

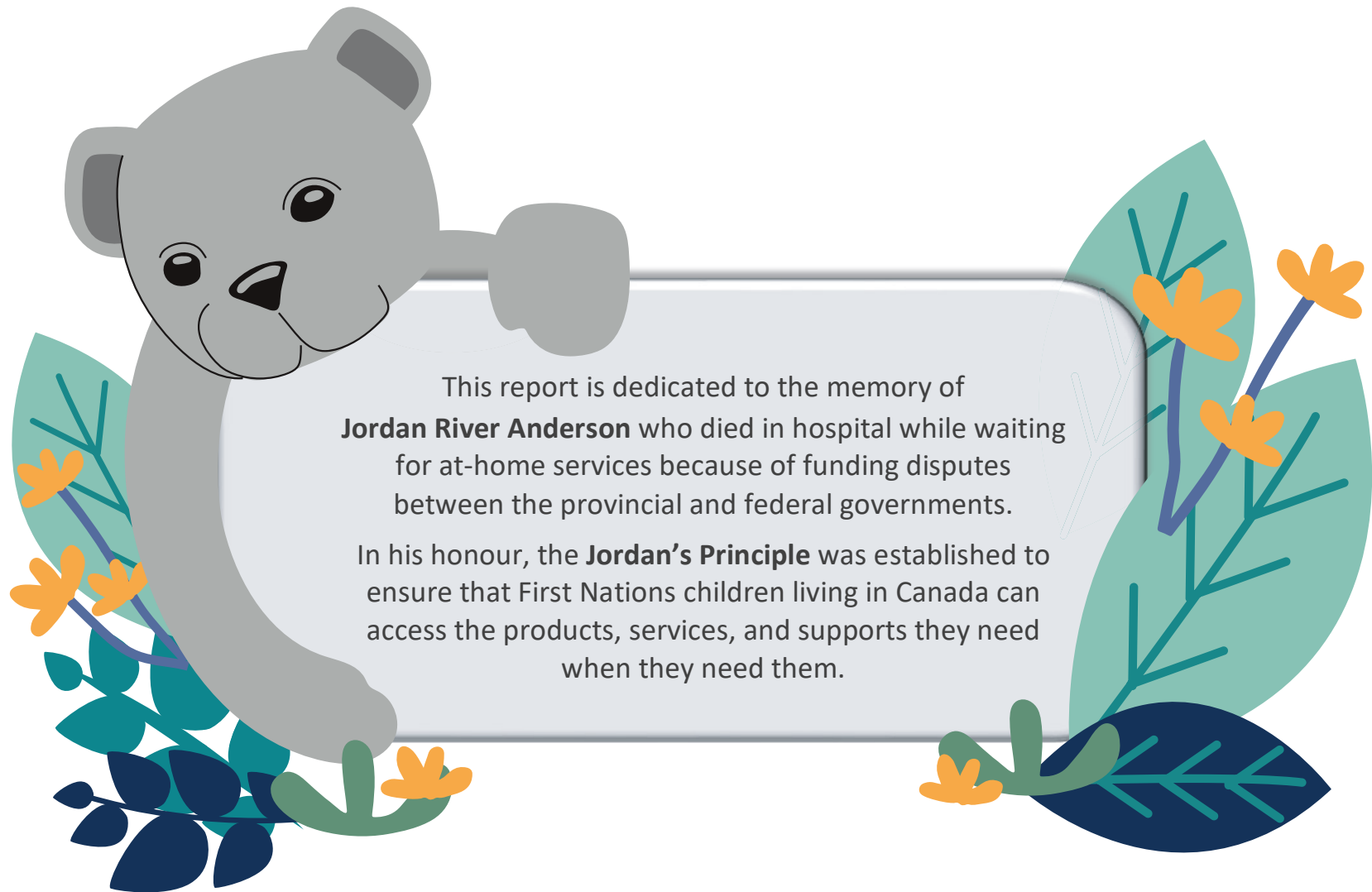


# **Implementation of Jordan's Principle across Canada**

## **Summary Report**



## Dedication to Jordan River Anderson





**FIRST NATIONS**  
HEALTH CONSORTIUM

**First Nations Health Consortium**  
**Implementation of Jordan's Principle across Canada**  
**Summary Report**

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

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## ACKNOWLEDGEMENTS

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

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

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

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

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

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

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

- **Service coordinators and service coordination organizations across Canada** who participated in the survey, focus groups and interviews, and generously shared their information and ideas for improvement.
- **ISC regional managers responsible for Jordan's Principle** who participated in personal interviews and shared their perspectives from a regional level, offering operational insights and ideas for improvement.
- **FNHC management team** who provided expertise and guidance to the project team and to the **FNHC staff** who participated in the pretesting of the survey tool, the registration system, and the focus group process.
- **FNHC project team members, under the leadership of Carol Blair and Associates**, who conducted the project from beginning to end.

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

*G. Barry Phillips*

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

# Table of Contents

Acknowledgements .....	4
1 Background.....	6
2 The Process and Participants.....	7
3 Jordan’s Principle Importance and Impact .....	8
4 Service Coordination Arrangements across Canada.....	9
5 Jordan’s Principle Strengths .....	12
6 Jordan’s Principle Challenges .....	13
7 Jordan’s Principle Data Collection and Data Management Processes.....	17
8 Jordan’s Principle Evolution: Lessons Learned and Continuous Improvement .....	22

# 1 BACKGROUND

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

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

The project was guided by four purposes:

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

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

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

## 2 THE PROCESS AND PARTICIPANTS

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

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

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

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

### 3 JORDAN'S PRINCIPLE IMPORTANCE AND IMPACT

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

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

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

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

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



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

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

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

## 4 SERVICE COORDINATION ARRANGEMENTS ACROSS CANADA

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

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

- Telephone information only to guide families to the resources they need.
- Assessment of children’s needs.
- Development of plans to meet children’s needs.

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

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

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

**Governance structures:**

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

### Service coordination structures:

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

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

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

## 5 JORDAN'S PRINCIPLE STRENGTHS

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

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

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

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

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

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

## 6 JORDAN’S PRINCIPLE CHALLENGES

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

### **Funding approvals and delays.**

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

- **57% respondents** (21 responses) experienced **delays of less than one month**; while **35%** (13 responses) experienced **delays of two to three months**.
- **Reasons for delays** included:
  - **Regional office requests** for more information.
  - **Regional/national office staffing**, assignments, and workload.
  - **Backlogs** due to COVID.
  - **Nature of some specific requests** such as braces/orthodontics, funding for outside of province activity and complicated family requests not having a direct impact on the child.
- **Denials.** A question was also asked about the most common response when a request is denied; survey respondents were given a choice of detailed response, generic response or other. The responses were fairly evenly split across the categories with 32% (26) receiving a detailed response, 30% (24) receiving a generic response and 38% (31) saying other. The comments given for “other” included: ‘always the same reasons given’, ‘being escalated to the national level’, ‘did not meet the normative standards/substantive equality’.
- **Impact of denials on the child and family.** Respondents spoke to the impact on the family and the child, including the following:
  - **Great impact which can be devastating to the family**, causing them to experience stress and further hardship, burnout and mental health struggles, feeling further colonial oppression by being let down by the government. Some families will appeal; others will give up, choose to go without or pay for the service/product themselves.
  - **Impact of denials on the child.** Respondents commented that a denial means the child: goes without a needed service or product (often doesn't meet substantive equality criteria), needs to wait on publicly funded programs with long waiting lists, experiences escalating challenging behaviours and will not be able to develop optimally.
  - **Impact of denials on service coordinators.** Service coordinators also experience challenges because of denials, including not meeting family expectations, dealing with awkward conversations and trying other ways to help the family.
- **Access barriers.** The **top three common ‘extreme’ barriers** were identified as:
  - Number of health professionals/ resources (i.e., lack of).
  - Navigating systems to get services and /or products to children and their families.
  - The geographical distances to access services.

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

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

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

- **Inefficient application processes and lack of information management systems:** large reliance on multiple email communications, onerous group applications, inconvenience of toll-free number, tracking applications, lack of databases.
  - **Reimbursement and finance procedures:** understanding that Jordan's Principle is a reimbursement program, length of time to receive reimbursements, lack of organizational structures and procedures to effectively deal with reimbursement and fluctuations in Contribution Agreements.
  - **Some clarity lacking in understanding responsibilities for Jordan's Principle:** understanding policies and procedures, who decides to apply for Jordan's Principle.
- **Isolated and remote communities face unique challenges:** more demand for land-based programming and structural supports such as protective fences are examples of unique community needs that are exacerbated by poverty, lack of employment, limited access to professionals, and communication and connectivity issues.

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

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

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



## 7 JORDAN'S PRINCIPLE DATA COLLECTION AND DATA MANAGEMENT PROCESSES

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

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

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

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

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

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

## Data Collection and Data Management Processes

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

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

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

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

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

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

## 8 JORDAN'S PRINCIPLE EVOLUTION: LESSONS LEARNED AND CONTINUOUS IMPROVEMENT

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

### LESSONS LEARNED

#### Service Coordination

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

## Application Process

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

### Build Relationships with Families, Communities and Focal Points

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



## Meeting Family and Child Needs

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

### Facilitating Communication and Education

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

## RECOMMENDED IMPROVEMENTS TO JORDAN'S PRINCIPLE

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

### Application Processes

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

### Denial and Appeal Needs

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

### Focal Point Staffing and Process Improvements

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

### Service Coordinator Improvements

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

### Intake/Access Workers

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

### Remote/Isolated Community Improvements

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

### Escalation of Applications to National Office

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

### Managing Specific Types of Requests

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

### Funding/Finance Improvements

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

### Service Provider and Service Provision Improvements

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

### Collaboration and Information

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

### Aging Out Improvements

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

### Jordan's Principle Improvements

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



## Policies

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

### Substantive Equality Improvements

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

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

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

#### Enhance Collaboration with all orders of government

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

### Strengthen Quality of Policies and Planning

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

### Strengthen Structures and Processes

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

### Enhance Funding Flexibility and Use of Resources

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

### Transfer Control to First Nations Communities:

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

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

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

### Strengthen Staffing: Consistency, Retention, Funding

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

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Readers may access a full copy of the report on the Implementation of Jordan’s Principle Across Canada on the FNHC website: <https://www.abfnhc.com/annual-reports/> OR by scanning the QR code.



**FIRST NATIONS**  
**HEALTH CONSORTIUM**