaty 6 and similar provisions in Treaties 7 and 8 (see Chapter 1 for a discussion of these provisions).[47, 48, 49] In this sense, First Nations leaders have noted that Jordan's Principle might not have been necessary if the federal government had honoured its Treaty obligations.[50, 51] The roles and responsibilities of Treaty organizations in the ongoing implementation of Jordan's Principle also remains unclear.

The evolving national context has also resulted in multiple overlapping service coordination initiatives. These include a federally developed national 24-hour Jordan's Principle hotline, and two advertising campaigns for this hotline, one regionally promoted number for health needs, and one regionally promoted number for educational and social needs.[52, 53, 54] Provincially, the Alberta government funds several initiatives that are similar to service coordination, including a provincial telephone information directory for health and social services and the Regional Collaborative Service Delivery program, which is designed to coordinate services amongst health, social, and education providers.[55, 56, 57, 58] Finally, Jordan's Principle group requests are also giving rise to other locally based service programs that are undertaking initiatives which have some elements that seem to involve service coordination.[59, 60, 61] Combined, these initiatives cause confusion amongst First Nations families wanting to access services for their children.

Keyanna - Chief Old Sun School

Each of these overlapping initiatives also presents a challenge for the FNHC, as the organization must work to clarify roles and collaborate with these groups. A federal government employee acknowledged the challenges this overlap imposes:

> 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.[62]

In addition to this, neither the federal nor the provincial government has provided the funding, supports, or infrastructure to promote communication and collaboration between existing groups and initiatives to support the FNHC's service coordination mandate.

3. Enhanced Service Coordination in a Fragmented Context

While the FNHC was formed in a spirit of responsibility and collaboration among First Nations, the competitive RFP caused tension between some First Nations communities. Some First Nations disagreed with the outcome of the RFP, while others believed the FNHC would use the funding to serve only their own communities or, alternatively, to try to represent all First Nations at a political level. In turn, these beliefs and misunderstandings influenced their relationship with the FNHC and their willingness to collaborate.[63, 64, 65, 66]

Tensions with other First Nations communities also manifested in relations with Health Co-Management (HCoM), which was created in 1995 to facilitate co-management of health services by the Assembly of Treaty Chiefs (AoTC); Treaty 6, 7, and 8 First Nations; and Health Canada.[67] Most health system funding for on-reserve First Nations communities flows through HCoM,[68] including the FNHC's funding contract to provide Enhanced Service Coordination.[69] HCoM asked the FNHC to present regular updates at their monthly meetings, something that is not typically required for funding contract recipients.[70] One FNHC member recounted that the FNHC's work was sometimes heavily critiqued by Chiefs of other First Nations during these meetings. They interpreted this as an expression of resentment concerning the outcome of the RFP.[71, 72]

Dariel Black Rider - 2A - Chief Old Sun School

FNHC board members explained the tension amongst Alberta First Nations and their scrutiny of the FNHC's work as a result of two factors: the historical underfunding of services for First Nations communities and the fierce competition over scarce resources that current mechanisms for the allocation of federal funds force upon First Nations. For instance, HCoM contracts are frequently awarded to the same communities, typically those with better resources and thus greater capacity. One of FNHC's board members explained that since many First Nations are chronically underfunded, they would like to receive an equal allocation of any new federal government funding, rather than having all funding awarded to one successful proposal.[73]

The individualized, competitive approach to funding imposed by the federal government prevents First Nations from achieving economies of scale and pits communities against each other. A 2015 evaluation of HCoM commissioned by the Assembly of Treaty Chiefs (AoTC) similarly highlighted concern among participants about the lack of adequate funding to meet the health care needs of First Nations peoples in Alberta.[74] The evaluation found the organization's funding formula causes competition and disputes amongst Treaty areas. At the time of writing, HCoM's website notes that its funding formulas are currently under review.[75]

Claire - Chief Old Sun School

4. Moving Towards Coordination and Collaboration

In addressing the challenges described above, the FNHC has used an approach that emphasizes relationship building and collaboration. This relational approach has been instrumental since the founding of the FNHC. As one board member explained, board members were able to create the organization within such a short timeframe because of their mutual respect for each other and shared trust.[76] With little time to waste, each board member gathered potential partners to meet urgent demands and the others tended to support the new partners they recommended thus allowing swift progress.[77] 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.[78] The FNHC board members continued to lead organizations in their respective communities[79] while, at the same time, supporting the development of the FNHC within this complex regional context. A sense of urgency motivated them to do this, as the following statement from one of the board members shows:

> 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.[80]

Despite the challenges and the confusion imposed by the implementation process, a feeling that this organization filled a key gap fueled these collaborations. A board member reflected on this:

> I think the only thing that was and continues to be so challenging is [that] 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.[81]

In addition to their regular presence at HCoM meetings and presentations made to the AoTC, the FNHC sponsored a leadership forum in June 2017. The forum brought together leaders of the First Nations served by the four health organizations involved in founding the FNHC, giving them a chance to learn more about the FNHC's activities and to suggest future directions for the FNHC.[82] The FNHC also shares information with communities whenever interest is expressed in their ESC model and its implementation.[83] In addition, FNHC staff conduct extensive outreach activities in First Nations communities. These activities are designed to share information on Jordan's Principle and FNHC's role and service coordination model, while also promoting the development of relationships with community members and service providers (see Chapter 3).[84]

The FNHC has prioritized the hiring and placement of Regional Service Coordinators (RSCs) across the province in an ongoing effort to establish and strengthen relationships with all Alberta First Nations.[85, 86]

As the FNHC moves beyond its initial developmental period, the organization has also focused on building and strengthening relationships with governmental partners. 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 service coordination supervisor moved from Calgary to Edmonton in order to facilitate more consistent communication with the Edmonton-based focal points.[87] The FNHC succeeded in establishing regular calls and a joint training session with focal points in the summer of 2017.[88, 89]

Building on these efforts, regular joint meetings between focal points and FNHC staff were first established in October of 2018. These meetings provide an opportunity for case conferencing and inter-organizational collaboration. They allow FNHC staff and focal points to clarify required documentation for specific cases, identify cases that have received denials or approvals, and share relevant updates or questions.[90] Joint meetings have improved communication and mutual understanding between focal points and FNHC staff, facilitating active troubleshooting of complex cases and faster case resolution.[91] To facilitate ongoing communication about Jordan's Principle cases, the FNHC has further advocated for the establishment of a shared office for focal points and FNHC staff.[92] Though this co-location has not yet been realized, the FNHC has made plans to extend its office space to support the implementation of joint offices amidst the FNHC's expansion.[93]

At times, the FNHC has also helped facilitate communication between Alberta Region focal points and First Nations communities. For example, focal points and FNHC staff have made joint presentations at community and Treaty area meetings.[94] 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. They 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.[95]

At the regional level, the FNHC has made efforts to establish stronger ties with the Alberta government. The province made its first formal commitment to implementing Jordan's Principle in 2018, 2 years after the Canadian Human Rights Tribunal's landmark decision.[96] Noting the absence of a tripartite table to facilitate connections with provincial service providers,[97] the FNHC advocated for a tripartite agreement between First Nations, the provincial government, and the federal government.[98] Board members found that challenges associated with securing a tri-lateral agreement through the AoTC meant that a tripartite agreement with all First Nations was untenable in the province.[99] Instead, in November 2018 a Memorandum of Understanding (MOU) was signed by federal and provincial governments and the FNHC.[100] As discussed in Chapter 1, a working group has been created to address the ongoing implementation of the MOU.

At the national level, the FNHC has worked to overcome barriers to information sharing, gaining access to and participating in the Jordan's Principle Action Table. Through this participation, the FNHC is also able to develop relationships with people and organizations working on implementation of Jordan's Principle in other regions and gain a clearer vision of the ongoing national-level work to develop a long-term response to Jordan's Principle.

While the FNHC is mandated to coordinate access to health, social, and education services for First Nations children, the fragmentation and complexity within Alberta requires work that extend far beyond the FNHC's service coordination model. It requires FNHC to commit to the establishment and nurturing of relationships with key stakeholders at the local, regional, and federal levels.

Natalia Black Kettle - 2A - Chief Old Sun School

Endnotes

1 Interview: Board 1
2 Interview: Board 3
3 Health Co-Management. (2016, November 21). Request for Proposals: Service coordination for Jordan's Principle in Alberta 2016–2019. Document obtained from First Nations Health Consortium.
4 Interview: Board 1
5 Authors notes: First Nations Health Consortium Stakeholders Meeting (2017, June 16).
6 Interview: Board 4
7 Personal communication (2018, June 20).
8 Health Co-Management. (2016, Nov 21). Request for Proposals: Service coordination for Jordan's Principle in Alberta 2016–2019. Document obtained from First Nations Health Consortium.
9 Interview: Partner 1
10 Interview: Staff 2
11 Interview: Board 1
12 Interview: Board 1
13 Minutes: FNHC Board Meeting (2017, Jan 1).
14 Interview: Board 2
15 The federal government reduced the first fiscal year's funding, citing the short timeline for expenditure, though the FNHC has since succeeded in recuperating these funds.
16 Health Co-Management. (2016, Nov 21). Request for Proposals: Service coordination for Jordan's Principle in Alberta 2016–2019. Document obtained from First Nations Health Consortium.
17 Interview: Staff 2
18 Interview: Staff 3
19 Interview: Board 1
20 Interview: Board 2
21 Interview: Partner 2
22 Health Co-Management. (2016, Nov 21). Request for Proposals: Service coordination for Jordan's Principle in Alberta 2016–2019, p. 1. Document obtained from First Nations Health Consortium.
23 Indigenous Services Canada correspondence to FNHC. (2018, July).
24 Staff Meeting, September 2018
25 Staff Meeting, April 2019
26 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): File No. T-1340/7008
27 2019 CHRT 7 (Feb 21, 2019) para 87–92
28 Alberta First Nations Enhanced Service Coordination Consortium. (2016, Dec 7). Proposal for Enhanced Service Coordination for Jordan's Principle in Alberta 2016–2019. Document obtained from First Nations Health Consortium.
29 Notes: FNHC Leadership Forum. (2018, June 5)
30 Staff Interview, April 2019
31 Esquao, S., & Strega, S. (2015). Walking this path together: Anti-racist and anti-oppressive child welfare practice. Winnipeg, MB: Fernwood Publishing.
32 Gaspard, H. (2019). Enabling First Nations children to thrive: Report to the Assembly of First Nations. Retrieved from http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf
33 Interview: Staff 1
34 Notes: First Nations Health Consortium Regional Forum (2018, June 27–28).
35 Staff Meeting, April 2019
36 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

37 Staff Meeting, October 2018
38 Blumenthal, A., & Sinha, V. (2015). No Jordan's Principle cases in Canada? A review of the administrative response to Jordan's Principle. The International Indigenous Policy Journal, 6(1). doi: 10.18584/iipj.2015.6.1.6
39 First Nations Inuit Health Branch. (Nov 23, 2016). Jordan's Principle: Guidance document for establishing regionally-based Enhanced Service Coordination. Document obtained from First Nations Health Consortium.
40 Staff Meeting, April 2019
41 Sinha, V., Vives, L., & Gerlach, A. (Eds.). (2018). Implementing Jordan's Principle service coordination in the Alberta Region: e First Nations Health Consortium. Calgary/Edmonton, AB: e First Nations Health Consortium.
42 Staff Meeting, April 2019
43 Staff Meeting, April 2019
44 Staff Meeting, April 2019
45 Staff Meeting, April 2019
46 Staff Meeting, April 2019
47 Health Sciences Association of Alberta v. Siksika Health Services, 2017 CanLii 72953 (AB LRB) Retrieved from https://www.canlii.org/en/ab/ablrb/doc/2016/2016canlii104568/2016canlii104568.html?searchUrlHash=AAAAAQAXIm1lZGljaW5lIGNoZXN0IGNsYXVzZSIAAAAAAQ&resultIndex=1.
48 Laird, D., Ross, J. H., & McKenna J. A. J. (1899, September 22). Report of commissioners for Treaty No.8. Government of Canada. Retrieved from http://www.aadnc-aandc.gc.ca/eng/1100100028813/1100100028853.
49 Notes: FNHC Leadership Forum. (2018, June 5)
50 Notes: First Nations Health Consortium Regional Forum (2018, June 27)
51 Notes: FNHC Leadership Forum. (2018, June 5)
52 The Caring Society. (2017). Jordan's Principle: Ensuring First Nations children receive the public services they need when they need them. Retrieved from https://fncaringsociety.com/sites/default/files/Jordan%27s%20Principle%20Information%20Sheet%20%28December%2C%202017%29.pdf
53 Indigenous Services Canada. (2018, February 9). Call centre now open to help First Nations children access wide range of products, services and supports. Retrieved from: https://www.canada.ca/en/indigenous-services-canada/news/2018/02/new_jordan_s_principlecallcentreatindigenousservicescanadawillhe.html
54 Government of Canada. (2018, August 20). Submit a request under Jordan's Principle: Step 3. Who to contact. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-3.html
55 Alberta Health Services. 8-1-1 Health Link. Retrieved from https://www.albertahealthservices.ca/assets/healthinfo/link/index.html.
56 211 Alberta. (n.d.). 211 Alberta. Retrieved from http://www.ab.211.ca/
57 Alberta Education. (2018). Regional collaborative service delivery. Retrieved from https://education.alberta.ca/regional-collaborative-service-delivery/what-is-rcsd/
58 Tri-Region Collaborative Service Delivery. (n.d). Orientation to the system review. [brochure].
59 Staff Meeting, July 2018
60 Notes: Information system meeting (2018, July 17)
61 Personal correspondence (2018, April 12)
62 Interview: Partner 2
63 Interview: Board 2
64 Interview: Board 3
65 Interview: Board 1
66 Interview: Staff 2
67 Personal communication (2018, June 20)
68 Health Co-Management. (2018). Health co-management: Annual report, 2017/2018. Retrieved from https://torch7.com/hcom/wp-content/uploads/2018/09/HCOM-AR18-Pages_web.pdf

69 Health Canada correspondence to the First Nations Health Consortium: Approval Letter. (2016, January 24) Document obtained from First Nations Health Consortium.
70 Personal communication (2018, June 20)
71 Personal communication (2018, June 20)
72 Personal communication (2018, September 12)
73 Interview: Board 1
74 Breaker, R. & Wong, W. (2015, January 26). Health co-management evaluation. Edmonton, AB:HCoM.
75 HCoM. (2019). FAQs. Retrieved from < https://torch7.com/hcom/faqs-2/>.
76 Interview: Board 1
77 Interview: Board 1
78 Interview: Board 1
79 Minutes: FNHC Board Meeting (2017, Jan 1)
80 Interview: Board 4
81 Interview: Board 3
82 Notes: FNHC Leadership Forum. (2018, June 5)
83 Staff Meeting, November 2018
84 First Nations Health Consortium. (2018, June 27). Leadership forum presentation. PowerPoint presentation. Document obtained from First Nations Health Consortium.
85 Staff Meeting, May 2018
86 Staff Meeting, May 2018
87 Staff Meeting, May 2018
88 Personal communication (2017, July 6)
89 Personal communication (2017, September 8)
90 Staff Meeting, October 2018
91 Staff Interview, April 2019
92 Notes: Kananaskis meeting (2018, September 24)
93 Staff Meeting, March 2019
94 White, T., & Hillier, A. (2018, February 22). Jordan's Principle Alberta update. Presentation to the Assembly of Treaty Chiefs. Document obtained from First Nations Health Consortium.
95 Notes: First Nations Health Consortium Regional Forum (2018, June 27)
96 Children's Services Alberta. (2018). A stronger, safer tomorrow: A public action plan for the Ministerial Panel on Child Intervention's final recommendations. Retrieved from https://open.alberta.ca/dataset/212cd3e9-c496-4ecd-b254-5bbe7b13aa7d/resource/7a7ab135-21e0-44aa-9112-e9a458a33103/download/stronger-safer-tomorrow-public-action-plan.pdf.
97 Interview: Staff 3
98 First Nations Health Consortium. (2018, March 5). Draft Memorandum of Understanding on Jordan's Principle in Alberta. [unpublished document]
99 Notes: Alberta First Nations Health Consortium Leadership Forum. (2018, June 5)
100 Alberta Government. (2018). Memorandum of Understanding on implementation of Jordan's Principle in Alberta. Retrieved from: https://open.alberta.ca/publications/mou-implementation-of-jordans-principle-in-alberta

Chapter 3

The First Nations Health Consortium's Enhanced Service Coordination Model

Shealynn Turning Robe
2A - Chief Old Sun School

The First Nations Health Consortium (FNHC) was created to implement Enhanced Service Coordination (ESC) in Alberta in response to the Canadian Human Rights Tribunal (CHRT) ruling and corresponding developments in the federal implementation of Jordan's Principle.[1] The FNHC has a mandate to help families access resources that fulfill "First Nations children's inherent rights to holistic services and supports" through the ESC model.[2] The FNHC does so by connecting First Nations children to needed health, social, and education services in their region. Where such services are not available, FNHC staff support caregivers and community service providers in completing a Jordan's Principle request. The FNHC's ESC model strives to provide timely access to services in the midst of shifting federal directives surrounding the eligibility, provision, and administration of services for First Nations across Canada. Implementation of the ESC model is funded by the federal government through the Child First Initiative (CFI).

In this chapter, we document the growing demand for the ESC services provided by the FNHC and the actions the organization has taken to meet this demand throughout the province.

- **Section 1** presents ESC model, describing outreach efforts, approach to intake, the identification of needs, and the ways in which FNHC staff support families.
- **Section 2** describes the growing population served through the FNHC's ESC model.
- **Section 3** examines the expansion of training activities and staff recruitment to address the needs of remote and geographically dispersed First Nations communities.

1. The Enhanced Service Coordination Model

The FNHC first drafted the ESC model in response to the federal government's Request for Proposals (RFP) in December of 2016.[3] The ESC model has five key objectives: (1) to engage in outreach activities that educate people in Alberta about Jordan's Principle, the mandate of the FNHC, and the availability of service coordination supports; (2) to provide an initial triage service; (3) to coordinate and facilitate access to existing services; (4) to provide follow-up; and (5) to support families in making requests for federal Jordan's Principle funding.[4] The FNHC's frontline staff—Jordan's Principle access workers (AWs) and regional service coordinators (RSCs)—are primarily responsible for achieving these objectives. Jordan's Principle AWs complete an extensive intake process with families and then transfer the request file to an RSC who coordinates access to existing health, social, and education services and supports.[5]

To better serve families and communities seeking support through the ESC model, the FNHC initially developed a pathway approach.[6] The initial vision of the ESC model identified four levels of case management intensity, anticipating that the FNHC would respond to: general inquiries, situations in which service coordination was required to help a family access needed services, requests to support community workers or service providers helping a family to access services, and more complex cases requiring ongoing case management. The model evolved between its initial drafting in late 2016 and its actual implementation in the fall of 2017, but maintained its key objectives.[7] Figure 5 summarizes the basic steps in addressing children's needs through the ESC model. These steps are discussed in more detail below and in Chapter 4.

Outreach Activities: Connecting with First Nations Communities Across Alberta

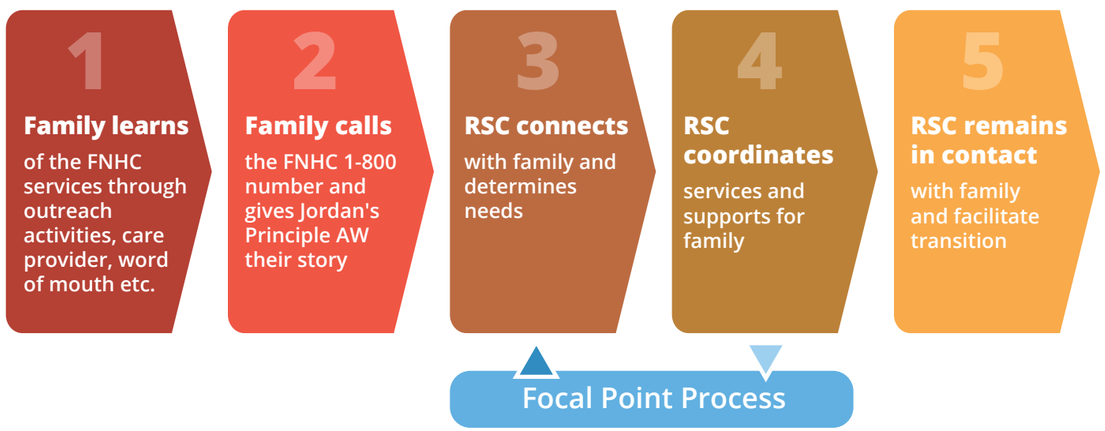
The FNHC's mandate to serve all First Nations children in Alberta requires extensive outreach across urban, rural, and remote communities in the province. Outreach activities serve two primary purposes. First, they support the FNHC's goal to raise awareness about First Nations children's rights to equitable supports and public services, the existence of Jordan's Principle, and the organization's efforts to support its implementation in Alberta. Second, they provide opportunities for direct contact with families, service providers, and community members who may initiate requests for service coordination.

As of January 2019, the FNHC had reached more than 28,000 people across Alberta through 1,175 outreach activities (see Map 2). Outreach to geographically remote communities can be particularly challenging—especially in the winter months, when insufficient transportation infrastructure and poor road maintenance are compounded by harsh weather conditions.[8, 9]

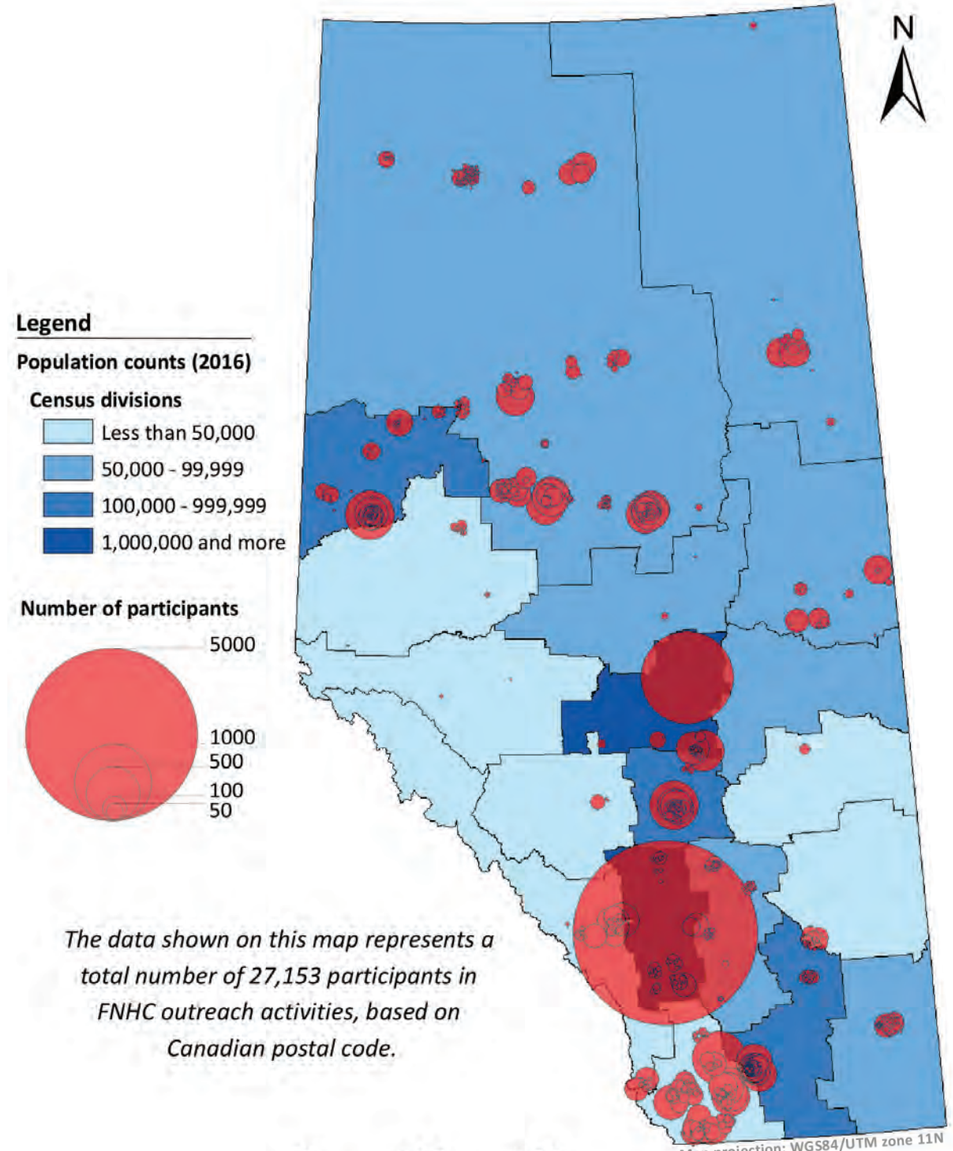
Chapter 3: First Nations Health Consortium

FNHC frontline staff take diverse approaches to outreach. The most common outreach activities for RSCs consist of networking with service providers, participation in inter-organizational meetings, and formal presentations on the FNHC's work.[10] Tabling, which involves direct outreach to caregivers and onsite intake, can occur at health fairs, community celebrations such as Pow Wows, and Teddy Bear fairs across Alberta.[11, 12] FNHC staff also attend meetings with local officials, regional school officials, hospital boards, and various community organizations which provide services to children and families.[13] The number and diversity of outreach activities (summarized in Figure 6) demonstrates the FNHC's efforts to reach families in their communities. These activities also provide the organization with information about service needs and allow staff to build connections with service providers, major institutions, and government officials across the province.

Summary of the Enhanced Service Coordination Model (Oct. 2017 – Apr. 2019) **Figure 5**



Outreach efforts by the First Nations Health Consortium (Oct. 2017 – Apr. 2019) **Map 2**



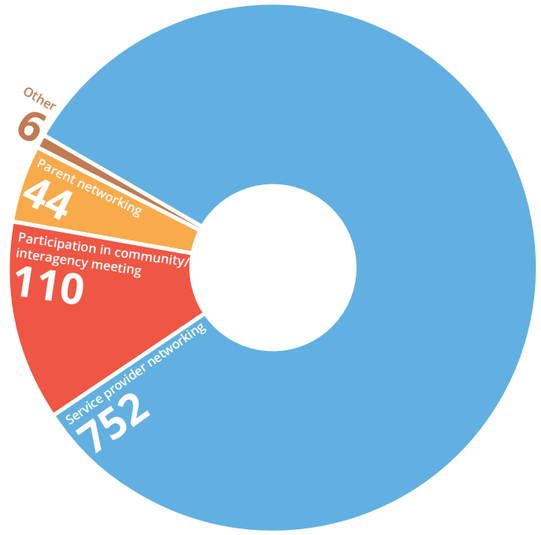
A Hybrid Approach to Intake

Contact with FNHC frontline staff is typically initiated by a family member or service provider, usually by phone via the FNHC's 1-800 number. The responding Jordan's Principle AW conducts an initial case triage before determining the next steps. In some instances, the family member or service provider is simply inquiring about information or a referral to a pre-existing program or service. In other instances, the information provided by the family member or service provider indicates a need for more extensive support and a case is opened and transferred to an RSC who provides support to families and coordinates access to services.[14, 15]

The FNHC also connects directly with families and service providers through outreach events. This hybrid approach to outreach and intakes was not part of the original ESC model. It first emerged in March 2018 when RSCs and Jordan's Principle AWs began to attend presentations and health fairs together. Joint attendance allowed FNHC staff to follow up and initiate on-site intake processes instead of responding to inquiries once they returned to the office.[16] Sporadic walk-ins, while still not a primary intake method,[17] have also become a part of some workers' intake processes. This flexible approach, which combines calls, direct contact at outreach activities, and walk-ins, makes the FNHC more accessible to families.[18, 19] Staff are supportive of the modified intake process and express interest in increasing face-to-face service provision. However, board members have expressed hesitation to incorporate more in-person services due to security and resource concerns.[20]

Between October 2017 and April 2019, the FNHC opened cases for 739 First Nations children in Alberta and responded to an additional 423 inquiries or simple requests for referrals.

Type and number of FNHC outreach activities — **Figure 6**



Identifying Children's Needs

Identifying children's needs is an important part of the ESC model. As is discussed in Chapter 4, the process of identifying needs is complex and subjective; actual needs as well as an understanding of underlying needs can shift over time and with context. Thus, the needs identified during the ESC processes may provide only a partial and limited picture of children's real, underlying needs.

Figure 7 shows the wide range of needs identified for children served by the FNHC between October 2017 and April 2019. FNHC frontline staff have supported children with identified health, education, and social service needs. Of all the needs identified, almost half (48%) fell within the domain of health services or equipment. Within this category, dental and glasses/ vision needs were the most commonly identified needs.

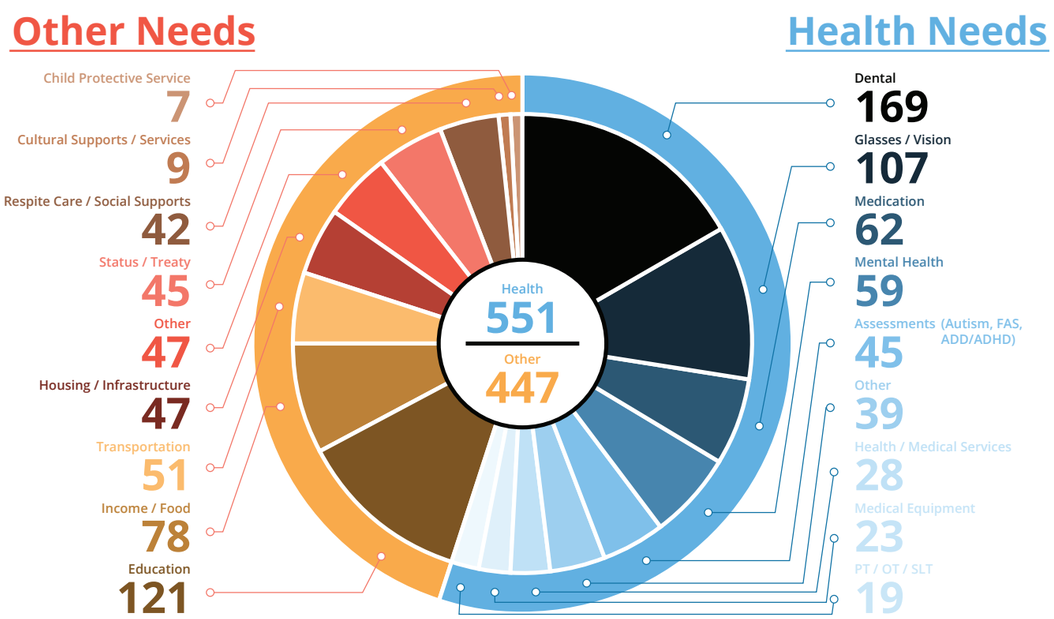
The prevalence of vision needs highlights a specific limitation on benefits available through the Non-Insured Health Benefits (NIHB) program, which provides medically necessary services for First Nations children in Canada. Specifically, children are limited to one pair of glasses per year and do not qualify for replacement if they outgrow or break that pair, thus creating an unmet need for First Nations children.[21, 22]

The second largest category of needs identified by FNHC staff was educational services and equipment which accounted for 12% of all requests, and possibly even more, as categories of health and education can overlap in important ways not captured in the FNHC's data. For example, the Alberta government recognizes that some health needs can first be identified and addressed through schools collaborating with caregivers and medical professionals.[23, 24, 25]

Some occupational therapy, physical therapy, and mental health services are typically provided through the school system.[26] A broad range of assessments are also provided in a school setting which results in health needs being addressed through the education system.[27, 28, 29]

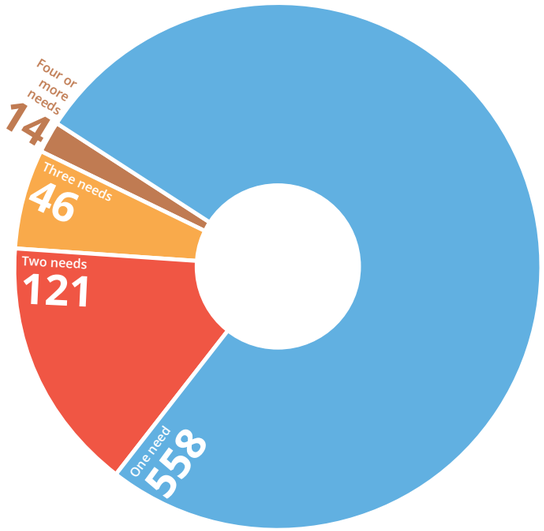
In addition to supporting families in accessing a broad range of services and supports, FNHC staff also support families through bureaucratic processes that are necessary to access services. For example, the FNHC supported 45 families in completing registration for status/Treaty numbers. Registration can minimize delays in approvals for Jordan's Principle requests while increasing the child's access to other government services such as NIHB.[30] However, the application process is complicated, requiring detailed knowledge of family history and fees which can be prohibitive for caregivers with low incomes.[31, 32, 33]

Needs identified through the ESC model (Oct. 2017 – Apr. 2019) — **Figure 7**



Furthermore, as Figure 8 demonstrates, children served by FNHC staff often have multiple needs that must be addressed. Multiple needs were identified for more than 25% of the children served by Jordan's Principle AWs and RSCs, and three or more needs were identified for more than 10% of children served. Although multiple needs can provide an approximate measure of case complexity, at times, meeting a single need can also present significant challenges.[34] An example of a single but complex need is the operation of feeding tubes. The use of a feeding tube requires access to a safe and regular supply of water, which is unavailable in some remote First Nations communities on boil water advisories in Alberta. As of May 2019, there were 10 short-term advisories in effect. These advisories had been in place for a minimum of 10 days to a maximum of 67 days, during which time drinking water was not readily available in the affected communities.

Figure 8
Number of needs identified for children served by the FNHC



In addition, one long-term water advisory was in effect; that advisory will remain unresolved until a new water treatment plant is built.[35, 36]

Supporting Families

There are currently two typical scenarios in which RSCs work in collaboration with children, families, service providers, and communities to ensure the necessary services are in place to meet the needs of an individual child. When required services exist and are accessible in a timely fashion, RSCs coordinate between families, service providers, and other organizations to ensure access to existing services that address the identified needs.[37, 38, 39] In other cases, RSCs must support individual families in requesting Jordan's Principle funding for services that do not exist.

As described in Info box 4: Group Requests, RSCs also support First Nations or organizations serving First Nations children in requesting Jordan's Principle funding to address the unmet needs of groups of First Nations children.[40] The process of making a group request differs somewhat from that for individual Jordan's Principle requests, but the RSC role is very similar to that for individual requests. RSCs act as mediators between families, service providers, representatives of government programs such as Health Canada's Non-Insured Health Benefits (NIHB), community professionals, and Indigenous Services Canada's (ISC) Alberta Region focal points.[41, 42, 43, 44]

Requesting Jordan's Principle funding for services for individuals or groups requires collaboration among multiple service providers and stakeholders. Some of the main actors involved in this collaboration are depicted in Figure 9. RSCs work with service providers, representatives of government programs such as NIHB, First Nations tribal councils, and others to compile information that documents a child's context, needs, available services, and the cost of needed services. They then submit a request to Indigenous Services Canada through the federal government focal points.[45, 46, 47, 48]

Info box 4
Group requests

The ESC model was originally designed to address individual cases. However, over time, RSCs have also been supporting the submission of group requests for Jordan's Principle funding to address the needs of multiple children in a community. Such group requests require the submission of several components. These include an explanation of the community needs, the identification of a gap in service required to address community needs, an explanation of how the group request will resolve the need, an estimate of the number of children who will access the program, a budget, and letters of support from the community service directors. Signed Band Council Resolutions have also been submitted as supporting documentation.[1]

Since September of 2018, the FNHC has responded to inquiries and assisted in the preparation of group requests from 21 organizations/communities. The group requests handled by the FNHC have been diverse and include requests for funding to provide on-reserve diabetes care, psychosocial assessments, speech and language assessments, educational assistants, day care services, nutrition programs, a food truck, cultural supports, a drumming group, a youth conference, playground equipment, a sensory room, accessible transportation for people with disabilities, a child psychologist, land-based cultural programming, a community fitness center, a lacrosse program, and other services.

Jordan's Principle group requests must address gaps in existing services. Accordingly, they often address needs that are otherwise neglected and may also serve to partially mitigate the chronic underfunding of health, education, and social services for First Nations communities.[2] For example, one of these group requests provided "Therapeutic Horsemanship with Culture" and supported traumatized youth in the context of the ongoing overdose crisis in the Blood Tribe community,[3] which experienced 40 substance-related poisoning deaths within the first 6 weeks of 2019 alone.[4] The program supported the development of coping skills through equine therapy and provided an outlet for positive social engagement for youth. Describing the children who were part of this program, one RSC stated: "You can see they are so excited to be in the country, it's just a real awesome program to see them in this short time."[5]

1 Staff Meeting, October 2018
2 2017 CHRT 2
3 Staff Meeting, August 2018
4 Staff Meeting, February 2019
5 Staff Meeting, August 2018

To ensure a flexible approach to Jordan's Principle cases, the federal government has declined to provide a list of required documentation for individual or group requests.[49] However, during interviews, RSCs stated that prescriptions, letters from service providers which detail how the identified service or product will impact the child's diagnosis, fixed budgets, and quotes for service costs are typically required to ensure requests move forward efficiently.[50]

In addition, if a child requires services that exceed provincial normative standards, the RSC must also submit answers to the substantive equality questions outlined in Info box 3, in Chapter 1. The five categories of documentation that focal points usually ask for in individual Jordan's Principle requests are depicted in Figure 10.[51] As discussed in Info box 4, to submit a group request, FNHC staff collect and compile required documentation including budgets, estimates for the number of children who will be served, proof of a service gap or the need for services within the substantive equality framework, and proof of community support for the request.[52] As detailed in Info box 5 the process of compiling documentation can be complicated and time consuming.

Figure 9 Actors typically involved in the preparation of an individual or group Jordan's Principle request

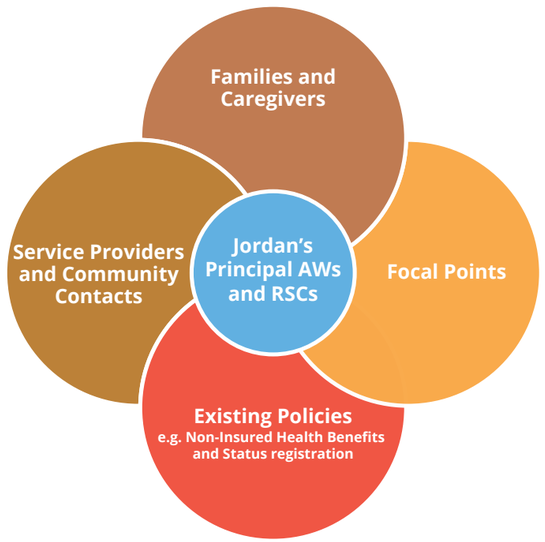


Figure 10 Documents accompanying a Jordan's Principle request

2. The Increase and Evolution of FNHC Caseloads

The number of children served by FNHC has increased rapidly since the organization began service coordination in October 2017.[53] As shown in Figure 11, only five cases were opened in the first month. In contrast, the FNHC opened 51 new cases and handled 65 inquiries in October of 2018. Furthermore, cases often remain open for a period of several weeks, or even months, adding to the cumulative workload of FNHC staff. Figure 11 also appears to indicate a seasonal pattern of intakes, with lower numbers of case openings and inquiries in the spring and summer than in the fall and winter. This is consistent with the experience of many children's services organizations, which observe intakes slowing down during the summer, when children are on holidays from school and have reduced contact with service providers and teachers.

Info box 5 Navigating Non-Insured Health Benefits (NIHB)

Gathering the documentation required to advance requests under Jordan's Principle requires RSCs to collaborate with multiple partners while navigating the complex bureaucracies of existing programs and policies. One such program with complex policies is NIHB.

The process for demonstrating that a child requires Jordan's Principle funding due to exclusionary NIHB eligibility can be complicated. The NIHB program offers supplemental health insurance for status First Nations people living both on and off reserve and covers medication, vision, mental health, transportation, food, and lodging related to necessary medical care.[1] Some services are explicitly not covered by the NIHB. These exclusions are listed in the program's "exclusion list."[2] Families requiring services included on that list can immediately begin compiling the documentation for a Jordan's Principle request by virtue of the clear delineation of services within the NIHB mandate.

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 a request for Jordan's Principle funding.[3] This has created requirements for proof of NIHB denial in advance of an approval for a Jordan's Principle request.[4]

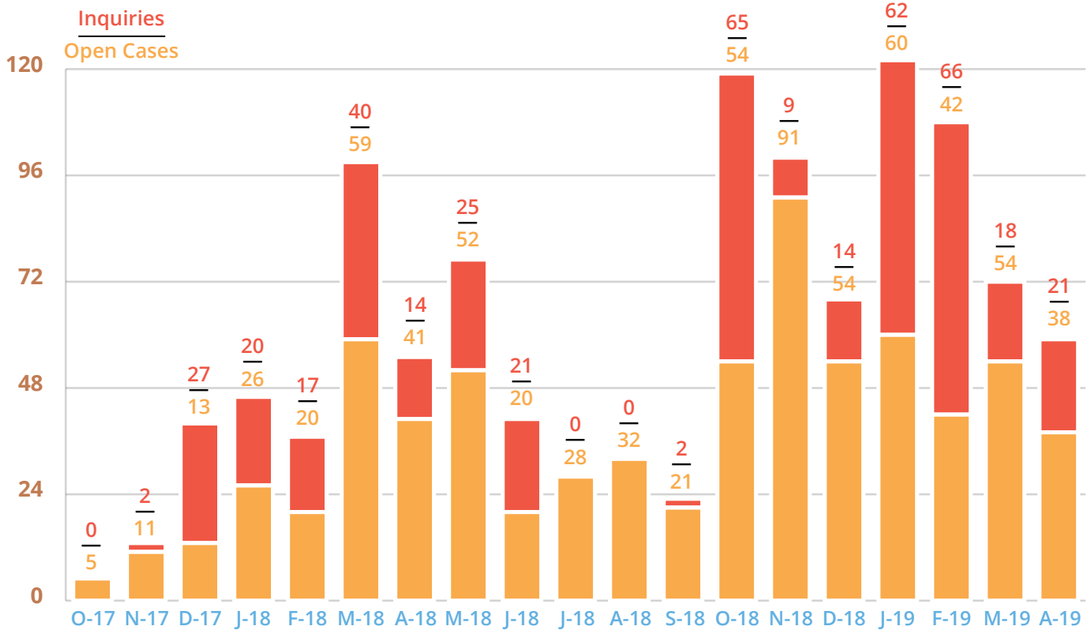
The process of submitting a Jordan's Principle request for gray area services has changed significantly since 2017. Focal points initially requested that FNHC staff provide written confirmation of denial from an NIHB official in advance of considering a family's Jordan's Principle request. In February 2019, focal points suggested FNHC workers use their own authority to compose advocacy letters that document NIHB denial to minimize time delays for families.[5] This shift in documentation requirements has lifted one barrier in navigating NIHB's complex policies.

1 Government of Canada. (2018, April 10). Non-Insured Health Benefits (NIHB) Program – General Questions and Answers. Retrieved 2018 October 7 from https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/non-insured-health-benefits-nihb-program-general-information-questions-answers-first-nations-inuit-health-canada.html
2 Notes: FNHC and Focal Point Joint Training (2018, April 25-26).
3 Notes: FNHC and Focal Point Joint Training (2018, April 25-26).
4 Interview, Staff 4
5 Staff Meeting, February 2019

As shown in Map 3, the FNHC served children who live in all regions of Alberta, including children who are members of 39 First Nations across the province. As shown in Figure 12, 409 cases, or 57% of cases opened by the FNHC, involved children living on reserve.

First Nations child population estimates obtained from the First Nations Information Governance Centre in Alberta indicate there are roughly 47,000 First Nations children in Alberta. Comparison of the number of children served by FNHC to the child population estimate show that the FNHC has opened cases for approximately 1 in every 85 First Nations children in Alberta since commencing service coordination. Cases were opened for 1.4% of First Nations children from Treaty 6, 1.8% of children from Treaty 7, and 1% of children from Treaty 8.

Number of cases opened and inquiries by month[80] (Oct. 2017 – Apr. 2019) **Figure 11**



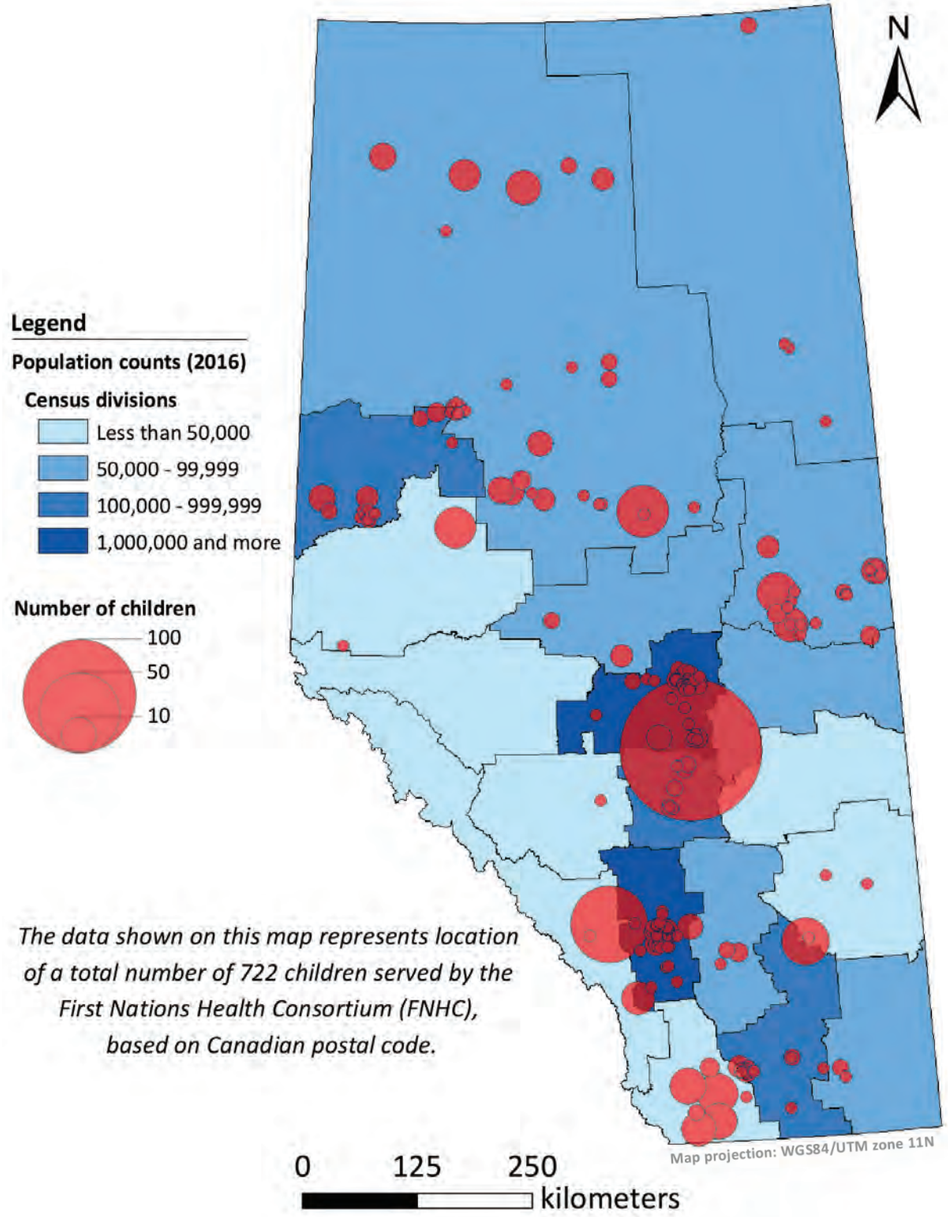
*Case opening dates were missing or incorrectly entered for 18 cases

3. Building a Team: Staff Recruitment and Training

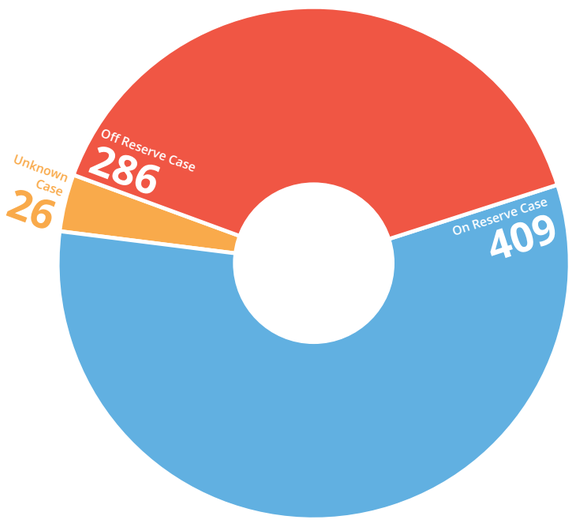
To meet the growing demand and address the increasingly complex nature of service coordination requests, the FNHC has gone through several rounds of staff recruitment since 2017. The start dates and geographic dispersion of FNHC staff are shown in Map 4. A key shifting point in the FNHC's hiring strategy occurred in 2018 when the organization began to focus on the need for service coordination in rural and remote northern areas. Among the unique challenges Northern families and communities face in accessing child-related services are reduced cellphone and internet service and minimal road access, which increase travel times among already remote communities.[54] Therefore, meeting the need for service coordination in northern Alberta required the creation of a dedicated RSC team. This project began in earnest in 2018 with eight new hires. Currently, the Northern team employs two Jordan's Principle AWs and nine RSCs. The FNHC is also in the midst of recruiting a Northern team lead, a new Jordan's Principle AW,[55] and administrative support for the Northern team. The creation of a dedicated Northern team supports the FNHC's mandate to provide "easy access" to service coordination for children and families[56] in historically underserviced communities.

Addressing the need for service coordination in southern Alberta presents a different set of challenges. This part of the province is more densely populated than the northern region and the distance between communities is smaller, but demand for services is high and growing rapidly. This has allowed the more centralised Southern team to implement the ESC model concurrently in multiple communities.

Location of child's residence in cases opened by FNHC (Oct. 2017 – Apr. 2019) **Map 3**



Cases opened by FNHC by on or off reserve residence of child (Oct. 2017 – Apr. 2019) — Figure 12



At the time of writing, the FNHC's Southern team has two Jordan's Principle AWs, four RSCs, a Southern team lead, and an administrative assistant. Recruitment is ongoing to fill a third Jordan's Principle AW position.[57]

In addition to responding to communities and families throughout the province, the FNHC works with multiple service providers across a variety of service sectors and multiple levels of First Nations, provincial, and federal governance structures.[58] To address this challenge the FNHC has hired staff from diverse backgrounds with extensive experience working with First Nations families and communities in service domains such as child welfare, social work, education, and nursing.[59, 60, 61, 62, 63] The expertise and networks that new staff bring from previous employment help the organization advance collaborations with service providers, program administrators, and policy specialists at the regional and national levels.

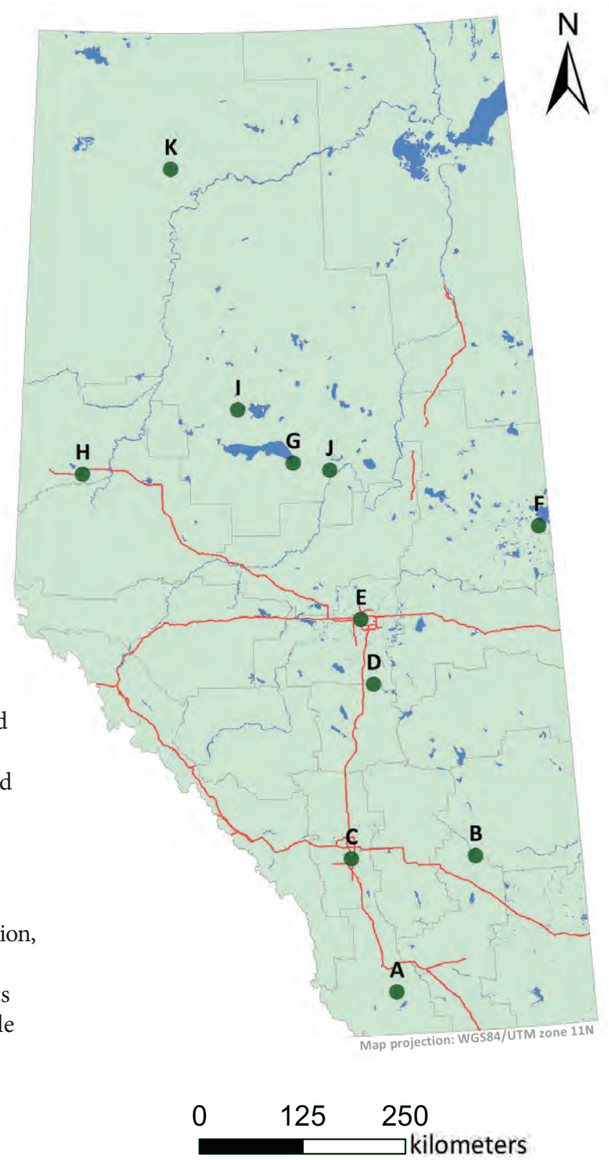
New hires enter a team environment that relies on informal peer knowledge sharing on a daily basis. In addition to this informal collaboration, weekly team meetings were established in the spring of 2018 to provide a venue in which to share information and address specific concerns in particularly difficult cases.[64] Team leaders further encourage Jordan's Principle AWs and RSCs to seek out knowledge independently and identify resources across silos of provincial health, social, and education services and complex federal programs such as NIHB.[65, 66, 67, 68, 69] Additionally, staff receive both initial and ongoing training[70, 71, 72, 73] which is key for FNHC Jordan's Principle AWs and RSCs. FNHC provides its staff with training on the federal government's eligibility and documentation requirements for Jordan's Principle requests. However, the federal government's constantly shifting guidelines often force staff to rely on the more informal and unstandardized knowledge that individual staff members gain through the process of advancing Jordan's Principle requests.[74, 75]

In addition to challenges related to the geographic dispersion of First Nations children in Alberta, the increasing demand for service coordination, and the breadth of knowledge and expertise required on the part of FNHC staff, hiring has occurred in the midst of great funding uncertainty. Staff were originally hired with the understanding that their positions might be eliminated within 1 fiscal year[76] if the federal government de-funded the FNHC. While $1.2 billion over 3 years was allocated for Jordan's Principle in the 2019[77] budget, the FNHC has only received formal approval to continue operations for another fiscal year, until March 31, 2020.[78] This imposes burdens in the recruiting and retention of qualified staff who work for the FNHC, understanding that their positions could be eliminated due to changes in federal funding.[79]

In the first 2½ years of operation, the FNHC has been able to reach and support First Nations children across Alberta through the ESC model.

Geographic locations and starting dates of FNHC frontline staff positions — Map 4

FNHC Office	Position and Date Enabled	
A - Kainai	RSC	June 2018
B - Siksika	RSC	Feb. 2019
C - Calgary	Southern Lead JPAW JPAW JPAW RSC - Urban RSC - Southern	Sept. 2017 July 2018 Sept. 2018 (new, unfilled) Sept. 2017 Sept. 2017
D - Maskwacis	RSC	Sept. 2017
E - Edmonton	JPAW JPAW RSC	July 2018 (new, unfilled) Sept. 2017
F - Cold Lake	RSC	June 2018
G - Slave Lake	RSC	Oct. 2017
H - Grande Prairie	JPAW RSC	July 2018 Oct. 2017
I - Atikameg	RSC	Dec. 2018
J - Wabasca	RSC	Feb. 2019
K - High Level	RSC	Aug. 2018



The organization has increased and decentralized frontline staff in order to better serve children across the province. However, as will be discussed in Chapter 4, the complexity of the ESC model means that RSCs may be engaged with children and families for extended periods of time and, as a result, worker caseloads continue to grow. As the FNHC continues providing service coordination, it will need to continue adjusting and evolving its approach to staffing in order to meet the needs of children, families, and their communities while maintaining a sustainable model of frontline service provision.

Endnotes

1 First Nations Health Consortium. (October 2017). Jordan's Principle: Enhanced Service Coordination First Nations Health Consortium Communique—October 2017. Document obtained from First Nations Health Consortium.
2 First Nations Health Consortium. (2019). Home: The First Nations Health Consortium-Enhanced Service Coordination. Retrieved from: http://www.abfnhc.com/
3 Jordan's Principle First Nations Enhanced Service Coordination Consortium. (2016, Dec 7). Proposal for Enhanced Service Coordination for Jordan's Principle in Alberta 2016–2019. Document obtained from First Nations Health Consortium.
4 First Nations Health Consortium. (2017, Oct). Alberta's Jordan's Principle Enhanced Service Coordination Process Model: October 2017 Final Draft 2. Document obtained from First Nations Health Consortium.
5 Interview: Staff 4
6 First Nations Health Consortium. (2017, Oct). Alberta's Jordan's Principle Enhanced Service Coordination Process Model: October 2017 Final Draft 2. Document obtained from First Nations Health Consortium.
7 First Nations Health Consortium. (2017, Oct). Alberta's Jordan's Principle Enhanced Service Coordination Process Model: October 2017 Final Draft 2. Document obtained from First Nations Health Consortium. Document obtained from First Nations Health Consortium.
8 Staff meeting 2018, March 9
9 Stout, R. (2018). The built environment: Understanding how physical environments influence the health and wellbeing of First Nations peoples living on reserve. Prince George, BC: National Collaborating Centre for Aboriginal Health.
10 Staff Meeting, August 2018
11 First Nations Health Consortium. (2018, June 27). Leadership forum presentation. PowerPoint presentation. Document obtained from First Nations Health Consortium.
12 Staff Meeting 2018, March 2
13 Staff meeting 2018, August 10
14 First Nations Health Consortium. (2017, Oct). Alberta's Jordan's Principle Enhanced Service Coordination Process Model: October 2017 Final Draft 2. Document obtained from First Nations Health Consortium.
15 Personal Correspondence (2018, October 9).
16 Staff Meeting 2018, March 2.
17 Staff Meeting, December 2018
18 Staff Meeting, February 2019
19 Staff Meeting, December 2018
20 Staff Meeting, December 2018
21 Staff Meeting, April 2019
22 Government of Canada. (2019). Non-Insured Health Benefits (NIHB) program—General questions and answers. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/non-insured-health-benefits-nihb-program-general-information-questions-answers-first-nations-inuit-health-canada.html
23 Alberta Government. (2004). Standards for special education. Retrieved from: https://education.alberta.ca/media/1626539/standardsforspecialeducation.pdf
24 Alberta Government. (2006). Essential components of educational programming for students who are blind or visually impaired. Retrieved from: https://education.alberta.ca/media/1477209/ecep_blind_or_visually_impaired.pdf
25 Alberta Government. (2006). Essential components of educational programming for students with autism spectrum disorders. Retrieved from: https://education.alberta.ca/media/1477208/ecep_autism_spectrum_disorder.pdf
26 Alberta Government. (2019). Diverse learning needs. Retrieved from: https://www.alberta.ca/diverse-learning-needs.aspx?utm_source=redirector

Chapter 3: First Nations Health Consortium

27 Alberta Government. (2004).Teaching students with fetal alcohol spectrum disorder. Retrieved from https://education.alberta.ca/media/385139/teaching-students-with-fasd-2004.pdf
28 Alberta Government. (2006). Focusing on success: Teaching students with attention deficit/hyperactivity disorder. Retrieved from: https://education.alberta.ca/media/385137/focus-on-success-teaching-students-with-adhd-2006.pdf
29 Alberta Government. (2003). The learning team: A handbook for parents of children with special needs. Retrieved from: https://education.alberta.ca/media/3531893/learning-team-handbook-for-parents.pdf
30 Staff Meeting, April 2019
31 Notes: FNHC and Focal Point Joint Training (2018, April 25–26)
32 Government of Canada. (2018). Are you applying for Indian status? Retrieved from https://www.aadnc-aandc.gc.ca/eng/1462808207464/1462808233170
33 Notes: FNHC and Focal Point Joint Training (2018, April 25-26)
34 Staff Meeting, November 2018
35 Government of Canada. (2019). Ending long-term drinking water advisories. Retrieved from: https://www.sac-isc.gc.ca/eng/1506514143353/1533317130660
36 Government of Canada. (2019). Short-term drinking water advisories. Retrieved from: https://www.canada.ca/en/indigenous-services-canada/services/short-term-drinking-water-advisories-first-nations-south-60.html#alb
37 Staff Meeting, April 2019
38 Staff Meeting, September 2018
39 Staff Meeting, October 2018
40 Staff Meeting, September 2018
41 Interview: Staff 8
42 Interview: Staff 6
43 Interview: Staff 4
44 Interview: Staff 10
45 Interview: Staff 8
46 Interview: Staff 6
47 Interview: Staff 4
48 Interview: Staff 10
49 Staff Meeting, April 2019
50 Staff Meeting, April 2019
51 Indigenous Services Canada Alberta Region. (n.d.). Jordan's Principle Child First Initiative—Request checklist. Document obtained from First Nations Health Consortium.
52 Staff Meeting, October 2018
53 Staff meeting (2018, August 24)
54 Stout, R. (2018). The built environment: Understanding how physical environments influence the health and wellbeing of First Nations peoples living on reserve. Prince George, BC: National Collaborating Centre for Aboriginal Health.
55 Personal Correspondence (2019, 03, 21)
56 First Nations Health Consortium. (2019). Home: The First Nations Health Consortium-Enhanced Service Coordination. Retrieved from http://www.abfnhc.com/
57 Personal Correspondence, March 2019
58 Staff Meeting, February 2019
59 First Nations Health Consortium. (October 2017). Jordan's Principle: Enhanced Service Coordination First Nations Health Consortium communique—October 2017. Document obtained from First Nations Health Consortium.
60 First Nations Health Consortium. (2017, October). Jordan's Principle Enhanced Service Coordination staff training. Document obtained from First Nations Health Consortium.
61 First Nations Health Consortium. (2018, April 25–26). First Nations Health Consortium—Focal point meeting 2018: Agenda. Document obtained from First Nations Health Consortium.

Chapter 3: First Nations Health Consortium

62 Government of Canada. (2018, April 25). Registration & band lists: Health consortium presentation. PowerPoint presentation. Document obtained from First Nations Health Consortium.
63 Staff Meeting, July 2018, July 6
64 Staff Meeting, March 2018
65 Staff Meeting, February 2019
66 First Nations Health Consortium. (2017, October). Jordan's Principle Enhanced Service Coordination staff training. Document obtained from First Nations Health Consortium.
67 First Nations Health Consortium. (2018, April 25–26). First Nations Health Consortium—Focal point meeting 2018: Agenda. Document obtained from First Nations Health Consortium.
68 Government of Canada. (2018, April 25). Registration & band lists: Health consortium presentation. PowerPoint presentation. Document obtained from First Nations Health Consortium.
69 Staff Meeting, 2018, July 6
70 First Nations Health Consortium. (October 2017). Jordan's Principle Enhanced Service Coordination staff training. Document obtained from First Nations Health Consortium.
71 Personal Correspondence (2018, August 23)
72 Notes: FNHC Leadership Forum. (2018, June 5)
73 Notes: Jordan's Principle Summit 2018. (2018, September 12–13)
74 Staff Meeting, February 2019
75 Staff Meeting, January 2019
76 Health Co-Management. (2016, November 21). Request for Proposals: Service Coordination for Jordan's Principle in Alberta 2016–2019. Document obtained from First Nations Health Consortium.
77 Government of Canada. (2019). Investing in the middle class: Budget 2019. Retrieved from: https://www.budget.gc.ca/2019/docs/plan/toc-tdm-en.html
78 Staff Meeting, March 2019
79 Personal Correspondence, April 2019
80 Case opening dates were missing or incorrectly entered for 18 cases

Chapter 4

Behind the Numbers: The First Nations Health Consortium's Enhanced Service Coordination Model in Practice

Serenity Calfrobe Coss
4A - Chief Old Sun School

Since first receiving funding in February of 2017[1], the FNHC has established itself as a new organization with a mandate to serve all First Nations children in Alberta. The organization has developed and implemented an ESC model and quickly expanded its operations to better serve children and families across the province. The mandate of helping children across Alberta to access a broad range of health, social, and educational supports and services requires the FNHC to be able to work across service domains, Treaty areas, and institutional frameworks. This task becomes more complex when children require services that are not currently available. In such cases, the FNHC supports families in completing Jordan's Principle requests and navigating still-evolving Jordan's Principle processes.

This chapter offers a detailed account of the daily case work undertaken by the organization's frontline staff: the Jordan's Principle access workers (AWs) and the regional service coordinators (RSCs). We draw on family stories, constructed through interviews with RSCs and Jordan's Principle AWs, to document the relational approach that FNHC takes in its work with the children, families, and communities the organization serves.

- **Section 1** discusses the importance of building trust in initial contacts between families and the FNHC.
- **Section 2** describes the process through which the FNHC supports families in identifying children's needs.
- **Section 3** explores the extensive support provided by Jordan's Principle AWs and RSCs and the relationships built with families in the process.
- **Section 4** examines the collaboration between the FNHC and federal government focal points, and ongoing obstacles in the implementation of Jordan's Principle across Alberta.

1. Initial Contact with Families: The Importance of Building Trust

Jordan's Principle AWs are usually the first point of contact for caregivers and families who approach the FNHC. These workers spend time listening to and learning from parents and caregivers about their children and families. This typically occurs by phone, but may also take place at outreach events or at in-person meetings.[2] A Jordan's Principle AW explained that this first conversation with a family is a privileged space to develop trust between the Jordan's Principle AW and a family who has been unable to access services for their child. Reflecting on her first conversation with a specific family, this AW stated:

> [T]his (case) 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.[3]

When asked to reflect on the role of Jordan's Principle AWs, an RSC described them as not just collecting basic information about the family and the child's needs, but as "doing a terrific job of . . . being the first point of contact and capturing the [. . .] not just the demographics, but really getting into the story."[4]

After completing the initial intake, if the family requires more than a simple referral, the Jordan's Principle AWs inform the family that an RSC will provide ongoing support and coordinate access to existing health, social, and education services. The Jordan's Principle AW's documentation of the family's story in an electronic information system during the intake process is crucial to the successful transfer of cases to an RSC. It allows the RSC to access the information that the family has already shared and to continue building on the relationship that the Jordan's Principle AW developed.[5]

Building trust is key to the FNHC's work, and frontline workers prioritize establishing an emotional connection with caregivers through the early intake and long-term case management processes. Jordan's Principle AWs and RSCs go to great lengths to make themselves available to families and adapt the ESC model steps to better suit their needs.[6] When reflecting on their role within the FNHC, one RSC noted that they saw themselves as "walking with" or accompanying and guiding families while supporting them in gathering all of the necessary information required to request and access services.[7] An example of this approach is presented in A Family's Story #1.

2. Identifying Children's Needs: A Complex and Subjective Process

The identification of needs by the FNHC involves multiple steps. During the initial call or in-person request and subsequent case opening, Jordan's Principle AWs gather demographic information and document the caller's request for services, equipment, or medication. This brief documentation constitutes the initial identification of needs.[8] Shortly afterwards, the case is transferred to an RSC. The RSC contacts the family to provide support by listening to the family's self-reported needs and by gathering more information that can uncover additional needs. RSCs also collect information about the costs of addressing identified needs. Coordinating access to and compiling documentation of assessments and service recommendations from diverse professional teams is also a part of the RSCs' needs identification process.[9]

Needs identification is a complex and subjective process that does not always fit within the narrow parameters of bureaucratic guidelines and requirements. Intake and service coordination can uncover new needs that caregivers and service providers were not aware existed. A child's health, social, and educational needs may naturally evolve over time or change because of unexpected circumstances, for example when a child's medical condition worsens due to a lack of services. Children may receive new diagnoses, pre-existing conditions may gradually change, or families and caregivers may identify new needs as they become increasingly aware of the array of services available to them. Similarly, needs may go unidentified because assessments or diagnoses are not accessible due to limitations in public awareness of the condition, or because the services and supports available to address a specific need are deemed so limited that identification does not seem to have any benefit.[10, 11, 12]

The complexity of service coordination is increased when it comes to Indigenous children with multiple unmet needs. An FNHC staff member described the challenge of meeting multiple needs in A Family's Story #2 which details a context that is profoundly shaped by colonial governmental structure. This story highlights the immediate support RSCs provide in the ESC model while describing the long-term connections RSCs create with families to ensure emergent needs are met and appropriate support is provided to families and caregivers.

Family Story

#1 Palliative care and partial approvals

In 2017, a mother phoned the FNHC to request funding for home renovations and respite care to continue caring for her daughter in the family home. The daughter used a wheelchair and a feeding tube, and was completely dependent on her parents to eat, bathe, and move around her home. The family home required bathroom modifications and a ceiling lift system so that the parents could lift their daughter from her wheelchair into the bathtub.

Following the initial triage and determination of needs with the Jordan's Principle AW, the RSC worked with the focal point to develop an itemized list of the required documents needed to submit a Jordan's Principle request. Next, the RSC and the mother worked together. They contacted different professionals to gather the required documentation, which included a supporting letter from the doctor and two renovation estimates. During this time, the daughter aspirated food into her lungs and was admitted to hospital. Through Health Canada's Non-Insured Health Benefits (NIHB) program, the RSC helped the mother access transportation and funds to cover her living expenses while her daughter was hospitalized.

The RSC also coordinated a community support drive to ensure that the mother had access to clothing and basic needs during her absence.

Nine months after the initial submission, the family received a series of uncoordinated, partial approvals. 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 original case submission and was pending at the time of writing.

In the fall of 2018, the family received in-home palliative care for their daughter while waiting on full approval for necessary housing modifications. In order to ensure their daughter's palliative needs could be met if they did not receive approval, the family also had to prepare to move before winter. The family's experience of pre-approval delays despite time-sensitive medical need highlights the ongoing challenges in the federal approval process for Jordan's Principle requests.

Source: Interview, Staff 8

Family Story

#2 Waiting for a safe home

Through her conversations with local public service providers, an RSC became aware of a family whose living situation was severely compromising their ability to care for their child at home.

The family consisted of two grandparents, a mother who used a wheelchair, and her three children. One of the children required 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, the grandparents sought the training needed to care for their granddaughter while they were residing in the city where the surgery took place. After about a month, the family returned home.

The family home was 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. Furthermore, the living room had sunken floors, making much of the house inaccessible to the mother and daughter in their wheelchairs. The isolated location of the home made it difficult for the family to arrange for purified water delivery, which they needed to clean the daughter's feeding tubes. Minor renovations on the house were supported by the family's Band, which had a housing budget of $80,000 for the entire community. These renovations were not enough to adapt the home to the family's needs.

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

Family Story

continued...

With this tight timeline in mind, the RSC mobilized multiple health professionals and First Nations government officials 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 two letters: one confirming that 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 communicated regularly with the focal point regarding the required documentation. In June 2018, the ISC Alberta focal point informally confirmed that the federal 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. After a series of partial approvals, the necessary major renovations were denied.

In December of 2018 the FNHC filed an appeal on behalf of the family. In January of 2019 the appeal was approved and the family is in the midst of having renovations completed on their home.

Source: Interview, Staff 6
Staff Meeting Minutes, January 2019

3. Walking with Families: The Commitment of RSCs

RSCs strive to develop genuine connections with families to support them as they navigate complex public service systems. RSCs have repeatedly described how they prioritize sitting with parents, "getting their side of the story," and connecting with them on a personal level.[13] RSCs also monitor and follow-up with the families they work with, which is an approach that has resulted in extended case management. Health, social, and education needs for children are not static, and FNHC staff work to support families as new needs emerge.

In some cases, these efforts go far beyond the RSCs' formal responsibilities and beyond the scope of service coordination for which the FNHC is funded.[14] For example, one RSC became aware that their client was caring for her daughter at the hospital 24/7 and decided to provide onsite respite by doing paperwork in the child's hospital room while the mother slept.[15] The immediate provision of service coordination alongside extended follow-up reflects the RSCs' flexibility and commitment to support families in navigating barriers to equitable health, social, and educational services. A Family's Story #3 further illustrates the lengths to which RSCs have gone to support families.

Mathew - 4A - Chief Old Sun School

4. Mediating the Relationship Between Families and Focal Points: Continuing Challenges

The submission of a Jordan's Principle request requires RSCs to work in close collaboration with ISC Alberta regional focal points, the primary government contacts for Alberta families making Jordan's Principle requests. RSCs must be in regular contact with focal points to seek confirmation of documentation and follow up on any requests for additional information.[16] After verifying documentation with focal point staffers, the RSCs work with families and caregivers to ensure all necessary information is provided in advance of the final request submission to the focal points.[17, 18] Thus, the work of RSCs and focal points is inextricably linked, and this has been a source of tension for the FNHC. RSCs work with the understanding that parents, caregivers, and children do not have a moment to spare, but delays in resolution of Jordan's Principle requests frequently emerge. These delays are a result of shifting Jordan's Principles policies, a lack of sufficient resources, and limited infrastructure to support efficient responses to Jordan's Principle cases. A Family's Story #4 illustrates some of the complex policies and processes that can lead to delays in Jordan's Principle cases.

The focal points' understanding of and responses to Jordan's Principle are shaped by a context that is rapidly evolving. In the context of ongoing CHRT monitoring of Jordan's Principle processes, many decision-making responsibilities, including all responsibility for review of several broad categories

Family 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.

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. The request was approved before Christmas.

Despite the timely approval funds were significantly delayed due to focal point processing, which resulted in a four week wait for funds after the request was approved.

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

Family 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 requesting service coordination for a family. The mother, accompanied by her own mother, had travelled from their home community to Edmonton with her severely malnourished infant. The family lived in an isolated northern community only accessible by plane or by ice road. Children under the age of 2 made up 10% of the community's population. However, as in many northern communities, the cost of food created a significant burden for families. 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 made it difficult for parents to prepare powdered formula, which was the only formula officially approved through NIHB. Despite widespread and sometimes permanent boil water advisories in First Nations communities throughout the province, NIHB did 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 3 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 to 48 hours for an answer from NIHB—time the family did not have, because the baby was soon to be discharged.

Family Story

continued...

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 the age of 2. According to the RSC, this cost more than $700,000. The entire group application process took about 2½ months.

Source: Interview, Staff 4

of requests as well as responsibility for review of all Jordan's Principle requests which may potentially have been denied, have been centralized in the ISC national office in Ottawa.[19, 20, 21] This centralization of decision-making responsibility has reduced focal point flexibility and exposed them to greater scrutiny by the national office.

Yet, even in late 2018, focal points in the Alberta region had not received comprehensive operating procedures or guidelines for responding to Jordan's Principle requests.[22] As discussed in Chapter 2, this means that they must rely heavily on their discretion in managing the request process, even as constant shifts in federal directives mean that eligibility for Jordan's Principle and the documentation necessary for case approval is changing rapidly.[23, 24] In addition, focal points' abilities to efficiently make sense of, communicate, and respond to shifting federal policy have sometimes been compromised by staff turnover and federal failures to increase the number of focal point positions to match growing caseloads.[25, 26]

Changing federal directives, a reliance on individual focal point staff discretion, and chronic short staffing have created delays in the time that it takes FNHC staff to move from initial contact with a focal point to approval for Jordan's Principle request submission. Communications between focal points and the FNHC have sometimes been slowed down or lost, creating delays in case processing. In some cases, focal point staff have asked for additional or reformed documentation from FNHC staff, either because of an omission or an error in the initial submission. In other cases, new documentation may be required because of a change in Jordan's Principle guidelines. Both situations require FNHC staff to contact the family and request new supporting documentation from the professionals and First Nations government officials involved in the case.[27, 28]

In addition, a discretionary practice of the focal point in Alberta currently requires families to exhaust all available services in advance of request consideration while documenting the processes of denials at each point. This discretionary documentation practice has emerged as an attempt to reconcile requests with pre-existing services to reduce duplicate funding, but places a significant burden on families and further extends the time before a Jordan's Principle request will be considered.[29, 30, 31] The process and documentation of exhausting all pre-existing services in advance of request submission can last months.[32]

As depicted in Figure 13, the process for responding to a Jordan's Principle request can be seen as having multiple stages. Since the FNHC began service coordination, the majority of delays in responding to Jordan's Principle requests have occurred in request stage, prior to focal point determination that they have all necessary information and, accordingly, prior to the commencement of the 48-hour decision period mandated by the CHRT.[33]

Student - Chief Old Sun School

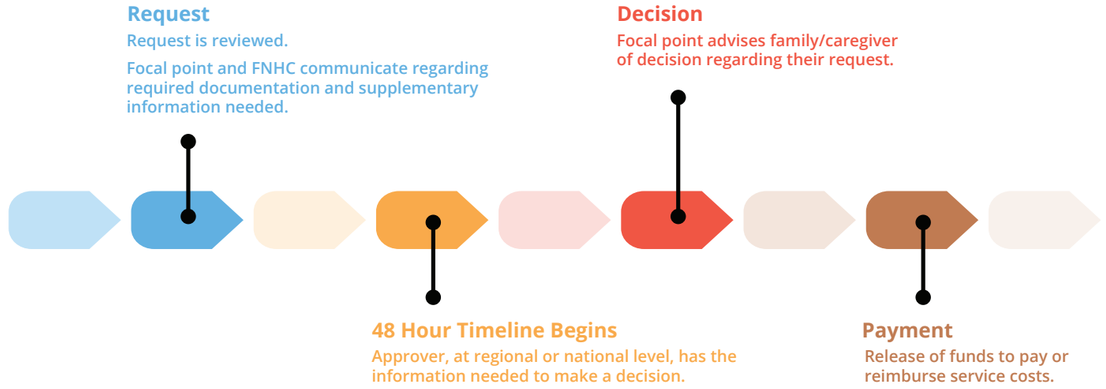
Thus, though these delays may have great impact on children and families, they have not negatively affected the federal government's assessment of compliance with CHRT-established timelines for responding to Jordan's Principle requests.[34] However, in recent months, chronic staff shortages have also resulted in non-compliance with CHRT timelines in the Alberta focal point request approval process.[35] In addition, focal points report significant delays when cases are sent for review at a national office, and these delays also directly impact compliance with CHRT timelines, but the extent of these delays has not been systematically documented at the time of writing.[36]

Delays that emerge at the national and provincial levels significantly impact families and the work of RSCs. RSCs report that managing families' expectations has emerged as a key component of their work.[37] One RSC described their role as being the "middle person" between the focal point and families. She emphasized the importance of being honest with families about the length of the Jordan's Principle process in order to maintain transparency and build trust.[38] Another FNHC staffer reflected that their role as enhanced service coordinators was partly shaped by efforts to reduce delays in focal point process, stating that "[w]e are required to organize them [focal points], in a way." [39]

RSCs also report significant delays in processes that occur after the approval of a Jordan's Principle request. The release of Jordan's Principle funds to pay or reimburse families or caregivers and service providers is a rigid and lengthy administrative process bound within the federal Financial Act.[40] Once a family's request has been approved, the transfer of funds often takes weeks to months and can present a significant financial burden to families.[41, 42] RSCs monitor funding delays and advocate on behalf of families and service providers who have waited from 6 to 9 months with no funding for approved Jordan's Principle requests.[43]

To address delays in the consideration and processing of Jordan's Principle requests, the FNHC has worked to create a collaborative relationship with Alberta focal points. Regular case review meetings between RSCs and focal points, implemented in October of 2018, allow for troubleshooting and facilitate ongoing communication.

Focal point process in Jordan's Principle requests — Figure 13



In addition, the FNHC has taken steps to minimize the delays in payment of Jordan's Principle funds to families. As an independent organization with flexible administrative procedures, the FNHC has sought to shorten payment processes by administering payments on behalf of the federal government. Discussion of this possibility began in April 2018,[44] and the FNHC is currently preparing to take on administration of payments in individual Jordan's Principle requests by June 2019.[45] This will shift administrative tasks such as tracking, processing, accounting, and contacting families for payment verification to an FNHC staffer, adding significantly to the organization's workload.

The increasing collaboration with government focal points and FNHC's acceptance of responsibility for Jordan's Principle payments places FNHC staff in a complex role. The FNHC is working to reduce wait times and improve service for First Nations families filing Jordan's Principle requests by establishing itself as an organization that mediates between Jordan's Principle decision-makers and families. However, these gains bring with them unavoidable tensions that must be addressed through the ongoing focus on a relational approach. In order to facilitate a more effective response to Jordan's Principle requests, FNHC staff must simultaneously build close working relationships with the federal government and continue to advocate for First Nations families who have been denied needed health, social, and education services by the federal government.

Endnotes

1 Interview: Board 2
2 Staff meeting, November 2018
3 Interview: Staff 4
4 Interview: Staff 10
5 Interview: Staff 4
6 Interview: Staff 8
7 Interview: Staff 5
8 FNHC (2017) Information Management System.
9 Interview: Staff 5
10 Staff Meeting, November 2018
11 Canadian Paediatric Society. (2019). Care of adolescents with chronic conditions. Retrieved from: https://www.cps.ca/en/documents/position/care-of-youth-chronic-conditions
12 Canadian Paediatric Society. (2019). A model of paediatrics: Rethinking health care for children and youth. Retrieved from https://www.cps.ca/en/documents/position/model-of-pediatrics
13 Interview: Staff 5
14 Interview: Staff 10
15 Interview: Staff 8
16 Interview: Staff 8
17 Government of Canada. (2018). Submit a request under Jordan's Principle: Step 5. How to send a request. Retrieved from https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-5.html
18 Staff Meeting, September 2018
19 Notes: Regional Forum. (2018, June 27–28)
20 Staff meeting (2018, June 15)
21 Staff Meeting, January 2019
22 Staff Meeting, April 2019
23 Staff Meeting, April 2019
24 Staff Meeting, February 2019
25 Staff Meeting, April 2019
26 Staff Meeting, April 2019
27 Staff Meeting, October 2018
28 Staff Meeting, February 2019
29 Staff Meeting, April 2019
30 Staff Meeting, May 2019
31 Staff Meeting, April 2019
32 Staff Meeting, September 2018
33 Staff Meeting, October 2018
34 Staff Meeting, October 2018
35 Staff Meeting, April 2019
36 Staff Meeting, October 2018
37 Personal correspondence (2018, August 23)
38 Interview: Staff 8
39 Staff Meeting, July 2018
40 Staff Meeting February 2019
41 Interview: Staff 10
42 Staff Meeting, April 2019
43 Staff Meeting, March 2019
44 Personal Correspondence (2018, April 4)
45 FNHC Board Vision Session, May 2019

Conclusion

A child's drawing of Jordan's Principle

This report presented the results of a formative evaluation of First Nations Health Consortium's (FNHC) Enhanced Service Coordination (ESC) model. It described the development and implementation of the ESC model between January of 2017 and April of 2019. It also described the national, provincial, and organizational contexts in which the ESC model was developed and implemented. The analyses presented here drew on document review, interviews, focus groups, analysis of administrative data extracted from the FNHCs electronic service coordination information system, and participant observation. Combined, these sources of data and information present a rich portrait of the FNHC's work in context.

In this report we:

- Examined the colonial framework of public services for First Nations children that necessitated the development of Jordan's Principle. We also traced the evolution of Jordan's Principle in response to the Canadian Human Rights Tribunal's rulings issued between 2016 and 2019.

- Described the FNHC's vision of increasing access to services for all First Nations children in Alberta, examined the primary challenges the FNHC has faced in realizing this vision, and explored the FNHC's relational approach to addressing these challenges.

- Documented the ESC model that the FNHC uses to connect First Nations children with needed health, education, and social services in their region and examined the FNHC's approach to implementing this model.

- Provided a detailed account of the daily case work undertaken by the Jordan's Principle access workers (AWs) and the regional service coordinators (RSCs), and examined their relationship with the federal government focal points charged with facilitating the review of Jordan's Principle requests.

We found that:

- The work of the FNHC has been shaped by two patterns in national level policy: (1) A deeply entrenched, discriminatory policy framework that has created and compounded disparities in health, education, and social outcomes for First Nations children and (2) A rapidly evolving response to Jordan's Principle, which has been driven by CHRT orders, has resulted in opportunities to increase access to services for First Nations children, but has also created confusion and a fragmented approach to addressing children's needs.

- The federal government's current approach to Jordan's Principle is individualistic and demand driven. First Nations families, organizations, and communities bear the burden of identifying needs and advancing requests for Jordan's Principle funding. This approach perpetuates the fragmentation of the system of public services for First Nations children and potentially introduces new inequities between those First Nations families, organizations, and communities that have the capacity to advance Jordan's Principle requests and those that do not. As a result, this approach does not meet

the CHRT's orders that the federal government provide First Nations children with services and supports that are in the best interests of the child, are culturally appropriate, and do not compound the historical disadvantages that have accrued to First Nations children as a result of past government policies.

- The FNHC has taken a relational approach to realizing its vision of increasing access to services for all First Nations children in Alberta. Building on the resources and networks of its founding members, the FNHC quickly increased its organizational capacity in order to develop and implement the ESC model. The FNHC systematically prioritized building strong relationships with First Nations, government focal points (workers charged with responding to Jordan's Principle requests), service providers, and policy actors at the regional and national levels in order to address challenges encountered in implementing the ESC model. These relationships provide a strong foundation on which the FNHC can build in its future work.

- The FNHC has served over 700 children from more than 39 First Nations and 3 Treaty areas, living across the province of Alberta. Staff have engaged in extensive outreach and, as a result, the number of case openings each month has increased significantly over time. FNHC has steadily increased the number and geographic dispersion of its frontline staff in order to respond to the needs of First Nations children across Alberta.

- The ESC process is inherently complicated. FNHC's frontline staff must develop trusting relationships with families, work with these families to identify a broad range of needs, and then connect them with needed services. Supporting families with complex needs can require ongoing case management. The ESC model requires FNHC staff to have knowledge of services available across service domains and geographic regions. In addition to working with families, FNHC staff collaborate with service providers and community contacts, government focal points, and representatives of existing programs (such as Non-Insured Health Benefits) to compile and submit the extensive documentation required for a Jordan's Principle request.

- FNHC staff report an ongoing pattern of delays in the federal government's assessment of and response to Jordan's Principle requests. These delays result from the unclear, inconsistent, and burdensome federal guidelines for Jordan's Principle requests and from federal failure to provide sufficient infrastructure to support Jordan's Principle processes. The FNHC has developed a strong working relationship with federal government focal points in order to advocate for families advancing Jordan's Principle requests. In addition, the FNHC has increasingly taken on a position of mediating between the federal government and First Nations families, accepting new roles, such as responsibility for administration of payment in approved Jordan's Principle requests.

In the spring of 2019 the federal government extended the FNHC's funding for 1 year, with the potential to renew for an additional 2 years. The organization will continue to deliver service coordination through the ESC model but the scope of and approach to this work will continue to evolve. Moving forward, we believe several key questions will be critical to determining the future directions for the FNHC and, ultimately, to determining the success of the FNHC's efforts to ensure equitable services for First Nations children in Alberta.

- **How will existing federal and provincial policies be reformed in order to more systematically and proactively ensure equitable services for First Nations children?** The realization of equitable services for First Nations children will require widespread structural reforms that expand the services routinely available to all First Nations children.

- **How will services be adapted to ensure that they actually address the needs of First Nations children?** Meeting the needs of First Nations children requires more than just access to services. Ultimately, the goal must be to provide high quality, culturally appropriate services that address children's needs within their home, family, and community contexts.

- **How will the ESC model and the roles and responsibilities of front-line FNHC staff evolve over time?** The FNHC's caseloads, as well as the scope of the services offered, have increased over time. Though the size of the FNHC staff has also grown, work burden is high and ongoing revision of roles/responsibilities may be necessary in order to ensure the sustainable implementation of the ESC model.

- **How will the ongoing pattern of delays in government response to Jordan's Principle requests be addressed?** The FNHC has made concerted efforts to support Alberta focal points in ameliorating this situation, but delays persist and the solution to these delays remains to be found.

- **How will close collaboration between FNHC staff and federal government focal points impact the FNHC's relationship with First Nations families and communities?** The development of a close relationship with focal points has increased the FNHC's ability to advocate for and respond to the needs of First Nations children. However, it also places the FNHC in the tenuous position of working with the federal government to try to address service gaps and redress historical disadvantages that have been caused by the federal government's own policies and actions. The full impact of this alliance on the FNHC's relationship with First Nations families and communities is not yet known.

As the FNHC moves into the next stage of its work and development, we look forward to seeing the organization engage with these important questions in order to advance the rights and best interests of First Nations children.

AJ First Rider - 2A - Chief Old Sun School

Appendix 1

Report Methodology

Sunni Lee Rose Wolfleg
Chief Old Sun School

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, this report was reviewed and validated by members of the FNHC board of directors, staff, and other partners prior to its publication.[3, 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 1, this 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)
5. A focus group

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

Secondary information and primary qualitative data (such as interviews, participant observation, and a focus group) analyzed in this report were collected between January 2017 and April 2019. 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 FNHC staff using an Information Management System developed and implemented by the FNHC and a consultant with whom they 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 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 served by the FNHC.

Primary data collection: Types of data, data sources, and types of information collected

Table 1

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–April 2019**	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–April 2019**	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–April 2019**	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–April 2019**	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 Principle meetings/events, including: public forums, staff meetings, meetings with partners, and staff trainings **January 2017–April 2019**	
In-depth unstructured interviews	Transcripts of interviews with 18 FNHC staff, board members, and partners **Oct. 2017–Dec. 2017 and April 2018–May 2018**	
Focus group	Transcripts and notes from a focus group with seven FNHC staff, board members, and partners **December 2017**	

Endnotes

1 McGill University & The First Nations Health Consortium. (2017, January 14). Research agreement.
2 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) .
3 McGill University & First Nations Health Consortium. (2017, January). Research agreement.
4 First Nations Health Consortium. (2018, September 24). Minutes: FNHC meeting with board members, staff, and First Nations Inuit Health Branch. Information and evaluation working group.
5 Information and evaluation working group meeting, January 2018.
6 McGill University & The First Nations Health Consortium. (2017, January 14). Research agreement.

Appendix 2

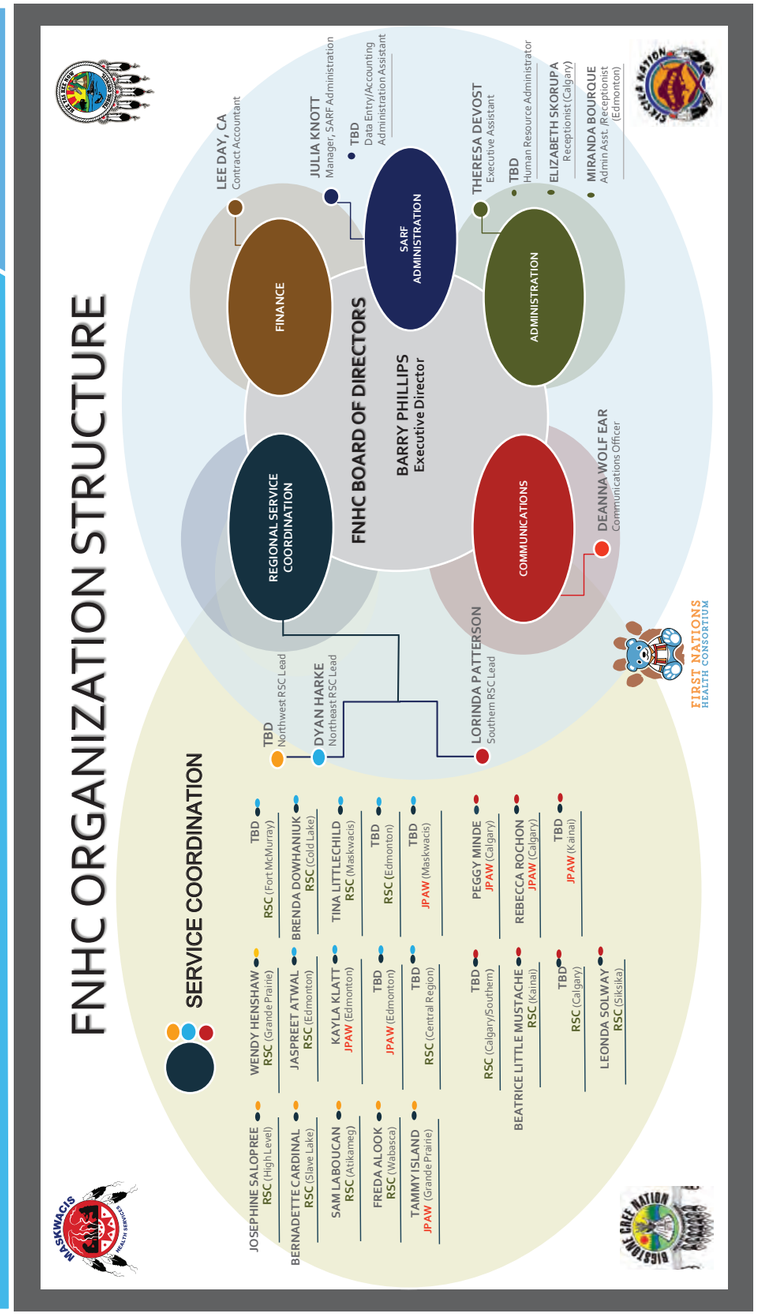
FNHC Organization Structure 2019

Appendix 2 presents the First Nations Health Consortium's organizational structure as of July 2019. This chart was created by the FNHC.

Kaya
Chief Old Sun School

Figure 14

FNHC organization structure (Jul. 2019)



Appendix 3

Strategic Plan 2017 - 2027: Phase 2

Appendix 3 presents the FNHC's Strategic Plan for 2017 - 2027. This document was prepared by Carol Blair and Associates based on a visioning session that the FNHC held in May of 2019. It provides an overview of the FNHC's accomplishments to date and of its goals and priorities moving forward.

AJ First Rider
2A - Chief Old Sun School

Introduction

The First Nations Health Consortium Inc. (FNHC) is a relatively new organization created in 2017 to implement Jordan's Principle Enhanced Service Coordination for First Nations families and their children in Alberta. Enhanced service coordination is about helping to connect First Nations families and their children to the services they need to meet their health, social and educational needs.

FNHC is governed by a Board of Directors representing four First Nations health organizations in Alberta that founded the Consortium: Bigstone Health Commission, Kee Tas Kee Now Health Commission, Maskwacis Health Services and Siksika Health Services. An Executive Director manages the organization, supported by a core management team and frontline staff members, regional service coordinators and Jordan's Principle access workers who coordinate the access to and provision of needed services to children and their families.

FNHC Strategic Plan: Phase 1 Accomplishments (2017 - 2019)

The first FNHC Strategic Plan, Phase 1 (dated 2017-2019) focused on the development and implementation of the new FNHC organization and the development and implementation of Jordan's Principle Enhanced Service Coordination model for Alberta's First Nations families and children.

During the first two years of the FNHC, the following accomplishments were realized:

» **Strategic Direction #1 Goal: Improve and help navigate access to health, social and educational services needed by First Nations children and their families.**

- Jordan's Principle access workers and regional service coordinators were hired according to the operational plan. Adjustments in the number and placement of staffing was made as learned through implementation of the model.
- The enhanced service coordination model was successfully implemented with adjustments made to ensure it would meet client needs. In particular, an early need was identified to enhance outreach to more remote areas in the province and to secure more group funding to meet client needs.
- Details of the first two years of operation were documented and provided in the evaluation report completed by the McGill University Research Team.

» **Strategic Direction #2 Goal: Demonstrate fiscal and organizational accountability and sustainability in all financial and operational functions.**

- Office furnishings and support equipment were implemented in designated regional areas of the province.
- Toll-free telephone number was secured and implemented.
- Information systems (finances, human resources, client recordkeeping administration, administration) were implemented. Continuous changes to the client record keeping system have been necessary due to continuous changes in federal information requirements regarding implementation of Jordan's Principle.

» **Strategic Direction #3 Goal: Build and sustain mutually satisfying and productive relationships to ensure Jordan's Principle is honoured**

- Stakeholder relationship building started and will be an ongoing activity.
- Presentations and support materials (program handouts, PowerPoint presentations, posters, etc.) to support stakeholder awareness, education and outreach activities developed
- Presentations conducted across province in various stakeholder venues.
- Stakeholder relationship building started and will be an ongoing activity.
- FNHC website designed and implemented.
- Co-location of Focal Points positions, FNIHB, Alberta Region, into FNHC offices, initiated.
- Historic Memorandum of Understanding established with the Federal Government, Provincial Government and FNHC.
- Negotiations initiated for management of SARF (Service Access Resolution Funding).

» **Strategic Direction #4 Goal: Build an organizational culture that promotes positive relationships and work excellence**

- Personnel policies and procedures established.
- Performance management system initiated.
- Regular team meetings established.

FNHC Strategic Plan: Progressive Scenarios to 2027

The FNHC articulated three progressive scenarios to move towards fulfillment of the desired future no later than 2027. The three progressive scenarios are:

1. **Status Quo Plus:** Jordan's Principle Mandate Only
2. **Growth/Expansion:** Expanded Mandate for Children's Services beyond Jordan's Principle Mandate
3. **Phasing Out:** FNHC No Longer Needed

The schematic in Figure 15 below gives the details of the three progressive scenarios.

Three scenarios towards fulfillment of desired future by 2027 — **Figure 15**

1 — Status Quo Plus: Jordan's Principle Mandate Only

- Create a Centre of Excellence for Jordan's Principle
- Make incremental and continuous improvements

2 — Growth/ Expansion: Enhanced Jordan's Principle

- Diversify FNHC role and responsibilities and "legitimatize the things being done by default"
- Deliver hard-to-acquire services to hard-to-reach children and families due to geography/ isolation, e.g. rehabilitation services in Northern Alberta
- Make transformative improvements: fundamentally start to change the way FNHC does business

3 — Phasing Out: FNHC No Longer Needed

- Reform of NIHB policies so service denials and delays become "a thing of the past"
- Enhance community capacity and funding; each First Nation community continues their mandate to meet the health, social and educational needs of the children and facilitate their transition beyond 18 years

FNHC Strategic Plan: Phase 2 (2019 - 2022)

The rest of this document provides the FNHC Strategic Plan for Phase 2: 2019-2022. The FNHC's vision of success, values, and mission are articulated. Four strategic priorities are described. Each strategic priority defines the desired outcomes and the key strategies to be taken to achieve the desired outcome.

Our Vision of Success

The FNHC believes that the health and wellbeing of our children, youth, families and communities are key to restoring our identity, our sense of belonging, hope, and pride as First Nations Peoples.

The FNHC is a responsive, innovative, and collaborative organization, making a difference by:

- Enabling inclusiveness, equality and access to quality and culturally relevant services and supports.
- Facilitating creation of mutually supportive relationships and partnerships.
- Advocating to improve socio-economic conditions that affect our Peoples' health and wellbeing.

Because we can… FNHC will help to restore and sustain our Peoples' health and wellbeing for generations to come

Our Values

Compassion We seek to understand each other's individual and community experience.

Fairness We are fair and equitable in all our actions and decisions.

Love We have love and affection for our people.

Respect We value and honour the diversity of First Nations' cultures, languages, and aspirations.

Our Mission

Working together, honouring, advocating, and enabling equitable access, to meet the needs of our First Nations Peoples.

Strategic Priority #1: Strengthen Service Access

Desired Outcomes

1. Children's needs are met within their cultural traditions by respecting and reinforcing an understanding of cultural knowledge and protocols.
2. Children's needs are met without delays.
3. Seamless transition and ongoing support, as required, for children 18 years and older.
4. Healthy and happy children and families enjoying a higher quality of life.
5. Communities experiencing increased prosperity, a sense of hope and pride in their cultural heritage and sense of belonging in today's society.
6. Increased awareness and knowledge about Jordan's Principle: First Nations Chiefs and Councils; health, social and educational professionals, families and communities.

Strategies #1: Strengthen Service Access — Table 2

	What will be done?	Who will be involved?	When will it happen?
1	Develop a plan for the provision of specialized services (hard-to-acquire services) across Alberta, targeting the north.	FNHC	Within one year [end of May 2020]
2	Continue to make the case for full Focal Point co-location in FNHC offices.	FNHC	Phased in to September 1, 2019
3	Develop a communication plan by gathering and using client stories and targeting relevant information and messages to a range of stakeholders.	FNHC Management Communications Resource Media	Within next six months [end of September 2019]
4	Strengthen the efficiency of the information management (IM) system, addressing the needs of the regional service coordinators and Jordan's Principle access workers.	FNHC Management Focused FNHC Staff Working Group	Within next six months [end of September 2019]
5	Strengthen the use of Jordan's Principle data in making the case for support for enhanced services and funding regionally and nationally.	FNHC Management Combined FNHC/Partner Staff Working Group	Build on actions taken to date and continue momentum
6	Offer to pilot the Information Management System.	FNHC Management FNIHB Headquarters	By March 31, 2020
7	Explore and identify caregiver needs.	FNHC Management Combined FNHC/Partner Staff Working Group	Build on actions taken to date and continue momentum

Strategic Priority #2: Grow the Finances

Desired Outcomes

1. Long term funding commitment to deliver on Jordan's Principle ever-changing mandate.
2. Increased control over SARF funding.
3. Diversified sources of revenue.

Strategies #2: Grow the Finances — Table 3

	What will be done?	Who will be involved?	When will it happen?
1	Develop a five-year growth and action financial plan to start negotiating with the federal government.	FNHC Federal Government Provincial Government	Within the next year [end of May 2020]
2	Align with the actions for "tackling the politics."	First Nations Chiefs FNIHB	Ongoing and building on actions taken to date
3	Continue to make the case for managing SARF.	FNHC FNIHB	• June 2019 • Identify strategic opportunities as they arise • Maximize use of financial and program data

Strategic Priority #3: Tackle the Politics

Desired Outcomes

1. Long term commitment to Jordan's Principle to meet health, social and educational needs of children.
2. Sustainable funding for FNHC to deliver on its mandate.
3. Ultimately impact NIHB policies, other policies and authorities so no further denials or delays create barriers to needed services and supports.
4. Improved relationships with Federal Government and other First Nations.

Strategies #3: Tackle the Politics — Table 4

	What will be done?	Who will be involved?	When will it happen?
1	Maximize the Memorandum of Understanding opportunities.	FNHC FNIHB Provincial Government (Assistant Deputy Minister, Senior Officials and Chiefs)	Start now (May 2019) with development of action plan
2	Facilitate meeting of First Nations Chiefs to meet with FNIHB senior officials.	First Nations Chiefs FNIHB	AOTC Health June 11 & 12, 2019 Edmonton
3	Plan national forum to advance the agenda and sustainability of Jordan's Principle.	FNHC Organizations involved in delivering on Jordan's Principle mandate across Canada	Within the next year (before end of April 2020)
4	Facilitate meeting with Canada's Auditor General and/or Treasury Board Minister.	First Nations Chiefs FNHC	Dependent on progress made with Alberta Region
5	Continue efforts to build relationships and trust with other First Nations.	First Nations Chiefs and Councils FNHC	Ongoing
6	Develop a proactive plan for lobbying, budget submission, position papers and communications strategy for the 2019 federal election.	First Nations Chiefs and Councils FNHC	Start now (May 2019)

Strategic Direction #4: Manage Organizational Risks

Desired Outcomes

1. Organizational strategic and financial risks are identified and minimized.
2. FNHC governance policies are in place regarding the identification, assessment, management, monitoring, and mitigation of risks.
3. FNHC board monitors organizational processes for managing risk.

Strategies #4: Manage Organizational Risks — **Table 5**

	What will be done?	Who will be involved?	When will it happen?
1	Conduct board capacity building.	FNHC Board and Management	By end of March 2020
2	Complete an organizational risk assessment.	FNHC Board and Management	By end of March 2020
3	Develop and approve an organizational risk management plan.	FNHC Board and Management	By end of March 2020

Claire
Chief Old Sun School

Treaty 7

Treaty 6

Treaty 8