

CANADIAN HUMAN RIGHTS TRIBUNAL

B E T W E E N:

**FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA and
ASSEMBLY OF FIRST NATIONS**

Complainants

- and -

CANADIAN HUMAN RIGHTS COMMISSION

Commission

- and -

**ATTORNEY GENERAL OF CANADA
(Representing the Minister of Indigenous Services Canada)**

Respondent

- and -

**CHIEFS OF ONTARIO,
AMNESTY INTERNATIONAL and
NISHNAWBE ASKI NATION**

Interested Parties

AFFIDAVIT OF CINDY BLACKSTOCK

I, Cindy Blackstock, of the City of Ottawa, in the Province of Ontario, SOLEMNLY AFFIRM THAT:

1. I am Gitxsan, a professor at McGill University’s School of Social Work, and the Executive Director of the complainant, the First Nations Child and Family Caring Society of Canada (“**the Caring Society**”). As such, I have personal knowledge of the matters hereinafter deposed to save and except for those matters stated to be on information and belief and where so stated, I believe them to be true.

Recognition of This Moment

1. At Jordan River Anderson’s memorial service, I promised his family that I would do everything I could to ensure that Jordan’s Principle was honoured so that no other child had to suffer as he did. Eighteen years later, I am still trying to keep that promise.
2. Jordan’s baby blanket has pride of place in our office to remind us, and others, of the sacred obligation we share to honour Jordan’s legacy, and that of his family, by ensuring that Canada implements the full and proper definition of Jordan’s Principle.
3. I recognize Jordan’s family, the Assembly of First Nations, Chiefs of Ontario, Nishnawbe-Aski Nation, the Canadian Human Rights Commission, Amnesty International, and most importantly First Nations and First Nations Jordan’s Principle service providers for their incredible dedication to Jordan’s Principle. I also recognize the life changing and positive results for children when Canada implements the Tribunal’s orders.
4. January 26, 2024, marks eight years since this Tribunal released 2016 CHRT 2 (“**Merits Decision**”). The Merits Decision addressed how Canada’s past and current discriminatory conduct in First Nations child and family services and Jordan’s Principle impacted and continues to impact First Nations children, youth, their families, and their communities. Since the Merits Decision and throughout this sacred and important case for First Nations children, youth, and families, this Tribunal has always remained focused on the necessity of substantive equality to ensure they have “an equal opportunity to live the lives they are able and wish to have free of discrimination.” The right to substantive equality has also been enshrined in the *Act Respecting First Nations, Inuit and Metis Children, Youth and Families*, with the specific prohibition on jurisdictional disputes resulting in gaps in child and family services for Indigenous children being particularly relevant to Jordan’s Principle.
5. The need to for Canada to address jurisdictional disputes was noted in the *Joint National Policy Review* (2000) authored by consultants retained by the Assembly of First Nations and commissioned by Canada. I participated in the report as the British Columbia Region representative. Recommendation 4 reads as follows:

DIAND, Health Canada, the provinces/territories and First Nations agencies must give priority to clarifying jurisdiction and resourcing issues relating to responsibility for programming and funding for children with complex needs, such as handicapped children and children with emotional and/or medical needs. Services provided to these children must incorporate the importance of cultural heritage and identity.

A true copy of page 120 of the *First Nations Child and Family Services Joint National Policy Review: Final Report* is attached as **Exhibit “1”** to my affidavit. The entire Joint National Policy Review report can be found at Tab 3 of the Canadian Human Rights Commission’s Book of Documents from the hearing on the merits.

6. Canada’s choice not to implement the *Joint National Policy Review* Recommendation 4 shaped the tragic experience of Jordan River Anderson of Norway House Cree Nation (“**Norway House**”). Jordan was born on October 22, 1999 and had to remain in the hospital for the first two years of his life for medical reasons. When he was two years old, doctors cleared Jordan to live in a specialized foster home with at home supports located near the hospital as part of a transition plan for Jordan to return to his family in Norway House. The governments of Canada and Manitoba disagreed on which government or government department (Health Canada or DIAND) should pay for Jordan’s in-home care, given his on-reserve First Nations status. As a result of this disagreement, Jordan remained in a hospital room unnecessarily for over 2 years before tragically passing away on February 2, 2005 at the age of five, never having the opportunity to live in a family home.

7. The *Wen:de: We are Coming to the Light of Day* (2005) report (Tab 5 of the Commission’s Book of Documents), which was commissioned by Canada and overseen by the National Advisory Committee of the Assembly of First Nations, of which I was a principle investigator, is dedicated to Jordan. The dedication reads (see page 3 of the report):

The moments of your life live strong in the hearts and minds of all who knew you and many who were inspired by you. We join hands with your loving family and community to ensure that when decisions are made for children- the child really does come first.

8. The *Wen:de: We are Coming to the Light of Day* (2005) report cites the numerous studies, inquests and reports that preceded it documenting the need to resolve the serious and adverse

effects of jurisdictional disputes and concludes with this quote from Andrew Webster (2005) (see page 106 of the report):

It seems inconsistent with a modern Western industrial democracy that the welfare of hundreds of thousands of people is a matter of intergovernmental avoidance.

9. The *Wen:de* reports found (for example, at page 17 of *Wen:de: We are Coming to the Light of Day* (2005)) that the most frequent form of jurisdictional disputes were between federal government departments (36%), followed by jurisdictional disputes between two provincial departments (27%) and between federal and provincial governments (14%). This finding supported the recommendation in those reports that when a First Nations child needed a service, the government or government department (provincial or federal) must provide the service and resolve the jurisdictional dispute later (also at page 17).

10. In the evening of December 12, 2007, I accompanied Jordan's father, Ernest Anderson, his family, as well as Chief Marcel Balfour (then Chief of Norway House), and other members of Norway House leadership as well as families affected by the jurisdictional disputes to watch Parliament's unanimous adoption of Jordan's Principle, in a standing vote on then Member of Parliament's Jean Crowder's Motion 296. On the day that day, I heard Ernest Anderson say: "don't let the good being done in my son's name just be a moral victory." While the litigation before this Tribunal has resulted in significant advances, Canada's ongoing serious breaches of Jordan's Principle required the Caring Society to file a non-compliance motion on December 12, 2023.

11. When Canada obliges and implements Jordan's Principle, children thrive and the suffering ends. So many First Nations children and families have told me how Jordan's Principle changed their lives and saved their lives. Most families need only a small dollar value of support, but the benefits are priceless. I want to say, without equivocation, that Jordan's Principle must continue. The problems are not with Jordan's Principle; they are with Canada's conduct. Jordan's Principle must be robustly implemented because, in my view, it has been one of the most meaningful and positive things to happen to First Nations children, youth and families since Confederation.

12. While there have been improvements in the federal government's implementation of Jordan's Principle flowing from the Tribunal's orders, the Caring Society continues to receive heartbreaking reports that suggest wide and systemic non-compliance with the Tribunal's orders

resulting in serious harms for children, youth and families. In my view, Canada clutches its old mindset by choosing not to avail itself of multiple opportunities to address non-compliance and allowing problems fester to crisis levels, after which it tries to use that crisis to narrow Jordan's Principle or legitimize its non-compliance. The problem is, and always was, that the tragic price of Canada's non-compliance is borne by First Nations children. This affidavit recounts a wide array of Canada's non-compliance such as: calls to the 24 hour Jordan's Principle line or regional phone lines routinely go to voicemail and go unanswered, thousands of requests remain unopened, and there are serious delays in processing cases (at the approval, appeal, or and payment stages) that perpetuate discrimination.

13. I am especially concerned that ISC does not disclose serious systemic non-compliance to the Caring Society and to First Nations and First Nations service providers in the early stages so that we can help them address the problem(s). For example, the Caring Society learned of the thousands of unopened Jordan's Principle requests from a First Nations service provider. Canada had not disclosed any concerns about backlogs to the Caring Society or to the First Nations experts at the Jordan's Principle Operation Committee (JPOC). This is despite Canada having nearly daily contact with the Caring Society regarding Jordan's Principle. By the time the backlog problem came to light, it had reached a crisis for children as ISC's non-compliance effectively denied or delayed receipt of the services, products and supports that children needed when they needed them. This is particularly concerning in urgent cases that remain unopened or are not processed within the Tribunal's timelines as by definition these children are in palliative care or at reasonable risk of foreseeable harm.

14. Canada attributes these problems to the growing number of Jordan's Principle requests, as it indicated at pages 6-8 of its June 12, 2023 submissions to the Tribunal. A true copy of Canada's June 12, 2023 Annexed Responses to the Parties' May 10 and 24, 2023 Correspondence to the Panel is attached as **Exhibit "2"** to my affidavit.

15. The Caring Society recognizes that more First Nations children received help after the Tribunal's successive non-compliance orders forced Canada to better respect the full intent and meaning of Jordan's Principle and ensure all First Nations children were eligible . For example, 2017 CHRT 35 sparked a profound increase in the services, products, and supports requested by

First Nations children, youth, and families, particularly after the partial implementation of the Back to Basics approach in 2022. The most current information the Caring Society has available is that, as of November 30, 2023, ISC had approved 4.2 million services for First Nations children pursuant to Jordan’s Principle. Based on statistics received as part of the Caring Society’s work at the Jordan’s Principle Operations Committee (“JPOC”), discussed in detail below, I understand that the annual breakdown of approvals is as follows:

- a. 2016/17: 4,940 approvals
- b. 2017/18: 76,891 approvals
- c. 2018/19: 140,332 approvals
- d. 2019/20: 350,078 approvals
- e. 2020/21: 339,654 approvals
- f. 2021/22: 513,242 approvals
- g. 2022/23: 1,274,140 approvals

These figures are based on information contained in ISC’s Jordan’s Principle Deep Dive National Package Tables for fiscal year 2021-2022, a true copy of which is attached to my affidavit as **Exhibit “3”**, and ISC’s Jordan’s Principle August 2023 Monthly Report, a true copy of which is attached to my affidavit as **Exhibit “4”**.

16. I do not have access to statistics indicating the total approvals from April 1, 2023 to November 30, 2023; however, I infer that this number would be approximately 1.5 million, given ISC’s public statement that it has approved 4.2 million services as of November 30, 2023 and given that the total approvals from April 1, 2016 to March 31, 2023 is 2,699,277.

17. However, we remind Canada that we anticipated such an increase given the adverse effect of its previous non-compliant definitions and approaches to Jordan’s Principle. We saw the increase coming and repeatedly alerted Canada. In fact, Canada saw the increase coming as well, as ISC’s 2023-24 Department Plan, a true copy of which is attached to my affidavit as **Exhibit “5”**

notes (at page 39) that “there is also a risk that the increase in volume of incoming requests for health and social programs may affect the department’s ability to process them and make decisions within the compliance timelines for Jordan’s Principle ordered by the Canadian Human Rights Tribunal in 2017.” ISC’s 2023-24 Department Plan goes on to state that “[t]o mitigate this, continuous monitoring and assessment of request trends is being conducted to increase efficiency and effectiveness of service provision and seek off-cycle resources when needed to meet our legal obligations.” However, Canada did not take sufficient or proactive measures to ensure it would continue meeting those legal obligations, leading to this motion. In any case, we remain concerned about Canada’s non-compliance with the full meaning and scope of Jordan’s Principle.

18. Given ISC’s 2023-24 Department Plan’s acknowledgment of the anticipated and predictable increase in incoming requests for services, I was very surprised and concerned to hear about planned spending reductions to the tune of billions at the department. Indeed, ISC’s 2023-24 Department Plan notes (at pages 118 and 122) “a sunset of funding for the continued implementation of Jordan’s Principle (at the end of 2024-25)”. To similar effect, I attach a true copy of an infographic from the Treasury Board of Canada as **Exhibit “6”** to my affidavit. This infographic notes that ISC’s spending is planned to decrease from \$22.6 billion to \$16.1 billion by 2025/26. Although it was encouraging to learn that Minister Hajdu has indicated that “it will never be services that I would present as an option for debt reduction”, I still have serious concerns about the impacts of these planned budget cuts on First Nations children, youth, families, and communities. A true copy of an August 15, 2023 CBC News story titled “Public sector union warns of ‘rushed’ plans to cut federal spending” that contains the Minister’s comments noted above is attached as **Exhibit “7”** to my affidavit.

19. For years, the Caring Society had been working with the Assembly of First Nations, the Chiefs of Ontario, and Nishnawbe Aski Nation, and Canada through the Consultation Committee on Child Welfare (established pursuant to this Tribunal’s February 1, 2018 order (2018 CHRT 4). The Agreement-in-Principle (“**AIP**”) came into effect on December 31, 2021, aiming to, among other matters, ensure the full implementation of Jordan’s Principle. However, it was necessary for the Caring Society to cease its involvement in the AIP in December 2023 to bring this non-compliance motion to ensure that Canada fully complies with this Tribunal’s orders respecting

Jordan's Principle and ends the resulting discrimination for First Nations children, youth, and families.

20. Now, in advancing this solutions-oriented non-compliance motion, I hope that Canada will make a serious commitment to following the spirit and intent of the Tribunal's orders by taking immediate and effective action to cease its discriminatory conduct respecting Jordan's Principle, prevent its recurrence, and ensure every First Nations child and youth, can access the products, services, and supports that they need, when they need them.

21. I am deeply humbled and honoured by the many letters I have received from First Nations leadership, community, and service providers in the month since the Caring Society brought this non-compliance motion on December 12, 2023. I am thankful that so many made extraordinary efforts to share their stories, experiences, and challenges despite the busy holiday season. It is another indication of how much First Nations children are loved.

22. Once again, as I sign this affidavit, I honour the teachings of the late Elder Elmer Courchene who urged us all to pursue "Loving Justice" for every child, youth, and family, both past and present, and to ensure that the discrimination never happens again.

My Background

23. I have been the Caring Society's Executive Director since 2002. I have worked in the field of child and family services for over 35 years.

24. I obtained a doctorate in social work from the University of Toronto in 2009. I received a Master of Jurisprudence in children's law and policy from Loyola University Chicago in 2016. I also hold a Master of Management degree from McGill University and a Bachelor of Arts in Psychology from the University of British Columbia.

25. I have received Honourary Doctorates from: Blue Quills First Nations University, the University of Western Ontario, the University of Saskatchewan, Waterloo University, Thompson Rivers University, the University of Northern British Columbia, Mount St. Vincent University, the University of Winnipeg, Ryerson University, Osgoode Hall Law School, St John's College, University of Manitoba, University of Toronto, Memorial University, the University of Ottawa,

Dalhousie University, University of Victoria, McMaster University, Trent University, the University of Lethbridge, Laurentian University, and University of Calgary. In 2022, I was named Chancellor of NOSM University (formerly known as the Northern Ontario School of Medicine).

26. I was honoured to receive the World Children’s Prize in 2023. It is a particularly humbling recognition, as this award is voted on by tens of millions of children around the world who learned about our collective efforts to end discrimination and ensure culturally based substantive equality of First Nations children, youth, and families. In 2019, I was named an Officer of the Order of Canada. In 2017, I received Amnesty International’s Ambassador of Conscience Award and the Law Society of Upper Canada’s Human Rights Award, and I was awarded the Janusz Korczak Medal for Children’s Rights Advocacy. In 2018, I was the inaugural recipient of the Children’s Aid Foundation of Canada’s Lynn Factor Stand Up for Kids National Award. In 2019, I was also awarded the Canadian Public Health Association’s National Public Health Hero Award and, in 2020, I was admitted as an Honorary Member to the Canadian Paediatric Society and received the National Indian Child Welfare Association (U.S.A.) Champion for Native Children Award. In 2021, I received the Canadian Psychological Association’s Humanitarian Award. In 2022, I received the Social Sciences and Humanities Research Council’s Impact Awards Gold Medal.

27. I affirm this affidavit in support of the non-compliance motion brought by the Caring Society, seeking orders to redress and close gaps in Canada’s compliance with this Tribunal’s orders under Jordan’s Principle.

Pathway to This Non-compliance Motion

28. Consistent with the fact pattern leading to the Caring Society and the Assembly of First Nations filing this complaint, the Caring Society brings this motion only after having exhausted all reasonable efforts to raise and seek redress of the serious, systemic, and urgent concerns contained within this Jordan’s Principle non-compliance motion. Despite our repeated efforts to support Canada’s voluntarily compliance with the Tribunal’s orders over a period of years, First Nations children and youth continue to suffer, sometimes resulting in irremediable harms, and the frequency and severity of the non-compliance has escalated such that we have no choice but to bring this motion.

29. More specifically, the Caring Society alerted Canada to its non-compliance and suggested remedies in a multiple of formats over long periods of time including, but not limited to:

- a. by repeatedly proposing constructive solutions to systemic issues for over half a decade through its concerns document (“**Jordan’s Principle Concerns Document**”), which has been updated since I originally wrote it in 2018.
- b. by engaging in years-long good faith negotiations about measures to ensure compliance with existing orders and the long-term reform of Jordan’s Principle with Canada and the other Parties to this complaint;
- c. by working with the Parties to develop the Jordan’s Principle Workplan annexed to the AIP to improve outcomes under Jordan’s Principle and ensure Canada’s compliance with the Tribunal’s orders;
- d. by engaging in discussions with Canada and the Assembly of First Nations about the creation and implementation of the Back to Basics Approach;
- e. by engaging the mediation process under the AIP which was put in abeyance in its early stages given the resignation of the Eminent First Nations Person;
- f. by participating, in the Jordan’s Principle Operations Committee (“**JPOC**”) and providing expert guidance about the implementation of Jordan’s Principle;
- g. by escalating hundreds of concerns heard over multiple years from families, First Nations, service providers, and service coordinators/navigators in writing and/or verbally to regional focal points and senior ISC officials;
- h. by conveying the Caring Society’s willingness to engage in mediation-arbitration with this Tribunal both to the Parties and to this Tribunal, including in November 2023; and
- i. by raising its concerns with Canada’s non-compliance with Jordan’s Principle in letter submissions to this Tribunal, including most recently in May 2023 and in October 2023.

30. In many cases, when taking the actions noted above, the Caring Society has repeatedly raised the same issues, only to receive assurances that the identified problem(s) has been, or will be, fixed (see, for example, my description of the Caring Society's concerns with ISC's 24-hour Jordan's Principle contact line below). Unfortunately, in the vast majority of circumstances Canada's assurances do not translate into it taking sufficient and timely measures to remedy its discriminatory conduct towards First Nations children, youth and families.

31. Notably, the Caring Society has been raising concerns about Canada's non-compliance with Jordan's Principle for years. In August 2018, I wrote the Jordan's Principle Concerns Document to capture the CHRT compliance-related concerns the Caring Society was hearing from families, Jordan's Principle Service Coordinators/Navigators, and service providers as they experienced difficulty in accessing Jordan's Principle. In the spirit of constructive criticism and to assist Canada with complying with the CHRT orders, the Caring Society proposed remed(ies) to each concern. I sent the first version of the Caring Society concerns document to Valerie Gideon on August 21, 2018. A true copy of my August 21, 2018 email to Dr. Gideon attaching the August 2018 Jordan's Principle Concerns document is attached as **Exhibit "8"** to my affidavit.

32. The Caring Society published updated versions of the Jordan's Principle Concerns Document in various iterations over the years and sent them to Canada to keep track of resolved concerns and those that remain unresolved. Canada acknowledged receipt of the Concerns Document on each occasion. The original Jordan's Principle Concerns Document published in August of 2018 was 10 pages long, but as the years went by, the document swelled to 45 pages as of April 2021. A true copy of the April 2021 version of the Jordan's Principle Concerns Document is attached as **Exhibit "9"** to my affidavit.

33. The Caring Society was dissatisfied with the level of impact that the Concerns Document approach had on addressing Canada's discrimination. Accordingly, the Caring Society then shifted to using other methods to try to compel Canada to address the discrimination including, but not limited to, the AIP Workplan, the Back-to-Basics Approach, participating in JPOC, and ongoing discussions with ISC officials.

34. The Caring Society was once again disappointed in Canada's failure to carry out significant components of the AIP workplan that it had agreed to adopt even in the face of credible evidence

of related harms to children, youth, and families. As I made clear in my correspondence to senior ISC officials in November of 2023, I am at a loss as to what else the Caring Society can do to ensure that Canada complies with Jordan's Principle and ends the preventable, and too frequently serious, harms to children, youth, and families. A true copy of a chain of emails between Caring Society staff and ISC officials, containing correspondence from me to L. Gutierrez and C. St-Aubin on November 16, 2023, attached as **Exhibit "10"** to my affidavit.

35. Canada's discriminatory conduct towards children, youth, and families is at a crisis point again, requiring urgent intervention from this Tribunal.

The Caring Society's Involvement in Jordan's Principle Cases

36. The Caring Society has been contacted by families, First Nations leadership, and professionals experiencing difficulties in accessing Jordan's Principle and/or who have concerns about Canada's compliance with Jordan's Principle.

37. The Caring Society is also often in contact with Jordan's Principle Service Coordinators (i.e., community navigators funded by ISC). I understand that Canada enters into funding agreements with service coordinators with the goal of helping First Nations children and their families seek approvals under Jordan's Principle or existing federal and provincial/territorial programs. A true copy of ISC's Terms and Conditions for the Jordan's Principle Service Coordination, provided to me by Candice St-Aubin (ISC's Senior Assistant Deputy Minister responsible for the First Nations and Inuit Health Branch) in July 2023, is attached as **Exhibit "11"** to my affidavit.

38. We began this role as a stop gap measure pending Canada's implementation of effective complaints and quality control measures. While I expected it would take some time for Canada to put these measures into effect, I had no idea that we would have to continue to assist 8 years after the original order and despite Canada having credible and well researched solutions in the March 2022 report "Doing Better for Indigenous Children and Families: Jordan's Principle Accountability Mechanisms Report" authored by Naiomi Metallic, Hadley Friedland and Shelby Thomas, as well as the AIP Workplan drafted in December 2021. The number and severity of

cases coming to our attention because of Canada's non-compliance is at a point where it is putting unsustainable pressure on our small organization, which only has 5 full time staff members.

39. On each occasion, we promptly advise ISC of the concern and will often refer Canada to the relevant sections of the orders or official documents like the AIP workplan or Back to Basics (which is attached to the Affidavit of Brittany Matthews as Exhibit 8). Throughout the years, the Caring Society has used its own revenue to support children, youth, and families in urgent circumstances flowing from Canada's non-compliance and, in some cases, we have been reimbursed by ISC. The number, and severity, of cases brought to our attention has increased over the years, and the Caring Society has started tracking its involvement with Jordan's Principle cases.

40. Sometimes, the Caring Society can provide information on the Jordan's Principle orders or process that resolves the concern. However, on other occasions, the Caring Society escalates concerns to ISC to resolve the matter at the level of the child but also to provide suggestions to address systemic problems.

41. To date, the Caring Society has been involved in hundreds of case interventions regarding Jordan's Principle. Since September 2022 alone, the Caring Society has been involved in over 160 interventions on behalf of families, service providers, and service coordinators. Some matters have been resolved at the level of child, but not at the systemic level, as the same or similar issues continue to arise – even for the same families. If anything, Canada's conduct respecting Jordan's Principle appear to be getting worse, not better. The issues I address below in this affidavit reflect the concerns regularly brought to the Caring Society's attention by Leadership, families, Jordan's Principle Service Coordinators, and service providers regarding Canada's approach to Jordan's Principle.

42. I discuss the following main issues:

- a. The National and Regional Contact Centres;
- b. Urgent cases;
- c. Backlogs;
- d. Reimbursement delays;

- e. The *Financial Administration Act*;
- f. Quality assurance and accountability measures; and
- g. The dialogic approach and the Schedule “A” Jordan’s Principle Workplan.

The National and Regional Contact Centres

Overview

43. In the August 2018 version of the Jordan’s Principle Concerns document (attached as Exhibit 11, above), the Caring Society noted the under identification of urgent cases at the 24-hour call centre and recommended training of focal points and call line personnel. The April 2019 edition, identified concerns regarding the accessibility and staffing of the 24 hour line and proposed further solutions to remedy the problems. A true copy of the April 30, 2019 iteration of the Caring Society’s Jordan’s Principle Concerns Document is attached as **Exhibit “12”** to my affidavit.

44. Through the Caring Society’s participation at JPOC, I also know that ISC has been aware of issues with respect to ISC’s Jordan’s Principle contact centres/points for some time, including issues related to call volumes and effectiveness. A true copy of the Draft JPOC Record of Decision dated December 13, 2022 is attached as **Exhibit “13”** to my affidavit.

45. As detailed below, I have been consistently raising concerns to ISC about the national and regional contact centres since 2018 and since January of 2023 in particular.

46. Being able to access the National and Regional Contact Centres is crucial, particularly for those with urgent requests and those who have sought out contact information for Jordan’s Principle online or been directed to use these resources by navigators and coordinators. For example, Canada makes public representations on how to make a Jordan’s Principle request on its website. This is vital to ensure that First Nations children and families are aware of how to access Jordan’s Principle, pursuant to the Tribunal’s orders, particularly in urgent circumstances. A true copy of ISC’s Jordan’s Principle website as of January 10, 2024 is attached as **Exhibit “14”** to my affidavit.

47. As of January 10, 2024, Canada's Jordan's Principle website included a link titled "Submit a request under Jordan's Principle", under the heading "Services". This leads to a website that advises that ISC is available to take requests 24 hours a day, 7 days a week, that provides contact information for the national Jordan's Principle call centre (1-855-JP-Child (1-855-572-4453)), and that provides a list of "regional focal points" across Canada. A true copy of Canada's "Submit a request under Jordan's Principle" website as of January 10, 2024 is attached as **Exhibit "15"** to my affidavit.

48. Despite Canada's representations that agents are available 24 hours a day, 7 days a week to receive Jordan's Principle requests, calls to these lines often go unanswered. My experience has been that callbacks can take many hours, or that calls are not returned at all. In particular, the Caring Society is extremely concerned over Canada's failure to set up an effective mechanism to receive and determine urgent requests, as the National Call Centre is the only mechanism offered by ISC for families to make an urgent request outside business hours. The Caring Society has identified this concern for many years. Copies of the August 2018, April 2019, and April 2021 iterations of the Jordan's Principle Concerns Documents are found in Exhibits 11, 12, and 9 to my affidavit.

49. Below, I set out some of my specific interactions with ISC officials about the National and Regional Contact Centres throughout 2023, as they are reflective of my longstanding concerns with the National and Regional Contact Centres.

January 2023

50. On January 11, 2023, I called the 24-hour line approximately 6 times within 3 hours, regarding an urgent case. In this instance, a family had my direct contact information which is highly unusual. The family sent me a text at 12:55 a.m. to report that they had no accommodation and were driving around in their car. They advised me that they had called ISC but had been unable to reach anyone overnight. I was sleeping at the time the text was sent but thankfully I awoke early, as is my custom, and upon reading the message I immediately called the 24 hour line.

51. I was not able to reach anyone and instead received a message advising that "all of our agents are currently busy given higher than normal call volumes" that early in the morning. Upon

not getting a call back, I called the 24 hour line multiple times given the urgency of the situation the family was in, and I was unable to leave my number again as I had already left it to call back. At 6:14 in the morning, I taped the call. I never received a call back and at no time was there an option to indicate that the case was urgent. Eventually, I was able to reach ISC staff at headquarters at the beginning of the business day, using email addresses that are not available to the public. During my exchanges with ISC officials, I asked whether the 24-hour line was being staffed and flagged that it did not make sense that I could not reach anyone for around 2 hours and did not receive a return call. A true copy of my email exchanges with ISC on January 11-12, 2023 is attached as **Exhibit “16”** to my affidavit.

52. In further correspondence with ISC officials in January 2023, ISC later revealed that it was not always staffing the national 24-hour. At that time, the daily average amount of time that the line was staffed from Monday to Friday was 83%-87.5% and from Saturday to Sunday was 62.5%-75%. A true copy of my email exchanges with ISC from January 17-27, 2023 is attached as **Exhibit “17”** to my affidavit.

53. As indicated in the email chain in Exhibit 17, ISC also reported taking corrective action to address voicemail and staffing issues in January 2023, including by putting in place National Call Centre Overnight call monitoring on January 12, 2023, and implementing 24/7 call services.

February 2023

54. On February 8, 2023, I was copied on an email from Jennifer King, the Caring Society’s Director of Programs and Operations, to a senior ISC official about issues that C.B. was having in speaking to someone on the phone. C.B. had been waiting to hear back about a Jordan’s Principle requests she had submitted a week or more ago and was also waiting for information from the appeals committee. Ms. King advises me, and I believe, that C.B. was contacting the Caring Society because her call to the 24-hour line simply went to voicemail, and she believed it would take days to receive a callback.

55. After the Caring Society intervened, a senior ISC official indicated that the Ontario Region had connected with C.B. and provided her with a direct line to a focal point. I suggested that ISC HQ should consider doing an audit of all the phone lines for Jordan’s Principle by calling each line

at different times. The Caring Society has conducted several such exercises on its own, as discussed below. A true copy of the Ms. King's and my email exchanges with Ms. Wilson-Clark on February 8 and 9, 2023 is attached as **Exhibit "18"** to my affidavit.

May 2023

56. On Saturday, May 13, 2023, I again called the 24-hour line to report another case requiring ISC's attention. After waiting for a call back for over 4 hours, I sent an email to the regional staff person using email contact information available to the Caring Society (but not the public) and was able to get assistance for the family. The Caring Society was later advised that there had been a system outage that lasted several hours on May 13. Moreover, ISC also advised that, at that time, the 24-hour line had been staffed by 16 agents on a 24/7 shift schedule. A true copy of my correspondence with Ms. Wilson-Clark about this attempt to reach the 24-hour line, sent on May 24, 2023, is attached as **Exhibit "19"** to my affidavit.

57. Nevertheless, during the week of May 15, 2023, the Caring Society was informed by a parent that they had called the 24-hour line and left a message in relation to a request that had been made in January 2023.

September 2023

58. On or about September 29, 2023 I again called the 24-hour line regarding an urgent case during business hours and left a message requesting a call back. In the meantime, we reached out to ISC officials using contact information not available to the public to resolve the case. Approximately 5 hours after I originally placed the call, I received a call back from the 24-hour line. The call said "Likely Spam" on my mobile phone, but I answered it anyway. The agent was courteous but seemed uninformed. When I advised them that I had been able to resolve the case by contacting a senior official overseeing Jordan's Principle they did not seem to know who that person was or what role they had. I communicated my concerns regarding the 24-hour line to Candice St. Aubin verbally on September 29, 2023 and in writing on September 30, 2023. A true copy of my email exchange with Ms. St-Aubin on September 30, 2023 is attached as **Exhibit "20"** to my affidavit.

November 2023

59. In an email on November 16, 2023, I wrote to a senior ISC official about an urgent case and summed up my longstanding concerns regarding the 24-hour line. I reiterated that I had been advising ISC about my serious concerns with the 24-hour line since January 2023. I have raised serious concerns about the call centres being understaffed, about requestors not receiving calls back, and about requestors not being able to easily flag that their case is urgent to get immediate assistance. I have received multiple assurances from different senior ISC officials that the issues raised regarding the 24 hour line have been addressed but too often I have found that problem(s) remain. A copy of correspondence expressing this concern on November 16, 2023 is found in Exhibit 10.

December 2023

60. On December 12, 2023, I sent the Caring Society's notice of motion to senior ISC officials and reiterated the Caring Society's hope is that Canada will take immediate and effective measures to address longstanding areas of non-compliance. On December 18, 2023, a senior ISC official responded and advised that, during the holiday period, the National Call Centre and Regional Call Centres would ensure sufficient staffing levels, that the National Call Centre would prioritize live calls and urgent calls in the callback queue, and that regions would ensure focal points are on duty and have on-call staff available to address urgent requests. A true copy of my email exchange with ISC and Mr. Castonguay's response on December 18, 2023 is attached as **Exhibit "21"** to my affidavit.

The Caring Society's Phone Audits

61. Given my longstanding concerns with the 24-hour line and regional contact centres and my recommendation that ISC should regularly be conducting audits of same, I instructed staff members at the Caring Society to conduct audits to test ISC's phone lines at various points in 2023.

62. To that end, staff members at the Caring Society have called the 24-hour line approximately 25 times since January 2023. Of these attempts, staff were connected to a live agent only twice: on September 14, 2023, at approximately 8:45 AM ET, and on December 12, 2023, at approximately 8:46 AM ET. A true copy of a table detailing the Caring Society's various attempts

to reach the 24-hour line in 2023, prepared by Molly Rasmussen (the Caring Society's Reconciliation & Research Coordinator) is attached to my affidavit as **Exhibit "22"**. Ms. Rasmussen advises me, and I believe, that she prepared this table based on her notes of her own calls and based on correspondence sent from the Caring Society staff to ISC to note occasions on which they had been unable to reach anyone via the 24-hour line. The calls were made by Ms. Rasmussen, Brittany Mathews (the Caring Society's Director of Reconciliation & Policy), and Jess Raby (the Caring Society's Education & Public Engagement Coordinator).

63. In addition to this audit exercise, Ms. Rasmussen informs me, and I believe, that she received a callback 52 hours after placing an urgent call on June 17, 2023. I have also been informed by Ms. Rasmussen, and believe, that she called the National Call Centre on December 12, 2023, at 9:27 AM ET and selected the option to speak to a live agent in French. Ms. Rasmussen received an automated response after approximately one minute, stating that there were no available agents to take her call, and to leave a callback number. True copies of recordings of Ms. Rasmussen's phone audits on December 12, 2023 are attached as **Exhibits "23A" and "23B"** to my affidavit. Approximately 24 minutes later, at 10:03 AM ET, the call was returned. However, the agent hung up while being transferred from the Caring Society's reception desk to Ms. Rasmussen. There was no further attempt by the Call Centre to return the call.

64. Ms. Rasmussen also attempted an audit of ISC's Jordan's Principle regional phone lines on September 15, 2023. The results of Ms. Rasmussen's audit make it clear that there was, at least at that time, regional variation among the regional call centres with respect to how their call trees were structured. Each of the 7 regional phone lines triaged and managed phone calls differently. During her audit, Ms. Rasmussen only spoke directly to representatives for 2 of 7 regions: the Atlantic Region and Saskatchewan. A true copy of Ms. Rasmussen's September 15, 2023 regional phone audits is attached as **Exhibit "24"** to my affidavit.

Ongoing Concerns Regarding the Contact Centres

65. Considering the foregoing, I remained concerned about the following aspects of the National and Regional Contact Centres, many of which the Caring Society identified in its October 10, 2023, submissions to the Tribunal:

- a. As audits of the National Call Centre on December 12, 2023 and January 5, 2024 demonstrate, there is no obvious and effective option to indicate a call is urgent and speak to an ISC official with authority to determine cases. Ms. Rasmussen’s phone audits on December 12, 2023 can be found in Exhibit 23A and Exhibit 23B to my affidavit. A true copy of my attempt to call the National Call Centre on January 5, 2024 is attached as **Exhibit “25A”** to my affidavit, and a true copy of an unofficial transcription of that attempt is attached as **Exhibit “25B”** with personal information redacted;
- b. callers are often unable to reach a live agent after pressing “1” for “submit a request” and then “1” again “if your child could be harmed if services are not delivered quickly” and waiting on hold;
- c. there is no option for callers to the 24 hour line to indicate that an existing case is urgent;
- d. there is no option to leave a message on the 24-hour line. You can only leave your phone number which is added to the call back queue;
- e. in the rare instances where messages have been returned for urgent cases, it often past the 12-hour timeframe for determining an urgent request;
- f. Canada currently only starts the “clock” on the CHRT timeframes for determination from when it is satisfied it has the documentation required as opposed to when the requestor first attempts to contact ISC (such as through an unsuccessful attempt to make contact via the 24-hour line);
- g. callers are unable to leave a callback number on a regional line (as an alternative to the National Call Centre) where a phone number has already been left for a call back from the National Call Centre; and
- h. Canada’s website lists the 24 hour call line number for the Quebec and Manitoba regions versus a direct line to the region;

- i. I am unclear as to what training and authority Call Centre Employees receive to ensure they are properly equipped to receive and determine requests, particularly in urgent circumstances.

66. To address these concerns regarding the National and Regional Contact Centres, the Caring Society has proposed a series of remedies and solutions in the Jordan's Principle Workplan, attached as Schedule "A" to the Notice of Motion ("**The Schedule "A" Workplan**"), a true copy of which is attached as **Exhibit "26"** to my affidavit. Nonetheless, the Caring Society welcomes Canada's identification of superior or effective alternative solutions to resolve its non-compliance with this Tribunal's Jordan's Principle orders, to cease the discrimination, and to prevent its recurrence.

Urgent Cases

Overview

67. The Caring Society has been raising concerns about Canada's treatment of urgent cases and proposing possible solutions since as early as 2018. See for example, the August 2018 Jordan's Principle Concerns Document in Exhibit 11 to my affidavit.

68. On November 2, 2017, the Tribunal issued a consent order (amending its May 26, 2017 order (2017 CHRT 14) resolving an earlier non-compliance motion brought by the Caring Society, (and resulting in Canada discontinuing its judicial review of that order) that requires Canada to determine urgent Jordan's Principle requests on the following timelines:

- a. 12 hours for urgent individual requests; and
- b. 48 hours for urgent group requests.¹

69. Pursuant to the Back-to-Basics Approach, examples of "urgency" include all cases involving:

- a. end-of-life/palliative care;

¹ See [2017 CHRT 35](#) (released on November 2, 2017).

- b. mention of suicide;
- c. physical safety concerns;
- d. no access to basic necessities; and
- e. risk of child entering child welfare system.

70. The Back-to-Basics Approach provides that the requestor is best positioned to judge the urgency of their request and that they may self-declare it as such. Focal points and call centre staff are to accept the requestor's self-identification of the urgency of their request, not to arbitrarily re-assign the request a lower level of urgency. Even where the requester may not identify the case as urgent, focal points and call centre staff should use common sense to determine whether a request is urgent or time-sensitive and should advise requestors to contact the call centre if their request becomes urgent over time. The Back-to-Basics Approach also stipulates that ISC must consider the age and vulnerability of children when determining urgency. Crucially, in urgent cases, the child's needs must come first, which means that requests may be determined prior to ISC's having received all documentation. In any case, only a minimum amount of information is required of ISC to adjudicate a request.

71. Through the Caring Society's work at JPOC, I have learned that:

- a. From April 1, 2023 to September 30, 2023, Canada's compliance rate for timely determination of urgent individual requests was 29% and for urgent group requests was 24%. A true copy of ISC's "Jordan's Principle September 2023 Compliance Report" dated October 13, 2023 is attached as **Exhibit "27"** to my affidavit; and
- b. From April 1, 2021 to March 31, 2022, ISC's compliance rate for urgent individual requests was 53% and for urgent group requests was 31%. A true copy of ISC's Jordan's Principle Deep Dive National Package Tables for fiscal year 2021-2022, with Table 71 capturing "Compliance rate by request type, urgency, and month of sufficient information, fiscal year (FY) 2021-22" at page 77, is found in Exhibit 3 to my affidavit.

72. These statistics represent real children, real youth, and real families who by the very definition of being involved in an urgent case are at reasonable risk of irremediable harm or are receiving palliative care. As the Caring Society noted in its October 10, 2023 submissions, 28% of respondents in a study of over 200 Canadian pediatricians (publication pending) reported a negative outcome for a child or family due to delay, such as medical complication, worsened mental health, unnecessary separation from the family, delay of therapy, and prolonged hospitalization. Ms. King and Dr. Ryan Giroux presented these findings at the Canadian Paediatric Society Annual Conference on May 25, 2023. I personally met with Dr. Giroux on July 27, 2023, during which meeting he confirmed those findings. A true copy of Dr. Giroux and Ms. King's presentation is attached to my affidavit as **Exhibit "28"** .

73. I raised concerns about ISC's treatment of urgent cases in correspondence with Ms. Wilson-Clark and Dr. Gideon in June 2022. A true copy of an email thread capturing concerns the Caring Society and I raised about a case involving a mother of two boys with Down Syndrome who required urgent assistance and who had expressed suicidal ideation in May and June 2022 is attached as **Exhibit "29"** to my affidavit. On June 5, 2022, I advised them that ISC's management of urgent cases had left children and families in precarious and sometimes life-threatening situations. A true copy of my correspondence with ISC from June 3-5, 2022 is attached as **Exhibit "30"** to my affidavit.

74. On June 7, 2022, I then provided Ms. Wilson-Clark and Dr. Gideon with a chart of urgent cases in which the Caring Society had intervened since April 2022, raising concerns about ISC's lack of compliance with the CHRT orders, the AIP workplan, and the Back-to-Basics approach. A true copy of my email to Ms. Wilson-Clark and Dr. Gideon on June 7, 2022 with my enclosure is attached as **Exhibit "31"** to my affidavit.

75. Timely response to urgent cases is of the utmost importance. By definition, delay in responding to an urgent case that leaves the underlying need unaddressed can result in irremediable harm to a child or impose serious hardship on families whose children are in palliative care. Indeed, tragically, the Caring Society has heard from families with children in palliative care or who are fleeing from dangerous situations who suffered increased hardship due to the difficulty trying to get a hold of ISC, or related to ISC's non-compliance in determining the request, in having

their child's needs met. In fact, an Elder was so concerned about Canada's lack of knowledge on why her grandchildren should attend a memorial potlatch for their mother and brother who tragically died only months apart that she sent training materials to them. A true copy of an email on which I was copied from Ms. Mathews on May 6, 2022 is attached as **Exhibit "32"** to my affidavit. As previously noted, the Caring Society has been sharing these concerns with ISC and through its Jordan's Principle Concerns Document since 2018.

76. Once again, the Caring Society acknowledges that ISC has approved millions of products, services, and supports under Jordan's Principle. As of November 30, 2023 and as reflected in Exhibit 14 to my affidavit, ISC has approved 4.2 million products, services, and supports. We have heard from many families how these supports have been life changing. However, the CHRT orders make clear that Canada must cease its discriminatory conduct. It is not enough to partially comply with these orders while leaving thousands of others to face the harms related to systemic non-compliance.

77. First Nations, First Nations service providers, and communities have also reached out to advise me of the specific barriers and obstacles they have faced while trying to access Jordan's Principle. I discuss representative examples of the concerns I have heard at the Caring Society below.

Independent First Nations

78. Independent First Nations has advised me, through Executive Chair Chief Roundpoint, that "Urgent requests are taking up to a month to be reviewed" and that in general:

Compliance time-lines are not being adhered to:

a. Urgent files can take up to and over 30 days to get reviewed;

b. Time sensitive files can take over 100 days to get reviewed;

c. Files that are renewals can take over 6 months to get reviewed; and

d. Currently we have over 56% (average) of our requests for 2023-24 still waiting review 10% of our 2022-23 files waiting for review.

A true copy of the letter from Independent First Nations dated December 20, 2023 is attached as **Exhibit "33"** to my affidavit.

Cowessess First Nation

79. The December 19, 2023 Band Council Resolution from Cowessess First Nation, in Southern Saskatchewan, speaks to serious concerns about ISC's conduct of Jordan's Principle in the Saskatchewan region. Cowessess First Nation has identified the adverse impacts of Canada's non-compliance with Jordan's Principle as follows:

Canada's non-compliance with the Canadian Human Rights Tribunal orders continues to have adverse and harmful impacts on children, youth, and families, including:

- a. *Children and families experiencing harms due to Canada's failure to comply with the Tribunal's timelines for determining urgent requests, including children in palliative care not receiving needed supports, families fleeing domestic violence being forced to return to the home of the abuser due to a lack of crisis supports and families fleeing wildfires not having access to basic supports;*
- b. *Children experiencing significant delays or disruptions in professional recommended services and supports, being removed from professional waitlists contributing to further delays, or not receiving any services and supports, due to Canada's reported backlogs and serious determination delays;*
- c. *Families not being able to place urgent requests or report a change in urgency due to Canada's failure to ensure the 24-hour Call Centre is adequately staffed;*
- d. *Children not receiving services, supports, or products due to Canada's failure to adhere to reasonable reimbursement timeframes for approved services; and*
- e. *Service providers no longer being able to provide services to children who are receiving Jordan's Principle supports due to Canada's failure to adhere to reasonable reimbursement timeframes to services providers.*

A true copy of Cowessess First Nation's Band Council Resolution dated December 19, 2023 is attached as **Exhibit "34"** to my affidavit.

Dnaagdawenmag Binnoojiiyag Child & Family Services

80. Dnaagdawenmag Binnoojiiyag Child and Family Services (“**DBCFS**”) is an Ontario-based child well-being agency that has advised me of concerns it has experienced in accessing Jordan’s Principle. With respect to its concerns surrounding urgent Jordan’s Principle applications, DBCFS has advised me that:

- *Urgent Criteria of ISC does not meet the standards of needs of children who require immediate assistance;*
- *Urgent applications are not meeting the timing stated by ISC, they are more in time with general applications or longer. 7 Urgent applications submit[t]ed and 1 was approved within 24 hrs;*
- *An urgent application submit[t]ed on a Thursday was required for accommodation for the weekend, approval was not received until Monday leaving the youth without temporary housing. Not meeting the needs of the child;*
- *Most applications the staff are not identified to the Navigators. This leaves no contact information and emails go directly to the general inbox causing delays in processing time; and*
- *Staff turnover has resulted in lost applications. Correspondence of Staff change came through from an application submit[t]ed June 2021 on December 14, 2023 asking if the application was still needed. That is almost 2 years.*

A true copy of a chart outlining Dnaagdawenmag Binnoojiiyag Child & Family Services’ concerns about Canada’s conduct respecting Jordan’s Principle, which I received on December 19, 2023, is attached as **Exhibit “35”** to my affidavit.

81. Of particular concern to me are indications that ISC is not addressing urgent Jordan’s Principle requests in a way that meets the needs of children nor is it ensuring proper staffing and internal quality control, and effective case management processes.

Indigenous Child and Family Services Directors

82. On January 11, 2024, the Indigenous Child and Family Services Directors, Our Children Our Way Society, advised me of the experiences of member agencies in trying to access Jordan's Principle. One agency has advised as follows:

Ayás Ménmen Child & Family Services [...]

I have urgent dental surgeries for young children waiting months for a file number and approval. Orthodontic treatments that are time sensitive that go up to 6 months or more without review. The only way I can get a file through is to mark it as urgent, but I get in trouble for marking files as urgent because that is supposed to be used for life-or-death situations. Many of my clients apply for food security and emergency services that need to happen immediately. These items are taking up to a month or more, even if marked with an urgent status.

A true copy of the January 11, 2024 letter from Indigenous Child and Family Services Directors, Our Children Our Way Society, is attached as **Exhibit "36"** to my affidavit.

83. I had the honour of working at Ayás Ménmen Child & Family Services in the mid 1990's and it is concerning to know they are facing such serious challenges in having urgent requests processed.

Blood Tribe

84. On January 8, 2024, Chief Fox of the Blood Tribe, a member of the Blackfoot Confederacy in Southern Alberta, advised me of concerns they are facing with ISC's implementation of Jordan's Principle. Chief Fox has advised me, and I believe, that issues surrounding urgency include:

In conclusion, given the impact of opioid deaths in our community, we have many orphaned children who are being raised by their grandparents or other relatives. Therefore, we support the Caring Society's request that familial deaths and First Nations self-identified States of Emergency be included in the Urgent Request category. We also support the Caring Society's December 2023 Motion to the Tribunal.

A true copy of Chief Fox's letter dated January 8, 2024 is attached as **Exhibit "37"** to my affidavit.

M.S.'s case

85. I have been informed by Ms. Rasmussen and believe that, on October 23, 2023, the Caring Society was contacted by a Jordan's Principle Navigator for Pikwakanagan First Nation, on behalf of a parent of M.S., a 6 month old infant, living off-reserve and who had made a request for well repairs that was escalated to HQ on October 16, 2023. The navigator indicated that repairing the well was vital to ensuring that the family would have access to clean drinking water throughout the winter. A true copy of the October 23, 2023 correspondence between Ms. Rasmussen and the navigator is attached as **Exhibit "38A"** to my affidavit.

86. Ms. Rasmussen subsequently followed up with ISC Headquarters on October 24, 2023 and copied me on an email in which she asked that a determination be relayed to the family immediately. A true copy of the correspondence between the Caring Society and ISC from October 24, 2023 to December 6, 2023 is found in Exhibit 10.

87. On October 25, 2023 the family received an email from the Ontario region indicating that a decision was made on October 19, 2023 and that the request was denied on the basis that "Jordan's Principle authorities on off-reserve capital infrastructure are limited". On November 10, Ms. Rasmussen received word from the Senior Assistant Deputy Minister at Jordan's Principle that the request would be re-reviewed, given that the denial rationale was neither personalized nor specific, and therefore precluded the family from making a time-sensitive appeal. A copy of the correspondence between the Caring Society and ISC is found in Exhibit 10.

88. On November 10, 2023 the request was re-reviewed, and an additional denial rationale was provided: *"It was determined that your request for a New Well is not approved, as the request falls beyond the scope of Jordan's Principle. Jordan's Principle's off reserve capital infrastructure authorities are limited. If there are additional products, services and or supports that Jordan's Principle can assist with to ensure your child's nutritional need are met, please reach out to the Jordan's Principle Ontario Region for products/services/supports."* A true copy of the November 10, 2023 denial letter is found in correspondence between the Caring Society and the navigator attached as **Exhibit "38B"** to my affidavit.

89. As a Plan B, a request for an infant bathtub and a water holding tank was submitted, which would still allow the family to remain in their home throughout the winter, even if the well was not fixed. A copy of the Caring Society's correspondence with the navigator is found in **Exhibit "38B"**. The tub was approved, but the water tank was escalated to Headquarters on November 23, 2023. A true copy of correspondence containing the November 23, 2023 decision is attached as **Exhibit "38C"** to my affidavit. On November 28, 2023, Ms. Rasmussen followed up with Headquarters, given the urgency of the request, and the fact that it was still awaiting a determination. A true copy of Ms. Rasmussen's correspondence with Ms. Wilson-Clark on November 28, 2023 is attached as **Exhibit "38D"** to my affidavit. On November 29, 2023, the water tank was denied for the exact same reasons: that ISC's Jordan's Principle off-reserve capital authorities are limited, and that the tank fell beyond the scope of Jordan's Principle. A true copy of correspondence between Ms. Rasmussen and the navigator containing the November 29, 2023 denial is attached as **Exhibit "38E"** to my affidavit.

90. On December 5, 2023, a third request was placed for 6 months of rental support as it was clear the family would not be able to remain in their current home for the winter. The request was approved on December 11, just shy of 2 months after the Caring Society became involved. A true copy of correspondence containing the December 11, 2023 approval is attached as **Exhibit "38F"** to my affidavit.

91. Ms. Rasmussen advises me, and I believe, that she was informed by the navigator that during the two months that M.S.'s family spent attempting to get support through Jordan's Principle, the family had extremely limited access to water. Due to limited water in their well, the family turned on the water once or twice a day to flush their toilet. The family used water from Culligan jugs for cooking and bathing their baby. M.S.'s mother drove to a family member's house to shower and do laundry. A true copy of correspondence between Ms. Rasmussen and the navigator on January 11, 2024 is attached as **Exhibit "38G"** to my affidavit.

J.S.'s Case

92. At 3:00 PM ET on Friday, June 16, 2023, J.S., a parent from a remote community in Northern Ontario contacted the Caring Society regarding an urgent request for medical transportation. J.S. was experiencing complications related to her pregnancy and needed her young

daughter to be able to accompany her, as she was still breastfeeding. J.S. indicated that she had tried to get in touch with someone via the 24-hour Jordan's Principle call centre but was unable to reach anyone. A true copy of email exchanges between Ms. Rasmussen and J.S. is attached as **Exhibit "39A"** to my affidavit.

93. Ms. Rasmussen contacted ISC about the urgent request at 3:17 PM ET and copied me on that message, but she did not receive a response until 5:26 PM ET, in which Canada indicated that someone had contacted J.S. A true copy of the email exchanges between the Caring Society and ISC regarding J.S.'s case is attached as **Exhibit "39B"** to my affidavit.

94. Ms. Rasmussen has informed me, and I believe, that she checked in with J.S. on the morning of Saturday, June 17, 2023 to confirm that J.S. was in touch with someone. J.S. confirmed that aside from an initial phone call the night before, no one had been in touch since to ensure supports were put in place, as shown in Exhibit 39A to my affidavit.

95. Ms. Rasmussen contacted the National Call Centre at 2:15 PM ET that afternoon and pressed "2" to follow up about an existing request. There was no option to indicate that the case was urgent under the existing request option. Ms. Rasmussen was unable to reach a live agent and left a callback number.

96. Approximately 20 minutes later, I called the 24-hour line and pressed "1-1" to make a new, urgent request, as I had realized from my previous calls that the only way to get to the "urgent" option was to indicate it was a new request – even if, as in this case, the urgency dealt with an existing request. This, of course, would not be intuitive to other callers. After waiting for approximately 3 minutes, I hung up, as waiting for an indeterminate amount of time to speak with a live agent was not feasible given the urgent situation that this mom and her child were in.

97. At my direction, Ms. Rasmussen then contacted the On-call Designated Decision Maker through a phone number not available to the public to advise her of the case. Ms. Rasmussen emphasized that at this point, J.S. had been left hanging for nearly 24 hours while dealing with a medical emergency. At 2:45 PM ET, the request was approved by the On-Call Designated Decision Maker.

98. At 6:22 PM ET, J.S. emailed Ms. Rasmussen to let her know that the flights and accommodations had been booked for the following morning, as shown in Exhibit 39A to my affidavit. The total length of time that J.S. waited for a determination for this urgent request was 24 hours.

99. On Monday, June 19, 2023 at 5:58 PM ET, Ms. Rasmussen received a callback from the 24-hour line, 52 hours after she had placed her initial phone call. I did not receive a callback.

100. Ms. Rasmussen informed me, and I believe, that J.S. later disclosed that she miscarried, as noted in Exhibit 39A to my affidavit.

S.W.'s Case

101. I have been informed by Ms. Rasmussen and believe that, on October 30, 2023, the Caring Society was contacted by S.W., a 37-weeks pregnant mother of 4 children who was still breastfeeding her toddler and whose request for a number of items, including to have her children to accompany her on a flight to a different city where she was to give birth was denied. Rather than deal with the “hassle” of asking ISC to review the denied request, she decided to leave her children at home with her partner while she went alone to deliver her baby in a different city. A true copy of the email thread between Ms. Rasmussen and S.W. is attached as **Exhibit “40”** to my affidavit.

102. My concern is that more individuals will decide that the process of accessing Jordan’s Principle or asking for a re-review or appeal of a denied request may find it too difficult or arduous to do so. Like S.W., they may choose not to pursue their Jordan’s Principle request, even during such a sacred time as the birth of their child.

Unopened requests and Backlogs

Overview

103. The Caring Society learned about serious backlogs in ISC’s opening and determining Jordan’s Principle requests in August 2023 at JPOC. During the meeting, at which I was present, a British Columbia First Nations representative advised that, as of July 28, 2023, British Columbia Region had 1,000 requests in queue and 2,000+ requests unopened in the region’s inbox waiting

for review. A true copy of the email exchanges between B. Mathews and R. Hallgren is attached as **Exhibit “41”** to my affidavit.

104. More recently, I was advised by the Jordan’s Principle Enhanced Service Coordination Hub of British Columbia on January 11, 2024, that, among other things:

The following stats for the 2022/23 fiscal were released by ISC BC to the Hub and various partners.

- *113%. Increase in funding from previous fiscal.*
- *An average of 33 requests per day received by ISC. This is an increase of almost 200% over previous fiscal.*
- *ISC BC receives an average of 50 calls a day requesting payments follow up.*
- *3300 requests in ISC queue. This is a back log.*
- *2850 vendor invoices in ISC payment queue. This is a back log.* A true copy of the letter from the Jordan’s Principle Enhanced Service Coordination Hub of British Columbia on January 11, 2023 is attached as **Exhibit “42”** to my affidavit.

105. As is reflected in a number of the letters and communications from First Nations and First Nations service providers that are appended to this to this affidavit, there are thousands of cases that have been unopened in other regions as well as serious delays in determinations and payment for approved services.

106. First Nations community members have also informed me about their experiences in dealing with backlogs in Jordan’s Principle requests and navigators have also said they are often waiting many months for ISC to open cases and determine them requiring the navigator to repeatedly follow up on behalf of families who are becoming increasingly frustrated.

Interlake Reserves Tribal Council

107. In October 2023, the Caring Society became aware of concerns about backlogs in the Manitoba region. One community alone in that region advised me of a backlog of 100+ requests as of October 5, 2023. The Health Director of the Interlake Reserves Tribal Council advised that the backlogged cases included persons in dire need of assistance and indicated that, should the

funding crisis persist, they would be forced to deny vital support to those who are in danger and require immediate respite care services. A true copy of the October 5, 2023 letter from Interlake Reserves Tribal Council is attached as **Exhibit “43”** to my affidavit.

Dnaagdawenmag Binnoojiiyag Child & Family Services (located in Hiawatha, Ontario)

108. DBCFS has advised me of the following concerns with respect to backlogged Jordan’s Principle applications, which are found in Exhibit 35 to my affidavit:

- *Applications are outstanding as far back as 2021. They have been resubmit[t]ed several times without a confirmation of receipt and no response regarding these applications.*
- *18 Applications outstanding that were submit[t]ed between April 2021 and Dec 2022[.]*
- *56 Outstanding application[s] from January 2023-September 1st, 2023[.]*
- *A youth has been waiting since March 2023 for Dental Surgery and approval has not been received as of Dec 14, 2023[.]*
- *An application for counselling in the amount of \$600 took over 6 months to have approved. The child’s services were on hold until the approval was received[.]*
- *The delay in applications is causing an increased financial strain on families and services needed are being delayed by months.*
- *An application for continuation of services was submit[t]ed in full with Let[t]ers of support/Quotes/Request and it has been 6 months without an approval. Application has not been approved as of Dec 2023[.]*
- *Lit[t]le information is provided on processes for specific services and needs of the children. Navigating a Jordan’s Principle application is extensive and confusing for families to access. It is intimidating for simple services such as counselling for youth. Waiting months for approval has deterred many families from applying.*

109. It is very concerning that Jordan's Principle requests from 2021 or 2022 remain outstanding. Frankly, no Jordan's Principle application should be outstanding beyond the Tribunal-ordered determination timelines, and it is particularly concerning to note that DBCFS identifies an increased financial strain on families and delayed services because of ISC's current determination timelines. It is perhaps even more concerning to consider that families have been deterred from submitting Jordan's Principle applications because of these longstanding systemic non-compliance issues.

Carrier Sekani Family Services (located in Prince George, British Columbia)

110. On January 10, 2024, I was advised by Chief Priscilla Mueller, President of Carrier Sekani Family Services, of the challenges they have experienced in operationalizing Jordan's Principle. With respect to determination timelines, I have been advised that:

We have encountered a number of challenges that have also been noted in the Caring Society Report. Processing time is unreasonably long and does not follow CHRT guidelines. CSFS service coordinators have requests that have been waiting 2-4 months to be addressed. Requests that have been escalated to HQ take even longer to be processed, and it is unclear why some requests are sent to HQ when they are clearly not "above normative standards" (e.g. when a child needs a bed).

A true copy of Chief Priscilla Mueller's letter dated January 10, 2024 is attached as **Exhibit "44"** to my affidavit.

111. It is concerning to hear that ISC is routinely failing to meet the timelines for processing requests and that escalations to Headquarters are taking place with some regularity.

Indigenous Child and Family Services Directors (located in British Columbia)

112. In their January 11, 2024 letter to me, the Indigenous Child and Family Services Directors, Our Children Our Way Society, advised me as follows about the experiences of a member agency with processing timelines and delays:

Secwepemc Child & Family Services [located in Kamloops, British Columbia]
In 2023 we supported 16 Jordan's Principle applications. Only six of those were reviewed and approved. Three were approved in a timely manner (4 days, 5 days, 2 weeks, respectively) and the other three after lengthy delays (5 weeks, 7 weeks, 4 months, respectively). The remaining 10 applications are still sitting in the queue—some of them since May.

Reimbursement Delays

Overview

113. The Caring Society has been raising concerns about payment processing delays and proposing possible solutions to fix this issue since 2018. ISC has committed to processing invoices within 15 business days of receiving these invoices. I attach a true copy of an ISC report dated January 11, 2023, and received from ISC on March 2, 2023, regarding Jordan's Principle payment timelines in fiscal year 2022-23 (which notes the 15-business day timeline at page 2) as **Exhibit "45"** to my affidavit.

114. Nonetheless, the Caring Society continues to receive serious concerns from families, service coordinators, and service providers regarding long delays in Canada reimbursing for services that have been approved and provided. Despite the Caring Society's regularly raising reimbursement concerns from families, timelines continue to be a systemic issue.

115. ISC's own data in Exhibit 45 indicates that, for example,

- a. in 2020-2021, ISC processed 82.9% of all payments within 15 business days; and
- b. in 2022-2023, ISC processed 50.7% of all payments within 15 business days.

116. Although the Caring Society acknowledges that the total number of payments made within 15 business days increased from 44,314 payments in 2021-22 to 71,860 payments in 2022-23, that is cold comfort to roughly half of Jordan's Principle requestors who waited beyond the 15-business day standard and did not receive timely reimbursements.

117. ISC data in Exhibit 45 also provides that:

- a. from April to December 2019, ISC processed 62.46% of all invoices within 15 business days;
- b. from April to December 2020, ISC processed 81.9% of all invoices within 15 business days;
- c. from April to December 2021, ISC processed 81.4% of all invoices within 15 business days; and
- d. from April to December 2022, ISC processed 54.9% of all invoices within 15 business days.

118. One key concern is that capacity to meet the 15-business day standard appears uneven across the country. On the one hand, from April 1, 2022 to December 1, 2022, Ontario Region processed 32.8% of payments within 15 business days and Manitoba met that standard in 46.1% of cases. On the other hand, British Columbia region process 82.9% of payments within 15 business days and Quebec processed 93.6%.

119. Once again, those numbers reflect real people with real needs for timely reimbursements for services. The impacts of payment delays to children, youth, and families and those who serve them may be severe. Payment delays are not merely bureaucratic or administrative concerns but instead have real-life impacts on persons who may be financially vulnerable and in need of timely reimbursement for necessary products, supports, and services under Jordan’s Principle.

120. In any case, where a First Nations child lives in Canada should not be determinative of whether they are likely to receive timely reimbursement from ISC or not. For the Caring Society, what is driving these differences in performance across ISC regions is still unclear. For example, Statistics Canada data from 2016 indicates that British Columbia has a First Nations population of 172,520, while Manitoba has a First Nations population of 130,510. A true copy of data from the Statistics Canada website is attached as **Exhibit “46”** to my affidavit.

121. Further, I understand that ISC has implemented advance payment options, including the use of gift cards and acquisition cards, to ensure that those families who cannot afford to pay “out of pocket” are still able to access approved services, products, and supports. However, in my

experience, many families and service coordinators raise concerns with ISC's administrative requirements for gift cards. ISC's limitations on the usage of acquisition cards can effectively render them obsolete.

122. For instance, my understanding is that, although acquisition cards are available to ensure payment is not a barrier to accessing services or meeting families' needs, they are rarely used. As of September 2023, my understanding, based on information provided at the September 19, 2023 JPOC meeting, is that there were between 30 and 35 cardholders of acquisition cards across the country but that this varied with staffing levels and turnover. Further, in fiscal year 2022-23, acquisition card transactions only accounted for 1.5% of total operations and maintenance payments. A true copy of JPOC's draft Record of Decision from its September 19, 2023 meeting is attached to my affidavit as **Exhibit "47"**.

123. I discuss some specific concerns raised with me below.

Dnaagdawenmag Binnoojiiyag Child & Family Services

124. With respect to its concerns surrounding reimbursement delays for Jordan's Principle applications, DBCFS has advised me, as reported in Exhibit 33, that:

- *Reimbursements are taking more than year to receive.*
- *Our Organization has 4 outstanding claims that were submitted on the below dates and no payment received as of December 2023:*
 - *26-Jun-23*
 - *20-Oct-22*
 - *15-Mar-23*
 - *15-Mar-23*
- *Service providers have threatened to terminate Respite services due to not receiving payments after 5 months from Submitting the invoice. Children at risk [of] being removed from homes due to non-payment. The ministry reached out to ask for*

assistance of a child in a home that was being evicted in 24 hours if payment was not made. Situation caused stress on family, workers and service providers as the payment was over due by 6 months[.]

- *Parents who paid out of pockets are not getting reimbursed for 6 months to a year.*
- *A reimbursement for daycare to a parent for \$6000 was submitted March 2023 and not received until September 2023 after many emails to ISC. Family was under high stress and working over time to provide for their child while waiting for payment. Daycare was almost cancelled as parents could not afford.*
- *Service provider payments are taking 3 months or longer to receive payment. 3 service providers are submitting invoices monthly and follow up is required after 2 months to receive payment. This has caused service providers to not accept Jordan's Principle as payment and left children without services.*
- *Families are unable to pay for Groceries and needs for their children and submit receipts for reimbursements. This has caused frustration among families with no where to turn to access the funds they were approved.*

125. Unfortunately, DBCFS' experience in many ways captures the concerns that the Caring Society raised in its May 2023 and October 2023 submissions to the Tribunal.

North Shore Mi'kmaq Tribal Council (located in Eel Ground, New Brunswick)

126. The North Shore Mi'kmaq Tribal Council ("NSMTC") has advised me about their experiences in dealing with ISC non-insured health benefits and the Jordan's Principle services that they facilitate. NSMTC has advised that they have concerns about non-compliance with Tribunal-ordered timelines, about the appearance of the desire to case conference, and about ISC sending them clients for enhanced case management support.

127. With respect to reimbursements, NSMTC has indicated in a September 14, 2023 email, a true copy of which is attached as **Exhibit "48"** to my affidavit, that:

Because of the delays within the region of approving both individual and group requests, we have been required to put in services as our children need them (provided everything is on file and an approval is anticipated), we pay for the service, and worry about it later. We were asked by ISC FNIHB Atlantic last week to respectfully cease doing this in regards to educational supports, as it is “not good practice” to put things in before they are approved. ISC is not following timelines, we often wait weeks for approvals, therefore we have done what we need to do to support our children. Group request timeliness compliance is also an issue, where we wait months for an approval or follow up from ISC on our applications.

128. North Shore Mi'kmaq Tribal Council should not be stuck between a rock and a hard place in trying to do what they need to do to support their children while also trying to abide by what ISC views as good practice.

Independent First Nations (located in Ontario)

129. Independent First Nations has advised me through Executive Chair Chief Roundpoint's letter attached above as Exhibit 35, and I believe, that their concerns about financial payments from ISC are as follows:

Financial payments made by ISC are delayed, non-compliant, and create barriers for all families accessing Jordan's Principle

- a. *Valuable suppliers and vendors are opting out of supporting our families due to lack of payments.*
- b. *Families are opting out of requesting continued or needed support and services due to length of time for reimbursement and the resulting financial hardship and interest charges incurred.*
- c. *Attestation requirements impose unreasonable burdens on First Nations, families, service providers and groups.*
- d. *Payment process for grocery cards.*

Carrier Sekani Family Services

130. Chief Priscilla Mueller has advised me through her letter attached as Exhibit 44 above, and I believe, that:

We have also experienced issue with timely payment from ISC. Families and businesses cannot afford to wait months to be reimbursed. Such situations have the potential to negatively impact our relationship with vendors and also puts families at risk when services that are finite in rural and northern communities are not paid and potentially begin to deny service to clients. Challenges to reimbursement, has negatively impacted CSFS as an organization as we have been covering expenses while waiting for reimbursement utilizing internal funds. We are a large organization and this is not something that most First Nations would be able to do, negatively impacting the ability of groups to front funding and thus reduce the number of necessary claims. To date, CSFS Jordan's Principle service coordinators have had no successful orthodontics claims. Two requests (submitted in November 2021 and January 2022) are still waiting decision. One appeal was denied, and one additional request was denied.

131. Reports of families being unable to wait for months for reimbursements and of being at risk in the absence of financing for services is of deep concern to me.

Indigenous Child and Family Services Directors

132. In their January 11, 2024 letter to me, attached as Exhibit 36 above, the Indigenous Child and Family Services Directors, Our Children Our Way Society, advised me, and I believe, that their member agencies have had the following experiences regarding reimbursement delays:

Ayás Méñmen Child & Family Services [located in North Vancouver, British Columbia]

The payments department is incredibly difficult. They have been lagging on payments (for months) and I have lost several dentists as vendors due to this wait. Some dentists have explained that they have waited up to a year for payment. I have also lost a psychiatrist that performs assessments due to the payment lag. They have

also started denying my clients payment stating that Jordans Principle is a reimbursement model. Many of my clients do not have the funds to pre-purchase services/items and then wait 5 months or more for the repayment. Especially the clients requesting emergency assistance for food, or clothing for their children. If they had the money they would not have applied to Jordan's Principle for the assistance.

This system is not doing what it is supposed to do, it is not filling the gaps fast enough. Clients are waiting months for their application to be looked at, months for an approval or denial and months for payment.

Vancouver Aboriginal Child & Family Services Society [located in Vancouver, British Columbia]

Lately we have been contacted by families we support who are informing us that they have made applications to Jordan's Principle and although those funds have been approved, they have been informed by Jordan's Principle that they need to purchase the items and then submit their receipt for reimbursement. This seems to contradict the whole reason one might make an application for funding under the Jordan's Principle in the first place, being that they do not have the financial resources to make such a purchase. These families then have to turn to other support agencies to request support to purchase the items and then that agency needs to try to secure reimbursement, this in turn can cause further delays in meeting the child's needs.

133. The loss of vendors and a psychiatrist is deeply concerning to me. So, too, is the discussion of how the reimbursement model is affecting Jordan's Principle requestors who lack the resources to make purchases and then seek reimbursement.

Blood Tribe (located in Standoff, Alberta)

134. Chief Fox has advised me via the letter attached as Exhibit 37 above, and I believe, that issues surrounding reimbursement in Blood Tribe include:

Due to the long delays in receiving funding for approved Group Requests, our Tribe is covering significant costs until funding is received from ISC. This has resulted in a multimillion-dollar deficit for our Recreation Department which limits their ability to deliver much-needed programs to our child and youth population.

135. That the Blood Tribe has entered a multi-million dollar deficit that has affected its programming is of significant concern to me.

F.D.'s Case

136. The Northwest Territories declared a territorial state of emergency on August 15, 2023 because of the wildfire situation at that time. A true copy of a publication from the Government of the Northwest Territories that discusses the Territorial state of emergency is attached as **Exhibit “49”** to my affidavit.

137. On August 16, 2023, F.D., a single mother with two children aged 3 and 7, contacted ISC with an urgent Jordan's Principle request for food and clothing after being evacuated from the Northwest Territories to Alberta due to wildfires. On August 18, 2023, ISC informed F.D. that she would have to pay for food and clothing out of pocket and then submit a reimbursement request. However, F.D. did not have the financial means to afford to pay out of pocket. F.D. specifically asked to receive a gift card from ISC. Notably, ISC did not offer to pay for the needed food and clothing through acquisition cards. Instead, ISC sent her links to provincial services. I have been informed by Ms. King, and believe, that she raised the use of acquisition cards to meet emergency needs with ISC, including Ms. Wilson-Clark, on August 18, 2023. Later that day, the Caring Society then sent F.D. a Walmart gift card for groceries and clothing so that her children could get through the weekend, noting that F.D.'s urgent request had remained undermined for two days since August 16, 2023. A true copy the Caring Society email exchanges with ISC in August 2023 is attached as **Exhibit “50”** to my affidavit.

138. After receiving the Caring Society gift card, F.D. received ISC-issued gift cards for groceries and clothing. ISC confirmed this on August 21, 2023. However, these supports were accompanied by a list of ineligible items: junk food such as chips, pop, candy, chocolate bars, and energy drinks; fast food; wireless phone cards; batteries; other household items or furniture;

tobacco; and gift cards/credit cards. A true copy of exchanges among the Caring Society, ISC, and F.D. in August-September 2023 is attached as **Exhibit “51”** to my affidavit.

139. Growing up, my father worked for the BC Forest Service, as it then was, and we often lived on Ranger Stations that were the front lines of fighting forest fires. From an early age, I knew what was needed for an emergency kit and the list of ineligible items from ISC appeared to me to exclude many essentials. I therefore went on to the Government of Canada’s website regarding emergency kits and was able to confirm that, indeed, items that ISC rendered ineligible were included in Canada’s emergency kit list. A true copy of a website from the Government of Canada about emergency kits is attached as **Exhibit “52”** to my affidavit.

140. The rationale underlying this list of exclusions is not clear to me as they are categorical in nature. The connection, if any, between the needs of the child, the child’s culture, or the child’s circumstances and the excluded items is also unclear to me. Notably, tobacco is a medicine in many First Nations cultures and is involved in sacred ceremonies used to provide comfort in tumultuous and stressful events.

The Financial Administration Act

Overview

141. Families have raised concerns with the Caring Society that Canada requires them to submit itemized receipts when they purchase grocery cards for approved grocery requests and that they have been questioned for making certain purchases, including socks.

142. Service coordinators and families continue to notify the Caring Society of ISC’s procedure of requiring itemized lists or receipts from families to confirm that approved supports were provided. Families and service coordinators have alerted the Caring Society that this process does not align with a commonsense approach to Jordan’s Principle as outlined in Back-to-Basics. My understanding is that grocery store gift cards are typically issued following ISC approving grocery supports. To many families, it is obvious and clear that they will be using grocery gift cards to purchase groceries.

143. Such an approach is reflective of ISC's old mindset and out of step with this Tribunal's reasoning and guidance in 2021 CHRT 41. It also infringes on families' and children's dignity and is not in keeping with an approach to substantive equality.

Blood Tribe

144. Chief Fox has advised me of, via the letter attached as Exhibit 37 above, and I believe, the experiences of Blood Tribe in dealing with the Alberta Region:

ISC AB-Region has invoked the Financial Administration Act (FAA) as the basis for not approving new requests. Despite the identification of surpluses from prior submissions, ISCAB Region chose not to fund new Group Requests since September 2023. Furthermore, a senior administrator was subjected to intimidation, with a threat of withholding all ISC funding if the matter was not promptly addressed, disregarding our report on surpluses. Such a heavy-handed approach is unacceptable and does not recognize the primacy of the Canadian Human Rights Act over the Financial Administration Act as stated by the Tribunal in 2021 CHRT 41. As a result, our children have been kept from accessing much-needed programs and services since September 2023. This has caused irreparable harm to our children and our families.

145. I take very seriously Chief Fox's concerns about "irreparable harm" done to children and families.

The Caring Society's Interventions

146. On January 9, 2023, Ms. King copied me on an email to ISC about the practice of requiring itemized lists or receipts for purchases made with grocery cards. On January 13, 2023, ISC responded by indicating that gift cards, as advance payments, require itemized receipts for processing and reconciliation as per Treasury Board and ISC departmental policies. On January 24, 2023 Ms. King emailed ISC further questions regarding ISC's financial delegation obligations under the *Financial Administration Act* and specific reporting requirements. ISC responded on April 4, 2023 after Ms. King followed up and indicated that per the *Financial Administration Act*, ISC requires recipients to provide invoices or receipts that confirm the gift card was used for the

approved product, service, or support. ISC confirmed also that they are continuing to explore options to reduce the administrative burden on requestors. A true copy of the email thread between the Caring Society and ISC from January to April 2023 is attached as **Exhibit “53”** to my affidavit.

147. On July 6, 2023, Ms. Rasmussen copied me on an email to ISC outlining concerns raised by L.S., a service coordinator with Independent First Nations, who was told that ISC was unable to process a reimbursement to her organization because the submitted documents did not include an itemized receipt. Ms. Rasmussen pointed out that the Caring Society raised similar concerns in January 2023 and asked for an update on ISC’s commitment to explore options that reduce the administrative burden on requestors. On July 14, 2023, ISC reiterated that, per Treasury Board requirements, gift cards are considered advance payments and for ISC to reconcile, they require invoices or receipts to confirm the card was used for the approved product, service, or support. On July 18, 2023, Ms. Rasmussen asked whether these requirements and policies, given they are underpinned by the *Financial Administration Act*, are being used in a manner that is compliant with the Tribunal’s guidance on the *Financial Administration Act* in 2021 CHRT 41. Ms. Rasmussen raised that ISC’s itemized receipt requirement amounts to an administrative barrier. On September 5, 2023, ISC responded that it continues to find efficiencies and improvements to reduce administrative burden. I intervened to ask ISC whether a specific answer to Ms. Rasmussen’s question was forthcoming, but ISC just reiterated that they are taking the Caring Society’s concerns into review and will be giving additional consideration to the gift card issue. A true copy of the Caring Society’s email exchanges with ISC from July to September 2023 is attached as **Exhibit “54”** to my affidavit.

Quality Assurance and Accountability Measures

Overview

148. The Caring Society has brought this non-compliance motion after having repeatedly proposed, over half a decade, both constructive solutions to systemic Jordan’s Principle implementation issues and effective quality assurance and accountability measures to address those chronic concerns and identify any emerging concerns in the earliest stages so they can be quickly addressed.

149. To date, however, Canada has been unable to get its house in order and put in place such meaningful and effective quality control and accountability measures. Put differently, there is no “immune response” on ISC’s part to the systemic issues plaguing its implementation of Jordan’s Principle. Instead, ISC has been dependent upon third parties, such as the Caring Society, which have acted in a role akin to an outside policy branch or policy shop. Of course, it should not be the Caring Society’s role to do so, but it has done so out of necessity in light of ISC’s inability or unwillingness to implement necessary, meaningful, and effective quality assurance and accountability measures to correct its non-compliance with the Tribunal’s orders on Jordan’s Principle.

150. In my role at the Caring Society, I have advocated for such meaningful change, and I have also been advised by community and leadership of the challenges they face on a regular basis.

Ojibways of Onigaming First Nation (located in Kenora District, Ontario)

151. Chief Jeff Copenace of the Ojibways of Onigaming First Nation has advised me, by way of a letter (the contents of which I believe to be true) dated September 25, 2023, a true copy of which is attached to my affidavit as **Exhibit “55”**, of the serious and urgent concerns facing his community, including many youth suicides, which has been in a state of emergency since October 2014. Among the concerns facing his community while they seek approval for a capital project through Jordan’s Principle is “[a]n overly complex approval process which does not align with the directives of the CHRT related to Jordan’s Principle”. Chief Copenace’s experiences in dealing with Jordan’s Principle speak to high-level or systemic issues in Canada’s implementation of Jordan’s Principle:

We understand that the intent of Jordan's Principle is to ensure all First Nations children living in Canada can access the products, services, and supports they need, when they need them. However, this is not the experience of Onigaming First Nation. The perceived delay tactics and unanswered requests from federal government officials we've met with have only exacerbated the problems in our community and have undoubtedly resulted in numerous lives being lost and the destruction of families.

152. I am deeply concerned by these descriptions of Onigaming First Nation’s experience with Jordan’s Principle, which should ensure that First Nations children receive the services they need, when they need them, without being subjected to an overly complex approval process.

Taku River Tlingit First Nation (located in Atlin, British Columbia)

153. Taku River Tlingit First Nation (“**TRTFN**”) have advised me, by way of a letter dated January 4, 2024 (the contents of which I believe to be true), of their experiences and concerns regarding the Jordan Principle program in their community of Atlin, British Columbia. A true copy of TRTFN’s January 4, 2024 letter is attached to my affidavit as **Exhibit “56”**. TRTFN has pointed to discrepancies and disparities between the operation of Jordan’s Principle in their community as opposed to in Whitehorse, which is approximately two hours away from Atlin. TRTFN has summarized their experiences with Jordan’s Principle as follows:

1. *Long Delays: One of the most significant issues we have faced is the prolonged approval process. For example, our group application took more than a year and required persistent follow-ups to obtain approval. These long delays have resulted in a critical gap in services, leaving the needs of our children unaddressed.*
2. *Mixed Responses on Eligibility: We have received inconsistent responses regarding what the Jordan Principle program can fund. For instance, BC officials have indicated that the program cannot fund Child and Family Services (CFS) positions, whereas such positions are funded in Yukon. Additionally, facility and office space for staff have been deemed ineligible for funding in BC, despite being supported in Yukon. For instance, in the Yukon side of the border, the Jordan Principle program provides capital funding for office rent, supplies, etc. However, the same program in BC does not grant such funding, as indicated in the rejection letter attached. Although the Jordan Principle provided funding to Taku to service citizens in Whitehorse (4 full-time positions were approved), it did not provide funding to support them.*

3. *Short-Term Funding Perception: We have been advised that Jordan Principle is intended as a short-term funding solution, which poses challenges for sustainability and long-term planning.*
4. *Data Loss: On multiple occasions, the BC Jordan Principle office has lost our data, including consent forms and other supporting documentation submitted for our requests.*
5. *Excessive Documentation Requests: The BC Jordan Principle office has requested additional documentation for our requests, such as clan directives, up to 8 to 9 months after our initial submissions.*
6. *Administrative Hurdles: It is our belief that the current administrative processes in BC, particularly in remote communities like Atlin, create unnecessary hurdles that lead to prolonged delays in services, ultimately affecting children and families. Furthermore, these prolonged delays have resulted in a significant gap in services, and the needs of our children have not been adequately addressed.*

154. It is concerning to me that TRTFN’s experience in accessing Jordan’s Principle has been impacted by their remoteness, as well as that their experiences point to discrepancies in how Jordan’s Principle is implemented between two ISC regions. TRTFN experiences regarding excessive documentation requests and administrative hurdles are also suggestive of non-compliance with the Back-to-Basics approach. Lastly, issues surrounding data loss suggest that there are deficient quality assurance measures in place in the British Columbia.

Kasohkowew Child Wellness Society (located in Maskwacis, Alberta)

155. On January 10, 2024, the Director of the Kasohkowew Child Wellness Society advised me of their “deep concern regarding the ongoing challenges faced by many Indigenous families within the Samson Cree Nation, in accessing Jordan's Principle services”. A true copy of this letter is attached to my affidavit as **Exhibit “57”**. Among other considered, I have been advised, and believe, that:

- *It has come to my attention that applications for these critical services are often denied or left unanswered, causing undue hardship and distress to those who rely on them.*
- *Jordan's Principle was created with the noble intention of ensuring that Indigenous children receive the care and support they need without delay, regardless of jurisdictional disputes. However, the current situation in Alberta raises serious questions about the effectiveness of its implementation.*
- *One of the major issues I'd like to address is the denial or non-response to applications for Jordan's Principle services. It has been disheartening to learn that many families, already coping with numerous challenges, are faced with the additional burden of bureaucratic obstacles when seeking help for their children. The denial or lack of response to these applications only exacerbates the health and well-being disparities faced by Indigenous children. [...]*
- *I urge you to take immediate action to address these concerns and ensure that the principles behind Jordan's Principle are upheld in Alberta. It is vital that the application process is streamlined, that resources are distributed equitably, and that Indigenous children receive the care they deserve without further delay or bureaucracy.*

156. These issues surrounding the conduct of Jordan's Principle in the Alberta region are deeply concerning. Of particular concern is the impacts of a lack of access to critical services on the community.

Carrier Sekani Family Services

157. Chief Priscilla Mueller has advised me, via her letter attached as Exhibit 44 above (the contents of which I believe to be true), of longstanding concerns with ISC's quality assurance regarding Jordan's Principle:

The appeal process lacks clarity and transparency. ISC does not provide a time frame for appeals and does not notify the service coordinator or family if there will

be a delay. In one case, the appeal decision was not made until 50 business days after the appeal was submitted, and the appeal was denied without explaining why ISC felt there was “no unmet need”.

It is imperative that ISC implements remedies outlined in the Caring Committee’s report to address unresolved issues/concerns still experience by families and service coordinators today.

The roles and responsibilities between Ottawa (headquarters) and Regions are ambiguous. This results in a “wait and see” approach to processing claims. It would be much easier for Headquarters to delegate more responsibility to regions to expedite processes. Part of the challenges for First Nations has been these blurred lines created by ISC.

Finally, it is imperative that a proper oversight committee is established at the regional level. This committee must have First Nations representation.

158. The indication that there are “blurred lines” between regions and Headquarters and ambiguous roles and responsibilities among them is of particular concern to the Caring Society. So, too, are the concerns raised about the lack of clarity and transparency in the appeals process.

Federation of Sovereign Indigenous Nations Jordan’s Principle Working Group (located in Saskatchewan)

159. On December 14, 2023 the Federation of Sovereign Indigenous Nations (“**FSIN**”) Jordan’s Principle Working Group passed a motion providing in part that:

The Federation of Sovereign Indigenous Nations (FSIN) Jordan’s Principle Working Group (JPWG) calls upon Canada to take immediate and positive measures to publicize that it is Canada that is ultimately responsible for implementing the Canadian Human Rights Tribunal orders and that where it relies on First Nations and First Nations Coordinators to assist with implementation of the orders, Canada must provide adequate resources, capacity, liability and

workplace safety measures that take into account the distinct circumstances arising from First Nations persons providing services in their own communities.

160. A true copy of the December 14, 2023 motion from FSIN's Jordan's Principle Working Group is attached as **Exhibit "58"** to my affidavit.

161. I am concerned to hear that is calling for Canada to take into account the distinct circumstances of First Nations providing services in their own community and to provide adequate resources and capacity for this service delivery.

The Assembly of Manitoba Chiefs (located in Winnipeg, Manitoba)

162. On January 11, 2024, I was advised by Assembly of Manitoba Chiefs of the concerns they have been experiencing regarding Canada's non-compliance with Jordan's Principle and its implementation of the Back-to-Basics Approach. A true copy of the January 11, 2024 letter from the Assembly of Manitoba Chiefs is attached as **Exhibit "59"** to my affidavit.

163. As the Assembly of Manitoba Chiefs has advised,

The following concerns have been identified by First Nations in Manitoba in relation to the non-compliance motion respecting Canada's approach to Jordan's Principle:

- a. *ISC's practice of having First Nations and First Nations service coordinators accept and fund Jordan's Principle cases without providing adequate resources at the local level;*
- b. *ISC's non-compliance places serious pressure on First Nations and First Nations service coordinators as families are not having their child(ren)'s needs met regardless of where they live;*
- c. *ISC's non-compliance has resulted in families losing confidence in their First Nation and First Nations service coordinators as they ultimately do not understand that it is Canada's non-compliance that is placing service coordinators in a position of not being able to meet the child(ren)'s needs in a timely manner;*

- d. *ISC does not proactively fund liability coverage for all First Nations and First Nations coordinator organizations, placing individual employees, First Nations organizations and First Nations at serious risk;*
- e. *Children experiencing significant delays or disruptions in professional recommended services and supports, or not receiving any services and supports due to limited access as a result of remoteness and/or human resources and;*
- f. *Children not receiving services, supports or products due to Canada's failure to adhere to reasonable timeframes for approved services, which appears to be exacerbated by ISC's implementation of Back to Basics.*

164. With respect to the implementation of Back-to-Basics, the Assembly of Manitoba Chiefs have advised me as follows:

ISC implemented the Back to Basics (B2B) approach in early 2022. Some AMC member First Nations feel that B2B has been exclusively defined by ISC without local consultation and many feel ISC has overstepped, undermining local efforts. In Manitoba, Jordan's Principle has developed in each First Nation as a locally defined program, with funding directly provided to each Nation with a service coordinator guiding the development. As a result of B2B, there has been an observed decrease in the service coordinator's involvement at the local level, as many families are not connecting at the local level and are contacting ISC directly for requests. First Nations service coordinators feel the Manitoba approach to B2B is diminishing their role and impacting local autonomy in decision-making. It is felt that B2B is creating increased dependence on the government. B2B has impacted local Jordan's Principle programs in Manitoba by shifting the focus of the supports and services. B2B has created many more requests, altering the role and responsibilities of First Nations service coordinators and contributing to Canada's failure to adhere to reasonable timeframes for approved services.

165. It is concerning to read these experiences that the Assembly of Manitoba Chiefs' member First Nations are experiencing in their communities.

Jordan's Principle Enhanced Service Coordination Hub

166. I have been advised by the Jordan's Principle Enhanced Service Coordination Hub of British Columbia, in their letter attached as Exhibit 42 above (the contents of which I believe to be true), that they have experienced the following quality control issues:

Regional disparities in approvals.

It is generally known that BC Region, and other regions in Canada, do not share the same adjudication 'criteria.' Communication has expanded between the various delivery regions of Jordan's Principle and there is solid evidence that each region 'approves' uniquely. This is a concern because the argument of 'unique' regional differences has been used to justify not approving items or services that have been recommended and that have been approved in other regions.

167. This experience of disparities and regional differences is concerning to me.

Blood Tribe

168. Chief Fox has advised me, via the letter attached as Exhibit 37 above (the contents of which I believe to be true), of various concerns about ISC's internal quality assurance and accountability measures, including that:

The internal review system employed by ISC AB-Region needs to be improved. Presently, the Focal Point collects Group Request-related information and presents it to the Adjudication Committee. In cases where immediate approval is not granted, the committee often poses additional queries, necessitating further communication with the Focal Point. These additional questions are far too detailed and assume that the Tribe does not know what is in the best interest of the children. Further, this iterative process results in prolonged delays and extended processing timelines. [...]

The establishment of arbitrary approval limits for specific items such as laptops (\$750), clothing (\$500), and food (\$250/month) raises concerns regarding their alignment with the best interests of our children, particularly considering the

escalating costs associated with essential goods and services. The predetermined amounts are unrealistic and inadequately address the comprehensive needs of our children. This warrants a reconsideration of the existing limits to ensure they align more effectively with the current economic realities and the well-being of our children. [...]

Multiple referrals to Headquarters which adds time to the processing and often means we accept lesser amounts than requested. For example, we asked for \$1000 in clothing for our children, but may only be approved for \$500/child.

Asking for a second Support Letter when a Support Letter has been provided by an Elder or Council member. [...]

To address some of these issues, we have asked ISC-AB Region to increase their Jordan's Principle staffing and to better train their Jordan's Principle staff on the principles of Substantive Equality, Best Interest of the Child, Community Circumstances, and cultural sensitivity.

December 2023 Commitment from ISC

169. On December 1, 2023, I met with senior ISC representatives to discuss how families, service coordinators, and First Nations community representatives contact the Caring Society about the difficulties they have faced in accessing Jordan's Principle and come to the Caring Society for assistance in navigating Jordan's Principle. During that meeting, ISC made a commitment to me that they would identify a staff contact person at ISC to whom the Caring Society could direct folks who reach out to the Caring Society in this way such that their difficulties could be resolved in a Tribunal-compliant manner. In essence, that commitment was for ISC to establish a role akin to that which the Caring Society has been playing in escalating and aiding to resolve Jordan's Principle implementation and non-compliance issues.

170. By December 14, 2023, I had not heard anything further from ISC in this respect. That day, I directed my colleague, Ms. Mathews, to inform ISC that the Caring Society will be directing persons who raise concerns with the Caring Society to a particular high-level ISC official. A true copy of the email Ms. Mathews sent to Ms. St-Aubin is attached as **Exhibit "60"** to my affidavit.

171. As of January 12, 2024, I have not heard anything further from ISC about this contact person or of ISC assuming the role that has been played by the Caring Society. I look forward to receiving a timely update from ISC.

The Dialogic Approach and the Schedule “A” Jordan’s Principle Workplan

172. Over a period of years, the Caring Society has engaged with Canada, including senior ISC officials, in dialogue in multiple fora to ensure Canada’s compliance with Jordan’s Principle, eliminating the discrimination, and preventing its recurrence. This years-long campaign has been rooted in the Caring Society’s deep commitment to Jordan’s spirit, Jordan’s family, Maurina Beadle, Zacheus Trout, and many others who are dedicated to ensuring that the serious hardship they endured because of Canada’s conduct is not experienced by future generations of children.

173. Some of the key milestones and agreements reached with Canada (and the Parties) designed to ameliorate non-compliance issues with Jordan’s Principle in both the short and long term have included:

- a. the AIP on the long-term reform of the FNCFS Program and Jordan’s Principle;
- b. Appendix “B” to the AIP, which is “The Work Plan to Improve Outcomes under Jordan’s Principle based on Indigenous Services Canada’s Compliance with the Tribunal’s Orders” and pursuant to which Canada was to take urgent steps to implement the measures contained within the work plan in order to improve outcomes under Jordan’s Principle (a true copy of a summary of the AIP, posted online by ISC, is attached to my affidavit as **Exhibit “61”**); and
- c. The Back-to-Basics Approach to Jordan’s Principle, the objective of which is “to apply a Canadian Human Rights Tribunal order compliant ‘back to basics’ approach for implementing Jordan’s Principle that is non-discriminatory, centers the needs and best interests of the child, takes into consideration the distinct circumstances of their community, is simple to access, timely, and minimizes the administrative burden on families”.

174. Regrettably, Canada has not fulfilled its obligations in these agreements, and systemic non-compliance with the Tribunal's orders respecting Jordan's Principle continues.

175. The Caring Society has previously conveyed to this Tribunal its serious concerns about Canada's slow and haphazard implementation of the workplan contained in Appendix "B" to the AIP as well as with the Back-to-Basics Approach through its letter submissions in May 2023 and October 2023.

176. As a result of these concerns, I met with ISC Deputy Minister Gina Wilson on December 1, 2023 and advised her that, after having exhausted all other reasonable options, the Caring Society would be filing a non-compliance order on Jordan's Principle. I mentioned the Caring Society's proposal that Canada presumptively approve requests valued below \$500 that are supported by a letter from a relevant professional/Elder or knowledge holder as analysis from the Institute of Fiscal Studies and Democracy ("IFSD") had estimated, based on publicly available data, that ISC's unit cost to process each Jordan's Principle request was \$536, while 40% of requests made in 2020/21 were valued at less than \$1,000 (see Figure 28 on page 40). A true copy of the Institute of Fiscal Studies and Democracy's analysis of the unit cost of each request is attached as **Exhibit "62"** to my affidavit, while a true copy of IFSD's Jordan's Principle Final Report Dated August 2022 is attached as **Exhibit "63"** to my affidavit.

177. I made it clear the priority was resolving the concerns so that children and families would not suffer the burden of Canada's non-compliance and that I hoped that Canada would take effective and positive measures to fix the problems (particularly unopened cases, delayed determinations, and the repeated problems with the 24-hour line).

178. Now, the Caring Society has taken urgent action through this non-compliance motion to propose further solutions to Canada's years-long non-compliance issues.

179. In keeping with the Caring Society's good faith solutions-oriented approach, we have provided constructive recommendations to Canada on how to remedy its non-compliance. I have also repeatedly advised ISC officials that they are welcome to supplant our ideas with effective remedies they design, so long as the problem is fixed. In fact, having Canada do better for children

when it knows better is all we have ever wanted, because when problems are remedied, children thrive and the suffering ends.

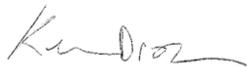
180. During the pandemic, I was very impressed by how Canada effectively developed and rolled out emergency financial relief to millions of people and thousands of businesses, while simultaneously working with First Nations, the provinces, and other Indigenous peoples to ensure that every person had an opportunity to access the vaccine against COVID-19. Governments respond to unpredictable events and do complex and necessary things all the time. I commend them, but do not understand why Canada does not marshal the same “can do” approach to honouring its legal obligations to First Nations children.

181. Jordan’s family asked that I write some words for his memorial service. Here is part of what I said: “Jordan could not talk, yet people around the world hear his message. Jordan could not breathe on his own, yet he has given the breath of life to other children. Jordan could not walk, but he has taken steps that governments are now just learning to follow.”

182. Jordan’s Principle is sacred, and it has uplifted and transformed the lives of thousands of children and families. A few months ago, the Caring Society received a message from a young man who was ready to drop out of school, before Jordan’s Principle helped him get the learning assistance he needed. He had just graduated and was off to university. That is the magic of Jordan’s Principle.

183. Canada needs to honour its sacred obligations to Jordan and his family and follow the law because as Residential School Survivors and the children who were lost have taught us Every Child Matters.

AFFIRMED BEFORE ME over video)
teleconference on this 12th day of)
January 2024, in accordance with)
O. Reg. 431/20, *Administering Oath or*)
Declaration Remotely. The Commissioner)
was in Ottawa, Ontario and the affiant was)
in Ottawa, Ontario)



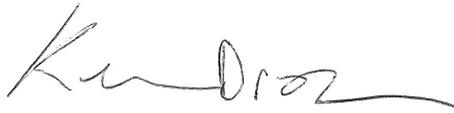
_____)
Commissioner for taking affidavits)

Kevin Steven Gerard Droz
LSO #82678N



_____)
CINDY BLACKSTOCK

This is **Exhibit "1"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

First Nations Child and Family Services

Joint National Policy Review Final Report June, 2000



Prepared for:

Assembly Of First Nations With First Nations Child And Family Service
Agency Representatives In Partnership With The
Department Of Indian Affairs And Northern Development

Written By:

Dr. Rose-Alma J. McDonald, Dr. Peter Ladd, et. al.

ISBN 0-919682-08-01

**Assembly of First Nations/Department of Indian and Northern Affairs Development
First Nations Child and Family Service National Policy Review
2000**

**Copyright 2000. The Assembly of First Nations and Department of Indian and Northern Affairs
Development, Ottawa, Canada. World Rights reserved. No part of this document may be stored in a
retrieval system, transmitted or reproduced in any way, including but not limited to photocopy.**

Credits

This National Policy Review Report was written by:

Rose-Alma J. (Dolly) McDonald, D.Ed. Mohawk; Peter Ladd, Phd., et. al.

Assembly of First Nations

Co-Chair Joint Steering Committee and Vice Chief Rick Simon; Art Dedam, Listuguj MigMaq, Director of Social Development; Marlene Bugler, Cree, National Policy Review Coordinator; Lori McGregor, Mohawk, Technical and Administrative Support

Department of Indian and Northern Affairs Development

Co-Chair Joint Steering Committee Roy Bird, Regional Director General, Saskatchewan Region; Cynthia Bennington; Kathleen Campbell, Director General, Social Policy and Programs; Jerry Lyons, National Policy Review Coordinator **Health Canada** Debbie Michelin (Health Canada Headquarters)

First Nations Child and Family Service National Policy Review Joint Steering Committee

Vice Chief Rick Simon (AFN) Co-Chair; Roy Bird (Regional Director General, Saskatchewan Region Department of Indian Affairs & Northern Development) Co-Chair; Darin Keewatin (Yellowhead Tribal Council Child & Family Services, Alberta), Cindy Blackstock (Caring for First Nations Children's Society, British Columbia), Elsie Flette (Director West Region Child & Family Services, Manitoba), Judy Levi (Coordinator Tripartite Committee, New Brunswick), Joan Glode (Executive Director MicMac Child & Family Services, Nova Scotia), Donald Horn (Director Kahnawake Community Services, Quebec), Bill Gillespie (Director Kuuwanimano Child & Family Services, Ontario), Ray Shingoose (Director Yorkton Child & Family Services, Saskatchewan), John Brown (Director General Audit and Evaluation Branch, DIAND, Headquarters), Mike Ivanski (Director General Finance DIAND Headquarters), Kathleen Campbell (Director General Social Policy and Programs, DIAND, Headquarters), Debbie Michelin (Manager, Medical Services Branch, Health Canada, Headquarters), Alain Leveillie (Sr. Policy Advisory, Quebec Region DIAND), Linda Stiller (Inter-Government Affairs BC Region)

First Nations Child and Family Service National Policy Review Policy Review Group

Marlene Bugler (National Policy Review Coordinator) Co-Chair, Jerry Lyons Co-Chair (DIAND Sr. Program Analyst Social Policy and Programs Headquarters), Darin Keewatin (Yellowhead Tribal Council Child & Family Services, Alberta), Maurice Squires (Director Nisga'a Child & Family Services, BC), Jules Picard (Social Services Coordinator, First Nations of Quebec and Labrador Health and Social Services Commission, Quebec), Walter Spence (Director Norway House Child & Family Services, Manitoba), Glen Caplin (Director Eel River Bar First Nation Child & Family Services, New Brunswick), Elizabeth Paul (Director of MicMac Family & Childrens Services, Nova Scotia), Tuesday Johnson MacDonald (Coordinator of Social Development Six Nations, Ontario), Milton McKay (Director Peter Ballentyne Child & Family Services, Saskatchewan), Brian Skabar (Sr. Policy Analyst Analyst Atlantic Region DIAND), Allain Levelier (Sr. Policy Advisor, Quebec Region DIAND), David Rydholm (Sr. Policy Advisory Ontario Region), Wayune Govereau (Sr. Negotiator/Policy Analyst Manitoba Region DIAND), Bryan Clark (Manager Funding Services Saskatchewan Region DIAND), Debbie Graham (Manager Social Development Alberta Region DIAND), Debbie Michelin (Manager Medical Services Branch Health Canada Headquarters), Vince Donoghue (Sr. Finance Office DIAND Headquarters)

First Nations Child and Family Service National Policy Review Project Management Team

Art Dedam (AFN Co-Chair), Kathleen Campbell (DIAND Co-Chair), Derald Dubois (First Nation Representative), Marlene Bugler (AFN National Policy Review Coordinator), Jerry Lyons (DIAND Senior Policy Analyst Social Policy and Programs Headquarters).

Contributing Authors

Blue Hills Training and Management, Keystone Consulting, Helen Semanganis, Poirier Communications,

h) definition of financial audit and compliance comparability/reciprocity between provincial and First Nation accreditation, training and qualifications requirements of staff (e.g. licensing criteria)

4. DIAND, Health Canada, the provinces / territories and First Nation agencies must give priority to clarifying jurisdiction and resourcing issues related to responsibility for programming and funding for children with complex needs, such as handicapped children and children with emotional and/or medical needs. Services provided to these children must incorporate the importance of cultural heritage and identity.

5. A national framework is needed that includes fundamental principles of supporting FNCFS agencies, that is sensitive to provincial/territorial variances, and has mechanisms to ensure communication, accountability and dispute resolution mechanisms. This will include evaluation of the roles and capacity of all parties.

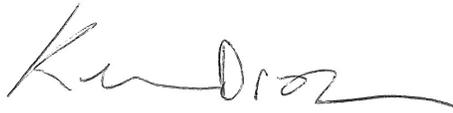
6. The funding formula in Directive 20-1 is not flexible and is outdated. The methodology for funding operations must be investigated. The new methodology should consider factors such as work load/case analysis, national demographics and the impact on large and small agencies, and economy of scale. Some of the other issues the new formula must address but not be limited to are:

- a) Gaps in the operations formula. A clear definition is required.
- b) Adjustment for remoteness
- c) Establishment of national standards
- d) Establishment of an average cost per caseload
- e) Establishment of caseload / workload measurement models
- f) Ways of funding a full service model of FNCFS
- g) The issue of liability
- h) Exploration of start up developmental costs
- i) Develop and maintain information systems and technological capacity.

7. The Joint Steering Committee found that the funding formula does not provide adequate resources to allow FNCFS agencies to do legislated/targeted prevention, alternative programs, and least disruptive/intrusive measures for children at risk. It is recommended that DIAND seek funding to support such programming as part of agency funding.

8. DIAND must pursue the necessary authorities to enable FNCFS agencies to enter into multi-year agreements and/or block funding as an option to contribution funding, in order to further enhance the ability of First Nations to deliver programs that are geared to maintaining children within their families, communities and reuniting those children-in-care with their families. This requires the development of a methodology for establishing funding levels for block funding arrangements that encompass:

This is **Exhibit "2"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Paul B. Vickery
Barrister

Judy Dubois
Registry Officer
Canadian Human Rights Tribunal
160 Elgin Street, 11th Floor
OTTAWA ON K1A 1J4

Dear Ms. Dubois:

**Re: *First Nations Child and Family Caring Society et al v Attorney General of Canada*,
Tribunal File: T1340/7008
Response of the Attorney General of Canada**

On March 16, 2023, this Panel requested information from Canada as well as from the Assembly of First Nations (the AFN), the First Nations Child and Family Caring Society (the Caring Society), the Chiefs of Ontario (COO) and Nishnawbe Aski Nation (NAN) (collectively, the Parties). Canada replied to that request in a letter sent to the Panel on May 10, 2023. The Parties responded to Canada's letter on May 10 and May 24, 2023.

As invited by the Panel, Canada submits this letter in answer to some of the points raised by the Parties' correspondence. The annexed table reviews those points and gives Canada's responses. I would ask that you bring this letter to the Panel's attention.

Yours truly,



Paul B. Vickery
Counsel for the Attorney General of Canada

Please see annexes following:

Annex A: Responses to the Parties’ May 10 and 24, 2023 Correspondence to the Panel

Area	Issue	Response
FNCFS Program		
Prevention Services	<p>Use of the Indian Registry System to count population for the purpose of calculating prevention funding under the FNCFS Program.</p> <p>Raised by: The Caring Society, COO and NAN</p>	<ul style="list-style-type: none"> • The Indian Registry System (IRS) is the only regularly updated, national source of data on the First Nations population on-reserve and in the Yukon. It was for that reason that Canada proposed to the Parties in its review of the Institute of Fiscal Studies and Democracy (IFSD) Phase 2 report in 2021 and confirmed in early 2022 prior to the submission of the March consent order to use a) the IRS’ on-reserve population counts to calculate prevention funding provided at \$2,500 per First Nations person resident on-reserve or on Crown land, and b) the IRS’ total population count to do the same calculation in the Yukon. • In using IRS data, Canada is following past practice in implementation of the Tribunal’s orders. To calculate per capita prevention funding under 2021 CHRT 12, Canada, the Caring Society and the AFN agreed to use the IRS’ on-reserve, on Crown land and Yukon population counts. • Canada is supporting the First Nations Information Governance Centre (FNIGC) to coordinate the development of a First Nations-led network of national and regional information governance centres. Once established, this new capacity will help to ensure best use of new or existing data to produce robust and timely population estimates for First Nations. In the meantime, Canada will continue to explore improved population measurement with the AFN, FNIGC and Statistics Canada as one of the highest priority data issues to be addressed in support of Indigenous-led service delivery.
	<p>Whether the \$2,500 per capita for prevention was meant to cover staffing, program development, infrastructure or other operations related to prevention services.</p> <p>Raised by: The AFN</p>	<ul style="list-style-type: none"> • In the Agreement-in-Principle (AIP) and the consent motion that led to 2022 CHRT 8, Canada and the Parties agreed on prevention funding as \$2,500 per capita. That figure derives from a case study in the Phase 1 report of the IFSD. In that case study, \$2,500 per capita covered “all agency [prevention] programs and services.” Staffing costs are generally a significant cost component in delivering programs and services to support children and families. • Under 2021 CHRT 41, infrastructure required to support the delivery of child and family services, including prevention services, can be funded, which is in addition to the \$2,500 per capita amount provided for prevention.
	<p>Communication to First Nations on the basis for the split of the \$2,500 per capita between First Nations and FNCFS agencies.</p> <p>Raised by: The AFN</p>	<ul style="list-style-type: none"> • Canada has sent information bulletins or other communications to First Nations and FNCFS agencies a number of times since the AIP, most recently on January 27, 2023 and April 19, 2023. In each case, the Parties have reviewed and given feedback prior to the issuance of these communications. Canada also shared information at events such as Treaty 8 First Nations of Alberta’s Prevention – Our Way conference in February 2023 and Our Gathering, kexwkexwntsùt chet, tə sǎǎǎp ct conference in May 2023. The Parties agreed to the allocation distribution methodology for prevention funding in 2022-23 between agencies and First Nations where applicable (for example, unaffiliated First Nations receive the full allocation). Canada will continue to work with the Parties to shape communications to recipients on

	<p>Use of prevention funding by First Nations, especially unexpended funds from prior years.</p> <p>Raised by: The AFN</p>	<p>the allocation of the Program’s prevention funding. Canada is happy to provide communications on this topic to First Nations should the Parties request these communications.</p> <ul style="list-style-type: none"> • First Nations with unexpended prevention funds from previous years are able to carry them forward under the terms of their funding agreements, which Canada has confirmed with the Parties in negotiations. With supporting materials (such as a discussion guide), ISC’s regional staff will be working one-one-one with First Nations carrying unexpended funds to support those recipients in planning for use of those funds. • Canada is developing additional resources to help First Nations make best use of their prevention funding, such as a prevention toolkit which will provide detailed information on the full range of possible prevention activities that a First Nation might consider as examples when developing their prevention programming (including examples of activities at each of three levels of prevention). This information is also included in the terms and conditions agreed to by the Parties and provided to all funding recipients. Canada is also drafting a prevention-focused presentation and a discussion guide to support ISC regional offices in focused work with specific First Nations to build their prevention programming. Information products that are developed remain open for feedback from First Nations and community members to support the updating and refinement of future products. Additionally, these communication efforts are on top of Canada’s support for workshops and other forums for recipients to share best practice in prevention.
<p>Post-Majority Support Services</p>	<p>Continuation of funding for post-majority support services after March 31, 2024.</p> <p>Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Canada has not proposed to end funding for post-majority support services on March 31, 2024. It will continue to fund those services at their actual costs until that date, at which time it intends, in discussion with the Parties, to transition to a more stable, predictable funding approach – an approach that does not rely on recipients having the knowledge, time and capacity to request funding. 2022 CHRT 8 envisioned a transition to a non-actuals post-majority funding approach by March 31, 2023.
	<p>Awareness of funding for post-majority support services.</p> <p>Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Soon after the implementation of post-majority support services on April 1, 2022, a post-majority support services toolkit, developed with input from the National Advisory Committee and all Parties, was shared with ISC regional offices, First Nations, and FNCFS service providers. The package outlined the supports, activities, types of costs and eligibility criteria. • In June 2022, information, including the toolkit, was made available on ISC’s website (https://www.sac-isc.gc.ca/eng/1650377737799/1650377806807). Regular updates are made to the webpage. • In November 2022, ISC began a social media campaign to raise public awareness about the April 1, 2022 reforms to the FNCFS Program. The campaign included Twitter, Facebook and LinkedIn posts on post-majority support services for First Nations youth and young adults. • Since January 1, 2023, callers to Kids Help Phone have been able to obtain information 24/7 about post-majority support services. Kids Help Phone was chosen to provide that service due to its public reputation and name recognition. Communications by Kids Help Phone have raised awareness and will continue to do so. Canada and the Parties are planning out how to magnify those communications including a discussion held on June 5, 2023.

Remoteness	<p>Application of remoteness adjustment to funding for prevention, post-majority support services, and First Nation representative services.</p> <p>Raised by: NAN</p>	<ul style="list-style-type: none"> • Canada committed in the AIP to adjust the reformed FNCFS Program’s funding for remoteness. It has considered closely the analysis and recommendations of IFSD’s Phase 2 report on how to calculate that adjustment. It remains, however, in technical discussions with NAN on the details of the calculation. Those details will be outlined in a Final Settlement Agreement. Once a Final Settlement Agreement is reached, Canada will implement a remoteness adjustment alongside the other remaining AIP components of the reformed FNCFS Program.
Capital	<p>Information for First Nations about funding eligibility and the process to request capital funding.</p> <p>Raised by: The AFN</p>	<ul style="list-style-type: none"> • On March 10, 2022, Canada distributed copies of the capital guide to all First Nations and FNCFS agencies. Presentations have been made to raise awareness on the opportunity to request capital funding at First Nation and agency gatherings. For example, capital was part of a presentation at the AFN Virtual Town Hall on October 19, 2022, which included the distribution of copies of the capital guide as well as links to the application form and 2021 CHRT 41. ISC Jordan's Principle regional offices have also conducted regional outreach with relevant stakeholders, including First Nations. • ISC has welcomed feedback on the capital guide from the Parties, First Nations, and agencies. It has proposed updates to improve the guide’s clarity to the Parties. A presentation is under development for ISC regional offices to engage with First Nations and agencies to raise awareness of the support available through 2021 CHRT 41. Canada would be pleased to continue work with the Parties to build awareness on the capital request process.
	<p>Provision of additional information on capital projects not funded or that remain under review for longer than average.</p> <p>Raised by: The AFN</p>	<ul style="list-style-type: none"> • Canada continues to work on enhancements to its capital dashboard, such as the incorporation of the types of assets requested, remoteness of applicants, and progression of projects through the project life-cycle. Canada has made updates to the dashboard based on the review and input of the Parties and is open to further improvements. • To date, in addition to the dashboard, ad hoc reporting has been produced upon request of the Parties and ISC will continue to respond to these requests, including on projects not funded or under review for longer than average timeframes. • A copy of the most recent dashboard, shared with the Parties on June 8, 2023, is attached as Annex B.
Inflation	<p>The use of a 2% constant inflation adjustment.</p> <p>Raised by: The Caring Society and NAN</p>	<ul style="list-style-type: none"> • From 2002 to 2022, the average inflation rate for goods and services, as measured by the Consumer Price Index, was approximately 2% (the Bank of Canada’s long-term target rate). Using an average annual inflation rate of 2% allows funding recipients to plan on a long-term basis in line with a rate that is reflective of long-term realities. By contrast, applying the actual inflation rate leaves recipients uncertain about next year’s funding until that rate is known (the inflation rate in 2013 was less than 1%). This information was previously shared with the Parties in November 2022. • In 2023-24, Canada is applying the 2% inflation adjustment to the formula-based components of the FNCFS Program (prevention funding and First Nations representative services funding).
Performance	<p>Suitability of the program measurement indicators proposed by Canada for the FNCFS Program.</p>	<ul style="list-style-type: none"> • The Measuring to Thrive framework is composed of a wide array of indicators which will inform ISC’s overall Departmental Results Framework as it encompasses funding and services that include aspects of First Nations child, family and community-wellbeing that are influenced by other sectors: education, health, infrastructure, employment and social services(e.g. rates of chronic health conditions, community

	<p>Raised by: The AFN and the Caring Society</p>	<p>employment rate and percentage of households with internet connectivity). ISC has achieved significant transformation of its Departmental Results Framework and will continue to evolve in consultation with the AFN and other Indigenous partners.</p> <ul style="list-style-type: none"> • Canada understands that most of the Measuring to Thrive indicators do not yet have data collection regimes in place. Canada, in recent years, has shifted towards requiring the least amount of information from First Nations in order to respect their demands for less data collection and acknowledge that not all First Nations have the capacity to provide detailed data, but nevertheless still require the services and supports ISC provides. • While IFSD continues its research on the FNCFS Program, Canada has proposed a subset of Measuring to Thrive indicators that fall within the scope of the FNCFS Program. Canada has proposed this subset as the basis of the reformed FNCFS Program’s measurement framework. It has spoken to the Parties about the subset twice. That discussion remains open. • ISC has secured \$81.5 million over 3 years to support First Nations, as well as Inuit and Métis partners, in developing their own data strategies. This will have a significant positive impact in Indigenous-led data collection tools that will become available as data sources while respecting First Nations principles of Ownership, Control, Access and Possession of data. • Canada is open to discussing future funding opportunities to support research and longitudinal surveys as sources of data on the wellness of First Nations children and youth, such as by the First Nations Information Governance Centre (FNIGC) to build upon their success with other health, employment and education surveys.
<p>Prevention Reimbursement Off-Reserve</p>	<p>Reimbursement of FNCFS agencies for prevention services to children off-reserve based on Jordan’s Principle. Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Based on 2022 CHRT 8 and IFSD’s Phase 2 report recommendations agreed to by the Parties, Canada no longer reimburses agencies for prevention costs under the FNCFS Program. Instead, prevention is funded at a per capita amount. This makes it easier for FNCFS agencies, and does not require them to bear the financial burden before being reimbursed. The criteria formerly applied by Canada to the reimbursement of prevention costs are not applicable to the per capita funding methodology, as the previous criteria is not a component of the Program under the AIP. • The FNCFS Program has always served children and families on-reserve and in the Yukon. Jordan’s Principle, as per 2017 CHRT 35, responds to requests where there is a service gap or an unmet need under the basis of best interest of the child, substantive equality or cultural appropriateness. These are two separate funding systems, as Jordan’s Principle, through the Back to Basics Approach, is delivered by a different review and funding approach than FNCFS.
<p>Jordan’s Principle</p>		
<p>Post-Majority Supports</p>	<p>Progress in assessment of resources related to helping families and young adults identifying supports for high-needs Jordan’s Principle recipients past the age of majority.</p>	<ul style="list-style-type: none"> • Canada tabled a proposal with the Parties in 2022 to consider implementing its commitment under 2022 CHRT 8. Canada remains available to work with the Parties and First Nations partners on the costing to implement post-majority navigation immediately while work continues on a longer-term approach. Canada secured funding to move this commitment forward in March 2022.

	<p>Raised by: The AFN and the Caring Society</p>	
<p>Implementation of Jordan's Principle Orders</p>	<p>Service provision for young adults past the age of majority.</p> <p>Raised by: The AFN and the Caring Society</p> <p>Degree to which Canada's implementation of Jordan's Principle satisfies the Tribunal's orders.</p> <p>Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Jordan's Principle is focused on First Nations children, and thus eligibility is defined as up to the age of majority. • Canada is committed to continuing the work to identify gaps in services and to support young adults with high needs to access services, whether those programs are delivered by ISC, other federal departments or provinces and territories. • Individual Jordan's Principle requests are mostly made for children of a younger age. In 2021-22, the average age of a child for whom a request was made was under 9 years old, with approximately three quarters of those children under the age of 12. <ul style="list-style-type: none"> • Canada has expanded its capacity to address Jordan's Principle requests but has been challenged to forecast the incredible pace of growth in the number of requests seen year-over-year. Implementation of the Back to Basics approach, which was part of the Workplan appended to the December 31, 2021 AIP, has increased the pressure, in addition to other previous factors such as marketing campaigns and 2020 CHRT 36. Examples of this growth are noted below: <ul style="list-style-type: none"> ○ Since 2016, a total of \$4.3 billion has been committed to Jordan's Principle, which corresponds to 2.56 million products, services and supports for First Nations children across the country. ○ In 2022-23, Jordan's Principle funded 1.27 million products and services, a 148% increase from 2021-2022. As of April 1, 2023, expenditures for 2022-23 were estimated at \$949 million. This growth is projected to continue in 2023-24. ○ Canada has implemented 2020 CHRT 36 to expand eligibility of Jordan's Principle such that all First Nations children both on- and off-reserve are eligible under Jordan's Principle. In 2022-23, requests by those eligible under 2020 CHRT 36's expanded categories comprised over 1 in every 3 approved requests, compared to 1 in 10 in 2021-22. • Canada has proposed to the Parties mechanisms through which Jordan's Principle could be delivered that would alleviate the proportion of requests administered by ISC which would improve ISC's performance. As well, Canada has funded the IFSD needs assessments Phase 1 and 2 in order to obtain concrete recommendations that can inform a more sustainable model without compromising the timeliness or quality of response received by requesters.
<p>Ongoing Implementation</p>	<p>Level of progress in implementing the Back to Basics Approach.</p> <p>Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Since January 2022, Canada has worked with the Parties to co-develop the Back to Basics Approach, an operational guideline to ensure requests are assessed in a fair and efficient manner in accordance with the Tribunal's orders. This Approach replaced and simplified the lengthy and prescriptive Jordan's Principle Guide and Standard Operating Procedures. • ISC has taken urgent steps to implement the Back to Basics Approach. The Jordan's Principle operational model has changed so that a) ISC presumes substantive equality for every request, b) requests are no longer denied on the basis of normative standard, and c) ISC's determination centers on the needs and

		<p>best interest of the child, including consideration of distinct community circumstances. Processes for decision-making were modified to include common-sense reasoning that reflects the spirit of Jordan’s Principle.</p> <ul style="list-style-type: none"> • Following the implementation of Back to Basics, there has been a significant increase in the approval rate for funding for families, and thus a reduction in denials. In 2022-23, the highest number to date of products, services and supports were approved, representing an increase of over 100% (from 51,192 to 104,039 approved requests) compared to 2021-22. • Since the Back to Basics approach was implemented, the denial rate has decreased from 6% (298 denied requests) in January 2022, to 3% (327 denied requests) in January 2023.
	<p>Ability of data collected by Canada to speak to whether Jordan’s Principle is advancing substantive equality for First Nations children. Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • To minimize requestor burden and improve processing times, the data collected through Jordan’s Principle is minimal and focuses on the information needed to make a decision and support the overall administration of funds. Under Back to Basics, a requestor is not required to provide any evidence to establish a need based on substantive equality. Therefore, the data required to demonstrate progress in advancing substantive equality for First Nations children is not collected through Jordan’s Principle. • Canada is available to explore with the Parties an appropriate mechanism to collect this data.
	<p>Proper and timely identification of urgent cases. Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Under Back to Basics, ISC accept a requestor’s identification of a request as urgent and will not re-assign the request to a lower level of urgency. • Since the implementation of Back to Basics, the proportion of requests marked urgent has increased significantly, from a low of 1% in April 2022 to a high of 14% in April 2023. The increase corresponds to a jump from approximately 60 urgent requests adjudicated per month in 2021-22 to over 1,400 in April 2023. • The following categories contain 86% of all urgent requests: <ol style="list-style-type: none"> 1) <u>Economic supports (33% of all urgent requests)</u>: groceries and personal care, rent, utilities, household items and accessories, and financial supports 2) <u>Medications and nutritional supplements (12%)</u>: prescription medication and infant formula 3) <u>Medical Travel (10%)</u>: non-emergency medical transportation, accommodations, and meals 4) <u>Travel (9%)</u>: non-medical ground travel, accommodations, and meals 5) <u>Education (6%)</u>: educational assistance services/supports 6) <u>Social (6%)</u>: daycare / childcare / after-school programs, support worker, recreational activities 7) <u>Mental Wellness (5%)</u>: mental health therapy / counselling 8) <u>Infrastructure (5%)</u>: modifications/renovations • At present, Canada is treating all requests marked urgent with the same priority. Canada is interested in working with the Parties to enable the triaging of urgent requests to ensure that those that are objectively most urgent are actioned first. For example, to ensure that urgent cases such as those involving end-of-life/palliative care, mention of suicide, physical safety concerns, or a risk of child entering the child welfare system are prioritized.

	<p>Reimbursement timeline for service providers and the requirement for service attestation.</p> <p>Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • In 2020-21, 28,270 payments were made within the committed timeline of 15 days, representing 82.9% of all payments. As the volume of requests grew in 2022-23, the percentage of payments made within 15 days decreased to 50.7%. However, the total number of payments made within 15 days increased nevertheless, from 44,314 payments in 2021-22 to 71,860 payments in 2022-23. • Under Back to Basics, requestors no longer need to provide detailed costing information or provide a quote at the time of the request, which reduces administrative burden. This allows for rapid decision-making but requires ISC to collect more information after the fact, which means more time required to reimburse. Attestations are required as a part of Government of Canada due diligence procedures to confirm the recipient is eligible for reimbursement, the goods purchased are eligible expenditures, and that the goods have been received. • To maintain and improve payment timelines, Canada is working to identify and pilot operational and technological efficiencies to streamline workloads and reduce manual processes. • The process for obtaining acquisition cards, which facilitate the rapid payment for products and services, has been developed. As of April 4, 2023, 27 cards have been issued to support improvements to payment timelines.
	<p>Level of coverage of ISC’s 24-hour Jordan’s Principle phone line.</p> <p>Raised by: The Caring Society</p>	<ul style="list-style-type: none"> • Canada has made improvements to ensure that the National Call Centre (NCC) responds to calls 24 hours a day, seven days a week. Steps taken to improve call coverage, including increased staffing of a 24/7 shift schedule, were communicated by ISC to the Parties in January 2023. <ul style="list-style-type: none"> ○ The total volume of calls received by the NCC increased 375% over the course of 2022-23 – in April 2022, the NCC received just over 3,100 calls, which increased to over 11,500 calls in March 2023. ○ Since January 2023, roughly 5% of total calls have been received overnight (between 8:00 pm and 8:00 am). ○ Since March 2022, callers have been able to self-identify requests as urgent. There has been a 500% increase in calls identified as urgent over the course of 2022-23. ○ New system capabilities, launched April 12, 2023, enable callers to more easily reach a live agent, self-identify urgency, and obtain general information about Jordan’s Principle.
<p>Existing ISC Programs</p>	<p>Flow of funding requests to Jordan’s Principle rather than existing ISC programs, such as Non-Insured Health Benefits.</p> <p>Raised by: The AFN</p>	<ul style="list-style-type: none"> • Per 2016 CHRT 10 and 2017 CHRT 14, ISC is limited in its ability to undertake case conferencing, policy reviews or service navigation. It is not able to direct Jordan’s Principle requests to other ISC programs. This approach has limited ISC’s ability to invest in other programs, as it artificially reduces the demand on these other programs, which for needs-based programs, such as Non-Insured Health Benefits, influences the level of funding demonstrated to be required and therefore, secured. This is likely also the case for programs under provincial and territorial responsibility for individual requesters living away from their community. • Canada is open to discussing how to address certain needs through established ISC programs rather than through Jordan’s Principle, particularly where a systematic approach accessible to all First Nations children would function better than Jordan’s Principle’s ad hoc, request-based approach.

Departmental Reform		
Cultural Competency Training	Consideration of remoteness in cultural competency training. Raised by: NAN	<ul style="list-style-type: none"> Canada recognizes that it would be of value to improve knowledge of the realities of remote communities among ISC’s employees. Canada is very much open to discussing specific training ideas with NAN.
	Sufficiency of the minimum 15 hours of cultural competency training for ISC employees. Raised by: The AFN and the Caring Society	<ul style="list-style-type: none"> Part of the mandate of the Expert Advisory Committee is to make recommendations on cultural competency training for ISC employees. The existing policy was developed by a former Expert Committee tri-chaired by ISC, the Caring Society and AFN and finalized in 2018. ISC will continue to consider ways to improve its cultural competency efforts through its work with the Committee as well as through engagement with employees, contractors and others. As the AFN noted, ISC has recently taken steps to enhance its training opportunities, contracting experts in fall 2022 to launch the pilot training program “Understanding the Root Causes of Health and Social Inequities Between Indigenous and Non-Indigenous (Settler) People in Canada”.
Expert Advisory Committee	Approval status of the terms of reference for the Expert Advisory Committee. Raised by: The Caring Society	<ul style="list-style-type: none"> Canada wishes to clarify its original response. It agrees with the Caring Society that the terms of reference for the Expert Advisory Committee were not approved by all Committee members and Parties at the March 24, 2023 meeting. The terms of reference were presented at the May 31, 2023 meeting and largely agreed to. We are awaiting final confirmation from one member of the Committee.
General		
Responsiveness to Tribunal	Extent to which Annex A of Canada’s May 10, 2023 letter responds to the Tribunal’s question on implementation of 2016 CHRT 2’s order to reform the FNCFS Program. Raised by: The Caring Society	<ul style="list-style-type: none"> In 2016 CHRT 2, the Tribunal made a series of specific findings on the FNCFS Program as it existed before 2016. The adverse impacts found by the Tribunal are summarized at para. 458 of 2016 CHRT 2 and relate largely to funding structure, assumptions and levels. Annex A of Canada’s May 10 letter highlights how the measures Canada has taken since 2016 CHRT 2 have addressed the Tribunal’s findings – significantly increasing funding, focusing funding on prevention, improving flexibility, adjusting funding based on inflation and population and setting funding formulas based on data and evidence. Those measures clearly address the Tribunal’s findings in 2016 CHRT 2.
Data Delivery	Timelines for delivery of data to IFSD to support its research projects listed in 2022 CHRT 8. Raised by: The AFN and the Caring Society	<ul style="list-style-type: none"> Canada has delivered nearly five million cells of data to IFSD to date and responded to many requests to accommodate IFSD’s evolving work priorities under 2022 CHRT 8. At the same time, ISC has undertaken other data requests from IFSD that go beyond the scope of 2022 CHRT 8. ISC communicates weekly with IFSD to update and manage all of its requests under 2022 CHRT 8 and otherwise. Close communication helps ISC and IFSD manage IFSD’s complex, evolving data requests, which often require clarification before it is evident exactly what data IFSD is seeking (which is understandable given the iterative nature of research). Past delays on the part of IFSD – such as month-long delays on two occasions to review drafts of an information-sharing agreement – have contributed to the length of time required to deliver data. More recently, ISC has been waiting over a month for IFSD to submit two documents that will allow it to

		<p>complete the data privacy review process and disclose data. Therefore, delays have occurred on both sides.</p> <ul style="list-style-type: none">• Canada continues to work with IFSD to deliver the requested data and to set reasonable timelines where ten days does not allow enough time to protect privacy. As previously indicated, ISC has taken steps to expedite the process – such as through an “umbrella” information-sharing agreement to avoid a separate agreement for each request – and continues to develop other measures.
--	--	---

Annex B: Capital Requests Dashboard, Shared with the Parties on June 8, 2023

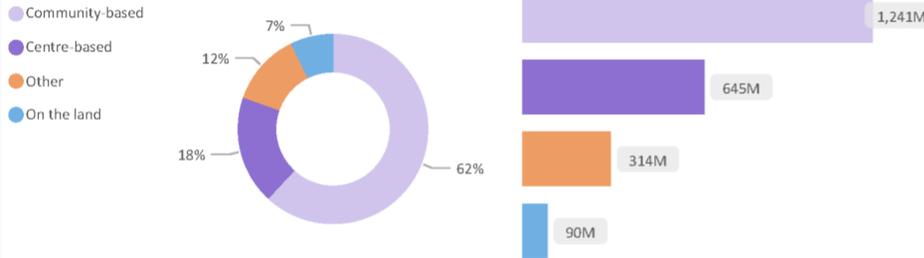


Capital Requests Dashboard

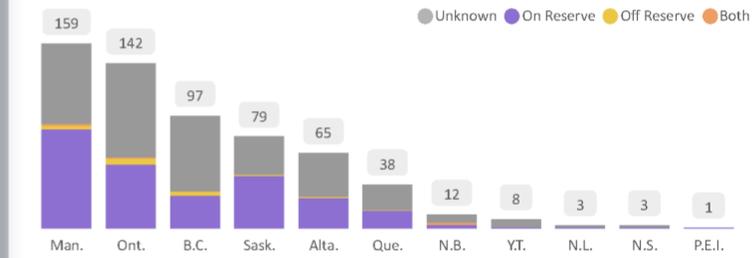
CHRT Order 41

Data as of 6/2/2023

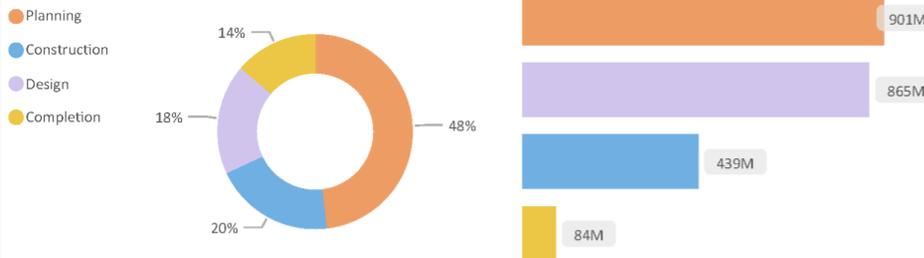
Projects by Service Delivery Model



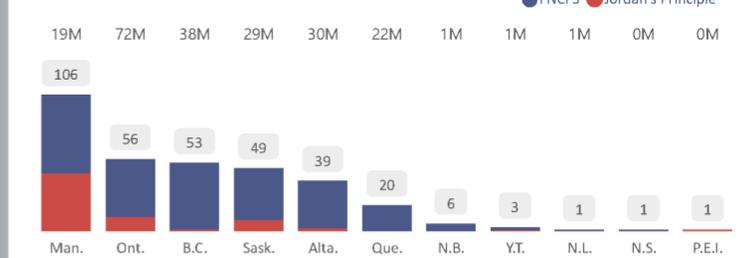
On-Reserve / Off Reserve



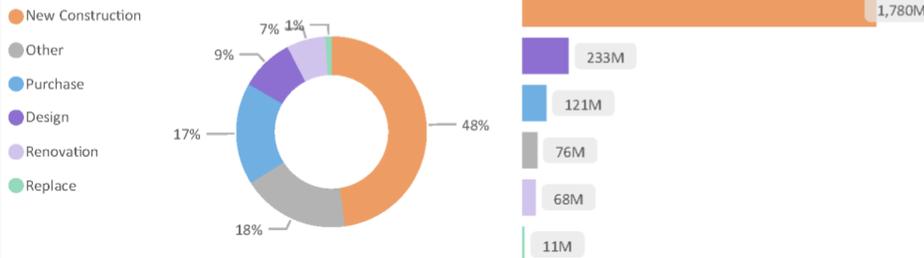
Project Readiness at Intake



Requests Approved by Province



Projects by Type



Requests by Project Type

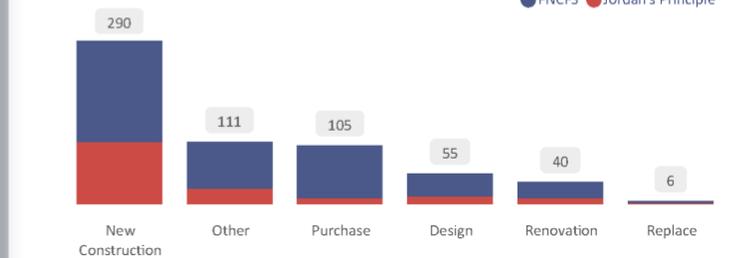


Tableau de bord des demandes d'immobilisations

Ordre 41 du TCDP

Données au 6/2/2023

Demandes reçues

12 moy. par semaine
607
 2.3G Demandée

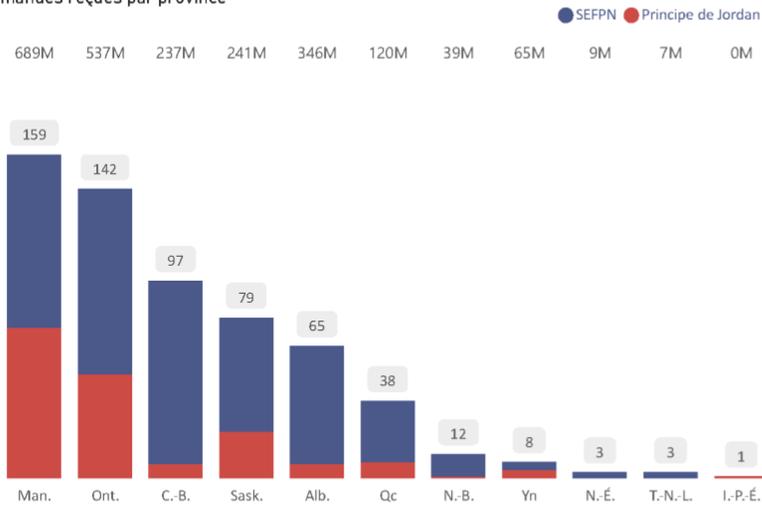
Demandes en cours d'examen

19 moy. par semaine
34
 105.4M En cours d'examen

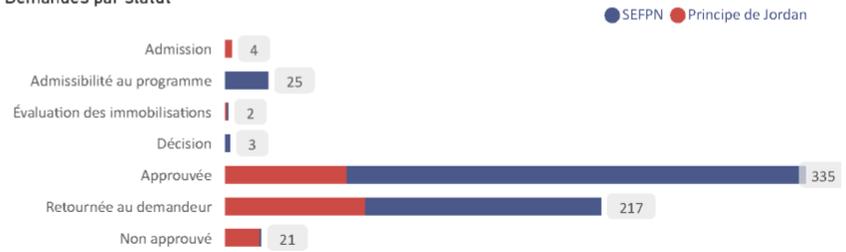
Demandes approuvées

7 moy. par semaine
335
 212.5M Approuvées

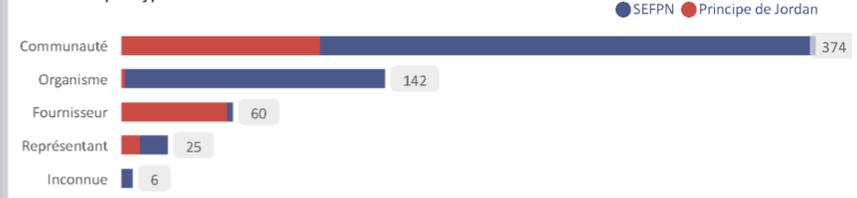
Demandes reçues par province



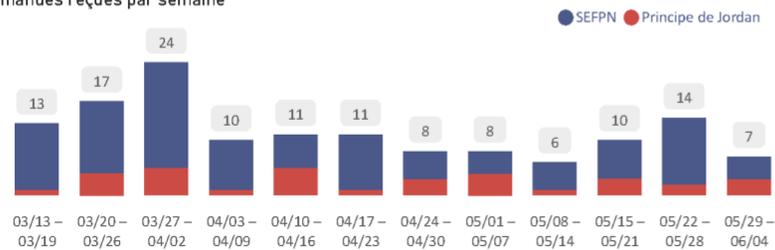
Demandes par statut



Demandes par type de demandeur



Demandes reçues par semaine



Jours depuis réception

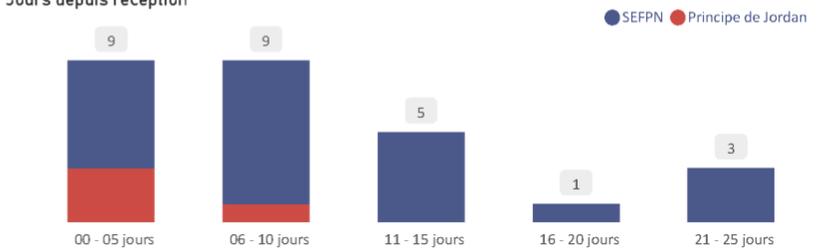
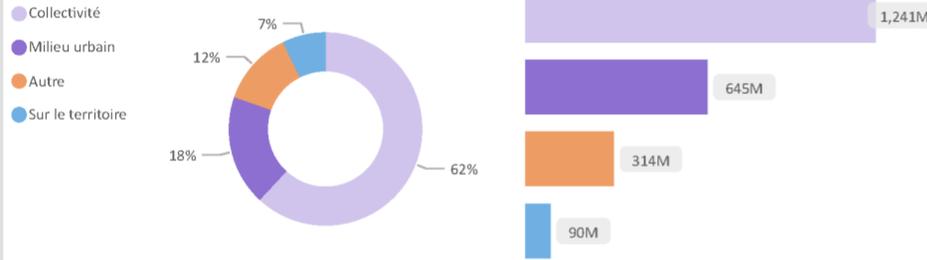


Tableau de bord des demandes d'immobilisations

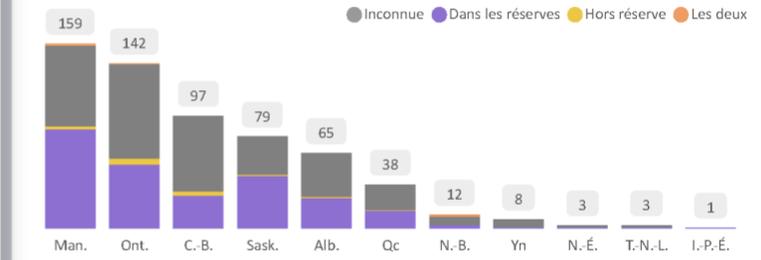
Ordre 41 du TCDP

Données au 6/2/2023

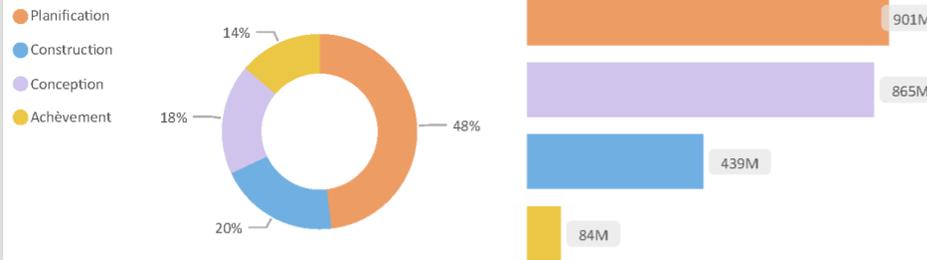
Projets par modèle de prestation de services



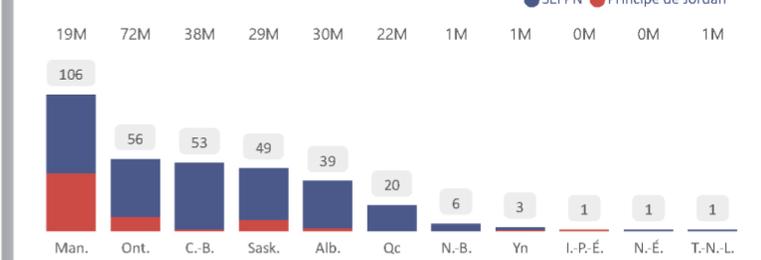
Dans la réserve / Hors réserve



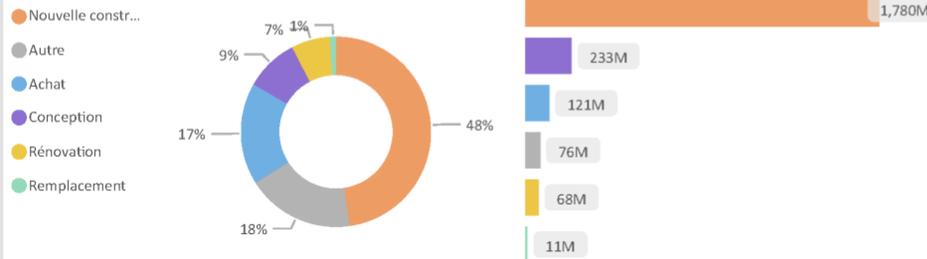
Projets par degré de préparation



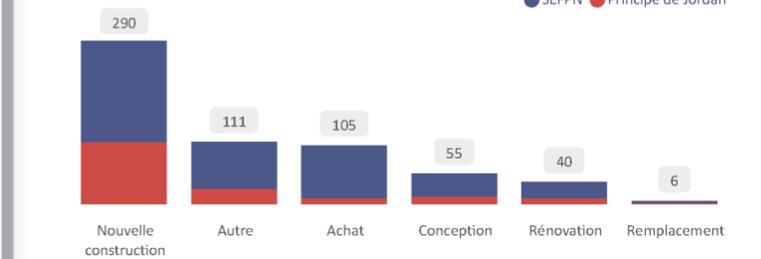
Demandes approuvées par province



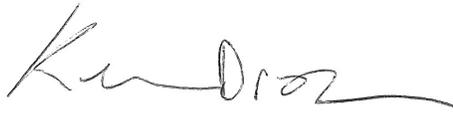
Projets par type



Demandes par type de projet



This is **Exhibit "3"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Analysis of Jordan's Principle Administrative Data - Data Tables

Fiscal Year 2021-22 (April 1, 2021 to March 31, 2022)

Key terms

- Age Group** Age group of child at the time of initial contact for a request.
- Appeal** The process where a requestor asks that a new decision is made on a denied/partially-approved Item by a different Jordan's Principle adjudicative team.
- Approved Funds** The funding amount that is approved on a decision for a request as recorded in JPCMS (GCCase). The financial information captured in GCCase may not reflect actual expenditures.
- Chronic condition** Any condition that affects a child for over a year. Children with chronic conditions were identified if they have/had at least one need that matched those flagged as a chronic health condition. Children with no chronic health conditions have needs associated with acute conditions or non-health-related needs.
- CHRT 36** CHRT-36 refers to a Canadian Human Rights Tribunal (CHRT) ruling which came into effect in Q3 FY 2020-21. CHRT-36 expands eligibility criteria for Jordan's Principle. Specifically, the order widened eligibility to children recognized by their Nation for the purposes of Jordan's Principle, children with at least one parent or guardian who is registered or eligible to be registered under the Indian Act, and children who ordinarily reside on reserve
- Compliance Rate** The proportion of adjudicated requests which are in compliance with the Canadian Human Rights Tribunal (CHRT) timelines for adjudicating Jordan's Principle requests. Compliance timelines are determined by request type (Individual vs. Group) and level of urgency. For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.
- COVID-19** Requests related to the COVID-19 pandemic. Requests were considered to be COVID-19 related if the item name or needs data fields included "COVID-19".
- Expenditures** Amount of funding that has been spent through Jordan's Principle and Inuit Child First Initiative (Inuit CFI) requests according to SAP.
- Fiscal Quarter** Quarter 1: April 1 to June 30, Quarter 2: July 1 to September 30, Quarter 3: October 1 to December 31, Quarter 4: January 1 to March 31.
- Fiscal Year** A fiscal year is a 12-month period beginning on April 1 and ending on March 31.
- GCcase** The integrated software framework that houses the Jordan's Principle Case Management System (JPCMS)
- Group Requests** A request for a cohort of children from different families.
- Individual Requests** A request for a single child or children from the same family.
- JPCMS** The Jordan's Principle Case Management System is a national common case management system for ensuring a reliable and consistent request process for both Jordan's Principle and the Inuit Child First Initiative. This tool ensures the collection of required information related to a request (items, reviews, decisions, participants, financial data) and enables centralized data management allowing individuals to input and access all data and documents related to a request. The Jordan's Principle Case Management System also permits multiple users to access information for follow-ups, queries, tracking and history in real time.
- Normative standard** Describes if the product or service is consistent with the provincial normative standard of care. Normative standard is assessed at the point of decision by ISC Intake resources and adjudicators as "Within" or "Above" provincial or territorial normative standards. This information is entered into the Jordan's Principle Case Management System (JPCMS).
- Ordinarily On Reserve** Indicates whether the child normally lives on reserve. This is the usual location of residence but the child may not be residing at that place when the request is submitted.
- Processing Time** A measure of time from the date of last submission by the requestor to the date of adjudication for a particular item/request. Used to calculate compliance and service standard.
- Province** The province refers to the province or territory of the child or cohort at the time of request if known, otherwise it is estimated based on the province of other participants listed on the request.
- Reach** A measure of the magnitude of a request. The reach of a request is calculated based on the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services
- Region** Region refers to the Indigenous Services Canada (ISC) regional office where a request was originated.
- Requests** A requested Product, Service, or Support for a child or children in need, through Jordan's Principle or the Inuit Child First Initiative (Inuit CFI). Requests are represented in JPCMS (GCCase) as Items.
- Request Type** Refers to the method of application, either individual or group.
- SAP** A records database separate from JPCMS (GCCase) for tracking financial processes of the department such as expenditures.
- Sufficient Information Date** Date and time that the focal point has received sufficient information about the request to complete intake.
- Urgency** The initial assessment of the focal point that this application is urgent or not urgent. Requests that are related to a situation that may impact the safety and/or security of the child and/or family, or where there is a risk of irremediable harm, must be dealt with urgently. According to Canadian Human Rights Tribunal decisions, applications deemed urgent are to be addressed within 12 hour and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates.
- Year over year (YOY)** Comparison of a statistic in one time period with the same time period one year earlier.

Category Name	Examples of products and services
Allied Health	Assessments and screenings for allied health services
	Services provided by allied health practitioners, includes occupational and speech therapy
Education	Assistive technologies and electronics
	Psycho-educational assessments
	Tutoring services
	Educational assistants
Healthy Child Development	Car seats
	Clothing, shoes and accessories
	Diapers and toilet training materials
	Household items
Infrastructure	Adaptive furniture and minor modifications / renovations
	Enhanced home security and safety equipment / systems
Medical Equipment and Supplies	Environmental aids, includes lifting and transfer aids and bars
	Mobility aids, includes standing and positioning aids and wheelchairs
Medical Transportation	Travel (air, ground and water) / Meals and accommodations
	Emergency Transportation
	Additional escorts
Medications and Nutritional Supplements	Prescription / Over-the-counter medications
	Infant formula / Nutritional supplements / Vitamins
Mental Wellness	Assessments
	Individual therapy
	Treatment for mental health and substance use, including residential
Oral Health (excluding orthodontics)	Diagnostic services, includes examinations and x-rays
	Oral surgery services
	Restorative services, includes caries and crowns
	Endodontic services, includes root canals
Orthodontics*	Orthodontic consultations / treatments
Respite	Respite care (individual or group)
	Daycare / child care / day program / camp
Social	Recreational / cultural activities
Travel	Travel (air, ground and water) / Meals and accommodations
	*Non-medical travel to support best interest of child. For example, to maintain family unit if caregiver hospitalized.
Vision Care	Examinations
	Corrective eyewear (eye glasses and contact lenses)

*Limited to individual requests

Limitations

General

- The data presented in this package is descriptive only, no statistical significance testing, correlation testing or causation testing has been conducted. For this reason, caution must be used in over interpreting the utilization differences between sub-groups, such as the differences between children living on and off reserve. Additional analyses would be required if further conclusions are to be inferred from this data. (AFN)
- Subcategory data is unavailable for fiscal years prior to 2020-21.
- The reach for group requests is an estimate provided by partner organizations and communities.

Normative Standard

- Normative standard is assessed at the point of decision by ISC Intake resources and adjudicators as "Within" or "Above" provincial or territorial normative standards. This information is entered into the Jordan's Principle Case Management System (JPCMS). There is significant known variation in the interpretation of Normative Standard at the operational level and a high level of variation in data entry practices Region to Region. As a result, extreme caution must be utilized in over interpreting the expenditure volume of these products and services.

Funding

- The dollar amounts presented described the approved funds, this may not reflect actual expenditures. Clients may utilize services and bill for services at a future point in time once an approval has been issued.
- For requests approved at the Appeal level, the analysis assumes that the full requested amount was approved. This may result in an overestimate of approved funding.

Policy Impacts/Changes in FY 2022-23

- The application of the "Back-to-Basics" approach to adjudication's as of January 2022 may have further impact on normative standard trends.

Appeals

- For requests approved at the Appeal level, the analysis assumes that the full requested amount was approved. This may result in an overestimate of approved funding.

Demographics

- Tables with disaggregates for age and sex are limited to Individual requests only. As group requests account for the majority of Jordan's Principle utilization and funding, caution should be used if comparing these disaggregates to overall demographic utilization trends.
- Disaggregation by ordinary place of residence, age group and sex are limited to individual requests.
- Disaggregation by child is not available prior to 2020-21.

Compliance

- Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.

Decision timelines

- A new, more accurate, method of calculating request processing time was introduced for the 2021-22 fiscal year. As such, comparisons to previous processing timelines, or statistics based on processing timelines such as compliance, should not be avoided.

Table of contents

Approvals by fiscal year (FY) FY 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, 2021-22

- Table 1:** Reach of approved requests by request type, region, and fiscal year (FY), FY 2016-17 to FY 2021-22
Table 2: Reach of approved requests by request type, province/territory, and fiscal year (FY), FY 2018-19 to FY 2021-22
Table 3: Reach of approved requests by request type, category, and fiscal year (FY), FY 2018-19 to FY 2021-22
Table 4: Approved requests by request type, region and fiscal year (FY), FY 2016-17 to FY 2021-22
Table 5: Approved requests by request type, province/territory, and fiscal year (FY), FY 2018-19 to FY 2021-22
Table 6: Approved requests by request type, category, and fiscal year (FY), FY 2016-17 to FY 2021-22
Table 7: Approval rate of adjudicated requests by request type, region, and fiscal year (FY), FY 2016-17 to FY 2021-22
Table 8: Approval rate of adjudicated requests by request type, category, and fiscal year (FY), FY 2016-17 to FY 2021-22
Table 9: Year over year (YOY) change in approved requests by request type and region, FY 2020-21 and FY 2021-22
Table 10: Year over year (YOY) change in approved requests by request type and province/territory, FY 2020-21 and FY 2021-22
Table 11: Year over year (YOY) change in approved requests by request type and category, FY 2020-21 and FY 2021-22

Approved distinct children - individual requests

- Table 12:** Children with approved individual requests by region and fiscal year (FY), FY 2020-21 and FY 2021-22
Table 13: Children with approved individual requests by province/territory and fiscal year (FY), FY 2020-21 to FY 2021-22
Table 14: Children with approved individual requests by category and fiscal year (FY), FY 2020-21 and FY 2021-22
Table 15: Year over year (YOY) change in children with approved individual requests by region, FY 2020-21 and FY 2021-22
Table 16: Year over year (YOY) change in children with approved individual requests by province/territory, FY 2020-21 and FY 2021-22
Table 17: Year over year (YOY) change in children with approved individual requests by category, FY 2020-21 and FY 2021-22

Approved funding by region, province/territory and category

- Table 18:** Approved funds (in millions \$) by request type, region, and fiscal year (FY), FY 2018-19 to FY 2021-22
Table 19: Approved funds (in millions \$) by request type, province/territory, and fiscal year (FY), FY 2018-19 to FY 2021-22
Table 20: Approved funds (in millions \$) by request type, category, and fiscal year (FY), FY 2018-19 to FY 2021-22
Table 21: Year over year (YOY) change (in millions \$) in approved funds by request type and region, FY 2020-21 and FY 2021-22
Table 22: Year over year (YOY) change (in millions \$) in approved funds by request type and province/territory, FY 2020-21 and FY 2021-22
Table 23: Year over year (YOY) change (in millions \$) in approved funds by request type and category, FY 2020-21 and FY 2021-22

Expenditure by fiscal year

- Table 24:** Expenditures (in millions \$) by region and fiscal year (FY), FY 2016-17 to FY 2021-22

Approved reach and requests by category and fiscal year (FY) quarters

- Table 25:** Reach of approved requests by type of request, region, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 26: Reach of approved requests by request type, category, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 27: Approved requests by request type, region, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 28: Approved requests by request type, category, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 29: Approval rate of adjudicated requests by request type, region, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 30: Approval rate of adjudicated requests by request type, category, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 31: Children with approved individual requests by region and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
Table 32: Children with approved individual requests by category and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Approved and denied reach and requests

- Table 33:** Adjudicated requests and their corresponding reach by request type, region, and final decision, fiscal year (FY) 2021-22
Table 34: Adjudicated requests and their corresponding reach by request type, category, and final decision, fiscal year (FY) 2021-22

Approvals - individual only - by sex and age group

- Table 35:** Characteristics of children with approved individual requests in Jordan's Principle by child type, fiscal year (FY) 2020-21 and 2021-22
Table 36: Approved individual requests and their corresponding reach by age group, fiscal year (FY) 2021-22
Table 37: Children with approved individual requests by age group, fiscal year (FY) 2021-22
Table 38: Approved individual requests and their corresponding reach by sex, fiscal year (FY) 2021-22
Table 39: Children with approved individual requests by sex, fiscal year (FY) 2021-22
Table 40: Approved individual requests and their corresponding reach by age group and sex, fiscal year (FY) 2021-22
Table 41: Children with approved individual requests by age group and sex, fiscal year (FY) 2021-22
Table 42: Approved individual requests and their corresponding reach by category and sex, fiscal year (FY) 2021-22
Table 43: Children with approved individual requests by category and sex, fiscal year (FY) 2021-22

Analysis by ordinary residence, presence of chronic condition, and normative standard

- Table 44:** Approved individual requests and their corresponding reach by category and ordinary place of residence, fiscal year (FY) 2021-22
Table 45: Children with approved individual requests by category and ordinary place of residence, fiscal year (FY) 2021-22
Table 46: Approved individual requests and their corresponding reach by category and presence of a chronic condition, fiscal year (FY) 2021-22
Table 47: Children with approved individual requests and presence of a chronic condition, fiscal year (FY) 2021-22
Table 48: Approved requests and their corresponding reach by request type, category, and normative standard, fiscal year (FY) 2021-22

Approved funding amounts by region and category

- Table 49:** Approved funding by request type and region, fiscal year (FY) 2021-22
Table 50: Approved funding by request type and category, fiscal year (FY) 2021-22

Sub-category analysis

- Table 51:** Education-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 52: Infrastructure-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 53: Respite-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 54: Mental wellness-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 55: Healthy child development-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 56: Allied health-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 57: Medical equipment and supplies-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 58: Medical transportation-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 59: Medications and nutritional supplements-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 60: Oral Health (excluding orthodontics)-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 61: Orthodontics-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 62: Social-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 63: Travel-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22
Table 64: Vision care-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Analysis of appeals by category and funding amount

- Table 65:** Appealed requests and their associated reach by request type, region, and appeal decision, fiscal year (FY) 2021-22
- Table 66:** Appealed requests and their associated reach by request type, category, and appeal decision, fiscal year (FY) 2021-22
- Table 67:** Approved funding through appealed requests by request type and region, fiscal year (FY) 2021-22
- Table 68:** Approved funding through appealed requests by request type and category, fiscal year (FY) 2021-22

Analysis by Processing timelines

- Table 69:** Median processing time (days) by request type and region, fiscal year (FY) 2021-22
- Table 70:** Median processing time (days) by request type and category, fiscal year (FY) 2021-22

Analysis by Compliance

- Table 71:** Compliance rate by request type, urgency, and month of sufficient information, fiscal year (FY) 2021-22
- Table 72:** Compliance rate by request type, urgency, and quarter of sufficient information, fiscal year (FY) 2021-22
- Table 73:** Compliant requests by request type, urgency, and quarter of sufficient information, fiscal year (FY) 2021-22
- Table 74:** Compliance rate by request type, category, and quarter of sufficient information, fiscal year (FY) 2021-22
- Table 75:** Compliant requests by request type, region, and quarter of sufficient information, fiscal year (FY) 2021-22
- Table 76:** Compliance rate by request type, category, and quarter of sufficient information, fiscal year (FY) 2021-22
- Table 77:** Compliant requests by request type, category, and quarter of sufficient information, fiscal year (FY) 2021-22

Analysis related to CHRT 36

- Table 78:** Proportion of all approved requests related to CHRT 36 by region and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
- Table 79:** Proportion of all approved requests related to CHRT 36 by category and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
- Table 80:** Approved requests related to CHRT 36 by region and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
- Table 81:** Approved requests related to CHRT 36 by category and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
- Table 82:** Approved funds (in millions \$) related to CHRT 36 by region and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22
- Table 83:** Approved funds (in millions \$) related to CHRT 36 by category and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Analysis related to COVID-19

- Table 84:** Proportion of all approved requests related to COVID-19 by region and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22
- Table 85:** Proportion of all approved requests related to COVID-19 by category and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22
- Table 86:** Approved requests related to COVID-19 by region and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22
- Table 87:** Approved requests related to COVID-19 by category and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22
- Table 88:** Approved funds (in millions \$) related to COVID-19 by region and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22
- Table 89:** Approved funds (in millions \$) related to COVID-19 by category and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22

Table 1: Reach of approved requests by request type, region, and fiscal year (FY), FY 2016-17 to FY 2021-22

Request type	Region	Fiscal Year						Total
		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
Individual	Alberta	43	240	685	1,688	2,639	5,138	10,433
	Atlantic	18	2,381	3,731	5,152	4,785	6,031	22,098
	British Columbia	7	259	1,827	2,230	2,588	4,475	11,386
	Manitoba	#	#	1,142	2,764	7,962	14,585	26,453
	Northern/Yukon	#	#	450	1,154	1,746	3,373	6,723
	Ontario	47	2,121	4,108	6,376	7,729	10,404	30,785
	Quebec	33	495	1,096	2,826	2,741	4,334	11,525
	Saskatchewan	46	925	1,522	3,368	6,845	9,476	22,182
	Total		220	6,653	14,561	25,558	37,035	57,816
Group	Alberta	0	2,104	9,544	22,795	29,520	20,322	84,285
	Atlantic	0	428	4,624	7,593	5,190	6,707	24,542
	British Columbia	0	1,358	3,686	1,338	514	75	6,971
	Manitoba	3,670	9,680	31,464	196,054	65,861	54,868	361,597
	Northern/Yukon	0	0	4,317	10,713	28,291	12,716	56,037
	Ontario	583	47,373	40,649	38,044	45,741	269,617	442,007
	Quebec	0	3,034	13,598	26,299	57,827	52,957	153,715
	Saskatchewan	467	6,261	17,889	21,684	69,675	38,164	154,140
	Total		4,720	70,238	125,771	324,520	302,619	455,426
Total	Alberta	43	2,344	10,229	24,483	32,159	25,460	94,718
	Atlantic	18	2,809	8,355	12,745	9,975	12,738	46,640
	British Columbia	7	1,617	5,513	3,568	3,102	4,550	18,357
	Manitoba	#	#	32,606	198,818	73,823	69,453	374,700
	Northern/Yukon	#	#	4,767	11,867	30,037	16,089	62,760
	Ontario	630	49,494	44,757	44,420	53,470	280,021	472,792
	Quebec	33	3,529	14,694	29,125	60,568	57,291	165,240
	Saskatchewan	513	7,186	19,411	25,052	76,520	47,640	176,322
	Total		4,940	76,891	140,332	350,078	339,654	513,242

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(3) For FY 2016-17, 2017-18, and 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.

(4) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(5) The reach in group requests is an estimate provided by partner organizations and communities.

(6) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.

(7) National Office (HQ) approvals are counted in the region where the request originated.

(8) Requests collected through the Jordan's Principle FY 2016-17, 2017-18, and 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 2: Reach of approved requests by request type, province/territory, and fiscal year (FY), FY 2018-19 to FY 2021-22

Request Type	Province/Territory	Fiscal Year				Total	
		2018-19	2019-20	2020-21	2021-22		
Individual	Alberta	685	1,692	2,634	5,144	10,155	
	British Columbia	1,828	2,226	2,567	4,486	11,107	
	Manitoba	1,142	2,731	7,911	14,454	26,238	
	New Brunswick	1,076	1,922	1,850	2,385	7,233	
	Newfoundland	#	#	416	743	1,159	
	Nova Scotia	2,313	2,639	2,366	2,756	10,074	
	Northwest Territories	97	445	712	1,739	2,993	
	Nunavut	#	#	14	23	39	
	Ontario	4,107	6,429	7,777	10,601	28,914	
	Prince Edward Island	242	325	167	157	891	
	Quebec	1,102	2,799	2,739	4,309	10,949	
	Saskatchewan	1,522	3,376	6,862	9,447	21,207	
	Yukon	343	707	1,020	1,572	3,642	
	Total		14,561	25,555	37,035	57,816	134,967
Group	Alberta	9,544	22,795	29,670	16,469	78,478	
	British Columbia	3,686	1,338	514	75	5,613	
	Manitoba	31,464	196,054	65,861	54,868	348,247	
	New Brunswick	2,282	2,465	1,841	3,265	9,853	
	Newfoundland	1,073	3,216	2,401	2,486	9,176	
	Nova Scotia	1,035	1,567	435	1,295	4,332	
	Northwest Territories	3,793	9,267	18,192	8,730	39,982	
	Ontario	40,649	38,044	45,797	232,332	356,822	
	Prince Edward Island	234	345	524	246	1,349	
	Quebec	13,598	26,299	57,771	52,957	150,625	
	Saskatchewan	17,889	21,684	69,514	78,717	187,804	
	Yukon	524	1,346	9,511	3,986	15,367	
	Total		125,771	324,420	302,031	455,426	1,207,648
	Total	Alberta	10,229	24,487	32,304	21,613	88,633
British Columbia		5,514	3,564	3,081	4,561	16,720	
Manitoba		32,606	198,785	73,772	69,322	374,485	
New Brunswick		3,358	4,387	3,691	5,650	17,086	
Newfoundland		#	#	2,817	3,229	6,046	
Nova Scotia		3,348	4,206	2,801	4,051	14,406	
Northwest Territories		3,890	9,712	18,904	10,469	42,975	
Nunavut		#	#	14	23	37	
Ontario		44,756	44,473	53,574	242,933	385,736	
Prince Edward Island		476	670	691	403	2,240	
Quebec		14,700	29,098	60,510	57,266	161,574	
Saskatchewan		19,411	25,060	76,376	88,164	209,011	
Yukon		867	2,053	10,531	5,558	19,009	
Total			140,332	349,975	339,066	513,242	1,342,615

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) For FY 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
- (4) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (5) Disaggregation by province/territory is unavailable prior to FY 2018-19.
- (6) The reach in group requests is an estimate provided by partner organizations and communities.
- (7) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (8) Requests with missing information for province/territory are excluded.
- (9) National Office (HQ) approvals are counted in the region where the request originated.
- (10) Requests collected through the Jordan's Principle FY 2016-17, 2017-18, and 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 3: Reach of approved requests by request type, category, and fiscal year (FY), FY 2018-19 to FY 2021-22

Request Type	Category	Fiscal Year				Total
		2018-19	2019-20	2020-21	2021-22	
Individual	Allied Health	1,268	2,352	2,676	3,977	10,273
	Education	3,150	4,709	9,425	11,522	28,806
	Healthy Child Development	413	1,865	3,604	7,212	13,094
	Infrastructure	303	421	923	1,082	2,729
	Medical Equipment and Supplies	1,155	1,688	2,096	2,654	7,593
	Medical Transportation	1,003	5,226	5,191	10,280	21,700
	Medications/Nutritional Supplements	631	1,307	1,669	2,801	6,408
	Mental Wellness	1,267	1,919	2,378	3,324	8,888
	Oral Health	480	762	1,194	2,958	5,394
	Orthodontics	690	413	347	594	2,044
	Respite	2,148	2,996	3,972	4,156	13,272
	Social	1,132	1,122	1,050	1,237	4,541
	Travel	752	526	2,274	5,538	9,090
	Vision Care	169	252	236	481	1,138
Total		14,561	25,558	37,035	57,816	134,970
Group	Allied Health	25,549	104,119	54,736	80,238	264,642
	Education	13,096	25,327	51,630	55,462	145,515
	Healthy Child Development	13,221	24,589	44,961	92,419	175,190
	Infrastructure	3,627	5,113	3,242	47,358	59,340
	Medical Equipment and Supplies	2,023	2,440	1,796	9,092	15,351
	Medical Transportation	199	228	9,910	16,845	27,182
	Medications/Nutritional Supplements	NA	63	646	394	1,103
	Mental Wellness	43,193	113,415	76,613	94,227	327,448
	Oral Health	0	4	0	7,518	7,522
	Respite	11,661	35,894	26,081	14,725	88,361
	Social	11,925	12,238	27,711	31,393	83,267
	Travel	1,275	1,000	3,250	5,021	10,546
	Vision Care	2	90	2,043	734	2,869
	Total		125,771	324,520	302,619	455,426
Total	Allied Health	26,817	106,471	57,412	84,215	274,915
	Education	16,246	30,036	61,055	66,984	174,321
	Healthy Child Development	13,634	26,454	48,565	99,631	188,284
	Infrastructure	3,930	5,534	4,165	48,440	62,069
	Medical Equipment and Supplies	3,178	4,128	3,892	11,746	22,944
	Medical Transportation	1,202	5,454	15,101	27,125	48,882
	Medications/Nutritional Supplements	631	1,370	2,315	3,195	7,511
	Mental Wellness	44,460	115,334	78,991	97,551	336,336
	Oral Health	480	766	1,194	10,476	12,916
	Orthodontics	690	413	347	594	2,044
	Respite	13,809	38,890	30,053	18,881	101,633
	Social	13,057	13,360	28,761	32,630	87,808
	Travel	2,027	1,526	5,524	10,559	19,636
	Vision Care	171	342	2,279	1,215	4,007
Total		140,332	350,078	339,654	513,242	1,343,306

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) For FY 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
- (4) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (5) Disaggregation by category is unavailable prior to FY 2018-19.
- (6) The reach in group requests is an estimate provided by partner organizations and communities.
- (7) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 4: Approved requests by request type, region and fiscal year (FY), FY 2016-17 to FY 2021-22

Request Type	Region	Fiscal Year						Total
		2016-17*	2017-18*	2018-19	2019-20	2020-21	2021-22	
Individual	Alberta	NA	NA	662	1,580	2,476	4,844	9,562
	Atlantic	NA	NA	3,424	4,646	4,415	5,569	18,054
	British Columbia	NA	NA	1,791	2,146	2,424	4,057	10,418
	Manitoba	NA	NA	1,007	2,425	6,971	12,381	22,784
	Northern/Yukon	NA	NA	433	951	1,348	2,199	4,931
	Ontario	NA	NA	3,982	5,832	5,776	7,675	23,265
	Quebec	NA	NA	1,081	2,543	2,414	3,767	9,805
	Saskatchewan	NA	NA	1,396	3,256	6,501	7,973	19,126
	Total		200	5,941	13,776	23,379	32,325	48,465
Group	Alberta	NA	NA	43	71	180	186	480
	Atlantic	NA	NA	112	131	123	203	569
	British Columbia	NA	NA	81	34	15	11	141
	Manitoba	NA	NA	95	160	228	331	814
	Northern/Yukon	NA	NA	66	133	197	129	525
	Ontario	NA	NA	192	140	227	976	1,535
	Quebec	NA	NA	203	321	565	540	1,629
	Saskatchewan	NA	NA	197	223	450	351	1,221
	Total		424	759	989	1,213	1,985	2,727
Total	Alberta	NA	NA	705	1,651	2,656	5,030	10,042
	Atlantic	NA	NA	3,536	4,777	4,538	5,772	18,623
	British Columbia	NA	NA	1,872	2,180	2,439	4,068	10,559
	Manitoba	NA	NA	1,102	2,585	7,199	12,712	23,598
	Northern/Yukon	NA	NA	499	1,084	1,545	2,328	5,456
	Ontario	NA	NA	4,174	5,972	6,003	8,651	24,800
	Quebec	NA	NA	1,284	2,864	2,979	4,307	11,434
	Saskatchewan	NA	NA	1,593	3,479	6,951	8,324	20,347
	Total		624	6,700	14,765	24,592	34,310	51,192

*Estimated totals based on average reach to request ration in FY 2018-19 to 2021-20.

NA Data not available.

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) For FY 2016-17, 2017-18, and 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
- (3) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Disaggregation by region is unavailable for requests prior to FY 2018-19.
- (5) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle FY 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 5: Approved requests by request type, province/territory, and fiscal year (FY), FY 2018-19 to FY 2021-22

Request Type	Province/Territory	Fiscal Year				Total
		2018-19	2019-20	2020-21	2021-22	
Individual	Alberta	662	1,584	2,473	4,820	9,539
	British Columbia	1,792	2,142	2,400	4,062	10,396
	Manitoba	1,007	2,407	6,920	12,263	22,597
	New Brunswick	971	1,648	1,683	2,134	6,436
	Newfoundland	#	#	396	701	1,097
	Nova Scotia	2,123	2,418	2,201	2,602	9,344
	Northwest Territories	93	353	523	987	1,956
	Nunavut	#	#	14	15	29
	Ontario	3,981	5,871	5,831	7,847	23,530
	Prince Edward Island	234	323	147	142	846
	Quebec	1,087	2,518	2,407	3,745	9,757
	Saskatchewan	1,396	3,264	6,518	7,972	19,150
	Yukon	330	598	812	1,175	2,915
	Total	13,776	23,376	32,325	48,465	117,942
Group	Alberta	43	71	181	179	474
	British Columbia	81	34	10	11	136
	Manitoba	95	160	228	331	814
	New Brunswick	59	51	57	113	280
	Newfoundland	13	20	27	24	84
	Nova Scotia	33	46	27	65	171
	Northwest Territories	38	85	123	100	346
	Ontario	192	140	231	911	1,474
	Prince Edward Island	7	14	14	14	49
	Quebec	203	321	559	540	1,623
	Saskatchewan	197	223	447	410	1,277
	Yukon	28	47	70	29	174
		Total	989	1,212	1,974	2,727
Total	Alberta	705	1,655	2,654	4,999	10,013
	British Columbia	1,873	2,176	2,410	4,073	10,532
	Manitoba	1,102	2,567	7,148	12,594	23,411
	New Brunswick	1,030	1,699	1,740	2,247	6,716
	Newfoundland	#	#	423	725	1,148
	Nova Scotia	2,156	2,464	2,228	2,667	9,515
	Northwest Territories	131	438	646	1,087	2,302
	Nunavut	#	#	14	15	29
	Ontario	4,173	6,011	6,062	8,758	25,004
	Prince Edward Island	241	337	161	156	895
	Quebec	1,290	2,839	2,966	4,285	11,380
	Saskatchewan	1,593	3,487	6,965	8,382	20,427
	Yukon	358	645	882	1,204	3,089
	Total	14,765	24,588	34,299	51,192	124,844

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppress

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) For FY 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
- (3) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Disaggregation by province/territory is unavailable for requests prior to FY 2018-19.
- (5) In instances where a request is approved for multiple children that reside in a different province or territory, the request is counted against each respective province or territory. As such, the sum of subtotals will not match that of the totals.
- (6) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (7) Requests with missing information for province/territory are excluded.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 6: Approved requests by request type, category, and fiscal year (FY), FY 2016-17 to FY 2021-22

Request Type	Category	Fiscal Year				Total
		2018-19	2019-20	2020-21	2021-22	
Individual	Allied Health	1,212	2,187	2,599	3,824	9,822
	Education	2,999	4,357	8,649	10,591	26,596
	Healthy Child Development	391	1,473	2,268	3,711	7,843
	Infrastructure	301	362	639	727	2,029
	Medical Equipment and Supplies	1,148	1,672	1,999	2,564	7,383
	Medical Transportation	931	4,836	4,573	9,501	19,841
	Medications/Nutritional Supplements	627	1,293	1,643	2,753	6,316
	Mental Wellness	1,157	1,691	2,190	2,990	8,028
	Oral Health	473	751	1,181	2,886	5,291
	Orthodontics	688	409	332	577	2,006
	Respite	1,910	2,633	3,504	3,541	11,588
	Social	1,088	1,039	937	1,083	4,147
	Travel	688	447	1,615	3,251	6,001
	Vision Care	169	243	229	466	1,107
	Total	13,776	23,379	32,325	48,465	117,945
Group	Allied Health	187	207	318	433	1,145
	Education	169	256	461	629	1,515
	Healthy Child Development	56	105	194	386	741
	Infrastructure	30	41	52	170	293
	Medical Equipment and Supplies	27	18	26	42	113
	Medical Transportation	9	19	150	131	309
	Medications/Nutritional Supplements	0	2	8	2	12
	Mental Wellness	225	283	318	503	1,329
	Oral Health	0	2	0	5	7
	Respite	148	157	128	136	569
	Social	118	94	240	255	707
	Travel	19	28	85	32	164
	Vision Care	1	1	5	3	10
		Total	989	1,213	1,985	2,727
Total	Allied Health	1,399	2,394	2,917	4,257	10,967
	Education	3,168	4,613	9,110	11,220	28,111
	Healthy Child Development	447	1,578	2,462	4,097	8,584
	Infrastructure	331	403	691	897	2,322
	Medical Equipment and Supplies	1,175	1,690	2,025	2,606	7,496
	Medical Transportation	940	4,855	4,723	9,632	20,150
	Medications/Nutritional Supplements	627	1,295	1,651	2,755	6,328
	Mental Wellness	1,382	1,974	2,508	3,493	9,357
	Oral Health	473	753	1,181	2,891	5,298
	Orthodontics	688	409	332	577	2,006
	Respite	2,058	2,790	3,632	3,677	12,157
	Social	1,206	1,133	1,177	1,338	4,854
	Travel	707	475	1,700	3,283	6,165
	Vision Care	170	244	234	469	1,117
	Total	14,765	24,592	34,310	51,192	124,859

- Notes:**
- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
 - (2) For FY 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
 - (3) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
 - (4) Disaggregation by category is unavailable for requests prior to FY 2018-19.
 - (5) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
 - (6) National Office (HQ) approvals are counted in the region where the request originated.
 - (7) Requests collected through the Jordan's Principle FY 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 7: **Approval rate** of adjudicated **requests** by **request type**, **region**, and fiscal year (FY), FY 2016-17 to FY 2021-22

Request Type	Region	Fiscal Year			
		2018-19	2019-20	2020-21	2021-22
Individual	Alberta	90%	91%	69%	89%
	Atlantic	96%	96%	92%	94%
	British Columbia	95%	74%	70%	86%
	Manitoba	98%	96%	98%	99%
	Northern/Yukon	91%	93%	77%	89%
	Ontario	88%	85%	85%	86%
	Quebec	96%	95%	94%	98%
	Saskatchewan	95%	92%	93%	93%
	Total	93%	89%	87%	93%
Group	Alberta	83%	44%	45%	72%
	Atlantic	86%	87%	81%	78%
	British Columbia	74%	39%	29%	65%
	Manitoba	97%	85%	95%	98%
	Northern/Yukon	86%	90%	80%	86%
	Ontario	98%	92%	79%	79%
	Quebec	93%	92%	95%	97%
	Saskatchewan	99%	81%	80%	90%
	Total	92%	80%	78%	85%
Total	Alberta	89%	87%	67%	89%
	Atlantic	95%	95%	92%	93%
	British Columbia	94%	73%	70%	86%
	Manitoba	98%	95%	98%	99%
	Northern/Yukon	90%	92%	77%	89%
	Ontario	89%	85%	85%	85%
	Quebec	95%	95%	94%	98%
	Saskatchewan	95%	91%	92%	93%
	Total	93%	89%	87%	92%

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) For FY 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
- (3) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Disaggregation by region is unavailable for requests prior to FY 2018-19.
- (5) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle FY 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 8: Approval rate of adjudicated requests by request type, category, and fiscal year (FY), FY 2016-17 to FY 2021-22

Request Type	Category	Fiscal Year			
		2018-19	2019-20	2020-21	2021-22
Individual	Medical Transportation	97%	96%	95%	98%
	Oral Health	95%	84%	95%	98%
	Allied Health	98%	96%	94%	98%
	Medications/Nutritional Supplements	97%	89%	92%	96%
	Vision Care	95%	92%	92%	95%
	Respite	96%	95%	94%	95%
	Medical Equipment and Supplies	95%	94%	93%	95%
	Mental Wellness	94%	92%	92%	95%
	Education	94%	93%	85%	93%
	Travel	89%	92%	92%	94%
	Healthy Child Development	80%	76%	72%	80%
	Social	83%	66%	74%	78%
	Infrastructure	85%	65%	71%	69%
	Orthodontics	91%	60%	42%	57%
Total		93%	89%	87%	93%
Group	Medical Transportation	90%	90%	96%	93%
	Oral Health	-	100%	0%	0%
	Allied Health	96%	96%	91%	93%
	Medications/Nutritional Supplements	-	100%	100%	100%
	Vision Care	100%	50%	100%	75%
	Respite	98%	95%	90%	94%
	Medical Equipment and Supplies	84%	90%	74%	79%
	Mental Wellness	97%	87%	93%	91%
	Education	89%	84%	73%	89%
	Travel	90%	68%	86%	63%
	Healthy Child Development	84%	70%	61%	87%
	Social	88%	56%	77%	74%
	Infrastructure	63%	43%	37%	63%
	Total		92%	80%	78%
Total	Medical Transportation	97%	96%	95%	98%
	Oral Health	95%	84%	95%	98%
	Allied Health	97%	96%	93%	97%
	Medications/Nutritional Supplements	97%	89%	92%	96%
	Vision Care	95%	91%	92%	95%
	Respite	96%	95%	94%	95%
	Medical Equipment and Supplies	95%	94%	93%	95%
	Mental Wellness	94%	91%	92%	95%
	Education	94%	93%	85%	93%
	Travel	89%	90%	92%	93%
	Healthy Child Development	80%	76%	71%	80%
	Social	84%	65%	75%	77%
	Infrastructure	82%	62%	67%	68%
	Orthodontics	91%	60%	42%	57%
Total		93%	89%	87%	92%

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) For FY 2018-19, approved products and services under individual and group requests were assigned based on the date of sufficient information at the Regional level.
- (3) For FY 2019-20, FY 2020-21, and FY 2021-22, approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Disaggregation by province/territory is unavailable for requests prior to FY 2018-19.
- (5) In instances where a request is approved for multiple children that reside in a different province or territory, the request is counted against each respective province or territory. As such, the sum of subtotals will not match that of the totals.
- (6) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (7) National Office (HQ) approvals are counted in the region where the request originated.
- (8) Requests collected through the Jordan's Principle 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 9: Year over year (YOY) change in approved requests by request type and region, FY 2020-21 and FY 2021-22

Request type	Region	Fiscal Year			
		2020-21	2021-22	YOY Change	
				n	%
Individual	Alberta	2,476	4,844	2,368	96%
	Atlantic	4,415	5,569	1,154	26%
	British Columbia	2,424	4,057	1,633	67%
	Manitoba	6,971	12,381	5,410	78%
	Northern/Yukon	1,348	2,199	851	63%
	Ontario	5,776	7,675	1,899	33%
	Quebec	2,414	3,767	1,353	56%
	Saskatchewan	6,501	7,973	1,472	23%
	Total	32,325	48,465	16,140	50%
Group	Alberta	180	186	6	3%
	Atlantic	123	203	80	65%
	British Columbia	15	11	-4	-27%
	Manitoba	228	331	103	45%
	Northern/Yukon	197	129	-68	-35%
	Ontario	227	976	749	330%
	Quebec	565	540	-25	-4%
	Saskatchewan	450	351	-99	-22%
	Total	1,985	2,727	742	37%
Total	Alberta	2,656	5,030	2,374	89%
	Atlantic	4,538	5,772	1,234	27%
	British Columbia	2,439	4,068	1,629	67%
	Manitoba	7,199	12,712	5,513	77%
	Northern/Yukon	1,545	2,328	783	51%
	Ontario	6,003	8,651	2,648	44%
	Quebec	2,979	4,307	1,328	45%
	Saskatchewan	6,951	8,324	1,373	20%
	Total	34,310	51,192	16,882	49%

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 10: Year over year (YOY) change in approved requests by request type and province/territory, FY 2020-21 and FY 2021-22

Request type	Province/Territory	Fiscal Year			
		2020-21	2021-22	YOY Change	
				n	%
Individual	Alberta	2,473	4,820	2,347	95%
	British Columbia	2,400	4,062	1,662	69%
	Manitoba	6,920	12,263	5,343	77%
	New Brunswick	1,683	2,134	451	27%
	Newfoundland	396	701	305	77%
	Nova Scotia	2,201	2,602	401	18%
	Northwest Territories	523	987	464	89%
	Nunavut	14	15	1	7%
	Ontario	5,831	7,847	2,016	35%
	Prince Edward Island	147	142	-5	-3%
	Quebec	2,407	3,745	1,338	56%
	Saskatchewan	6,518	7,972	1,454	22%
	Yukon	812	1,175	363	45%
	Total	32,325	48,465	16,140	50%
Group	Alberta	181	179	-2	-1%
	British Columbia	10	11	1	10%
	Manitoba	228	331	103	45%
	New Brunswick	57	113	56	98%
	Newfoundland	27	24	-3	-11%
	Nova Scotia	27	65	38	141%
	Northwest Territories	123	100	-23	-19%
	Ontario	231	911	680	294%
	Prince Edward Island	14	14	0	0%
	Quebec	559	540	-19	-3%
	Saskatchewan	447	410	-37	-8%
	Yukon	70	29	-41	-59%
Total	1,974	2,727	753	38%	
Total	Alberta	2,654	4,999	2,345	88%
	British Columbia	2,410	4,073	1,663	69%
	Manitoba	7,148	12,594	5,446	76%
	New Brunswick	1,740	2,247	507	29%
	Newfoundland	423	725	302	71%
	Nova Scotia	2,228	2,667	439	20%
	Northwest Territories	646	1,087	441	68%
	Nunavut	14	15	1	7%
	Ontario	6,062	8,758	2,696	44%
	Prince Edward Island	161	156	-5	-3%
	Quebec	2,966	4,285	1,319	44%
	Saskatchewan	6,965	8,382	1,417	20%
	Yukon	882	1,204	322	37%
Total	34,299	51,192	16,893	49%	

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) In instances where a request is approved for multiple children that reside in a different province or territory, the request is counted against each respective province or territory. As such, the sum of subtotals will not match that of the totals.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests with missing information for province/territory are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 11: Year over year (YOY) change in approved requests by request type and category, FY 2020-21 and FY 2021-22

Request type	Category	Fiscal Year			
		2020-21	2021-22	YOY Change	
				n	%
Individual	Oral Health	1,181	2,886	1,705	144%
	Medical Transportation	4,573	9,501	4,928	108%
	Vision Care	229	466	237	103%
	Travel	1,615	3,251	1,636	101%
	Orthodontics	332	577	245	74%
	Medications/Nutritional Supplements	1,643	2,753	1,110	68%
	Healthy Child Development	2,268	3,711	1,443	64%
	Allied Health	2,599	3,824	1,225	47%
	Mental Wellness	2,190	2,990	800	37%
	Infrastructure	639	727	88	14%
	Medical Equipment and Supplies	1,999	2,564	565	28%
	Education	8,649	10,591	1,942	22%
	Social	937	1,083	146	16%
	Respite	3,504	3,541	37	1%
	Total		32,325	48,465	16,140
Group	Oral Health	0	5	5	NA
	Medical Transportation	150	131	-19	-13%
	Vision Care	5	3	-2	-40%
	Travel	85	32	-53	-62%
	Orthodontics	NA	NA	NA	NA
	Medications/Nutritional Supplements	8	2	-6	-75%
	Healthy Child Development	194	386	192	99%
	Allied Health	318	433	115	36%
	Mental Wellness	318	503	185	58%
	Infrastructure	52	170	118	227%
	Medical Equipment and Supplies	26	42	16	62%
	Education	461	629	168	36%
	Social	240	255	15	6%
	Respite	128	136	8	6%
	Total		1,985	2,727	742
Total	Oral Health	1,181	2,891	1,710	145%
	Medical Transportation	4,723	9,632	4,909	104%
	Vision Care	234	469	235	100%
	Travel	1,700	3,283	1,583	93%
	Orthodontics	332	577	245	74%
	Medications/Nutritional Supplements	1,651	2,755	1,104	67%
	Healthy Child Development	2,462	4,097	1,635	66%
	Allied Health	2,917	4,257	1,340	46%
	Mental Wellness	2,508	3,493	985	39%
	Infrastructure	691	897	206	30%
	Medical Equipment and Supplies	2,025	2,606	581	29%
	Education	9,110	11,220	2,110	23%
	Social	1,177	1,338	161	14%
	Respite	3,632	3,677	45	1%
	Total		34,310	51,192	16,882

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 12: **Children with approved individual requests by region and fiscal year (FY), FY 2020-21 and FY 2021-22**

Region	Fiscal Year		Total
	2020-21	2021-22	
Alberta	1,690	2,468	3,803
Atlantic	2,050	2,325	3,159
British Columbia	1,196	1,974	2,815
Manitoba	3,307	6,240	8,409
Northern/Yukon	588	1,013	1,318
Ontario	3,414	3,959	6,140
Quebec	1,294	1,861	2,596
Saskatchewan	2,695	3,425	5,267
Total	16,196	23,195	33,374

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (6) Individual children with multiple approvals from different regions and/or fiscal years are counted once in each respective region and/or fiscal year, as such, the sum of subtotals will not match that of the totals.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 13: **Children with approved individual requests by province/territory and fiscal year (FY), FY 2020-21 to FY 2021-22**

Province/Territory	Fiscal Year		Total
	2020-21	2021-22	
Alberta	1,687	2,447	3,780
British Columbia	1,182	1,977	2,807
Manitoba	3,278	6,178	8,319
New Brunswick	937	1,048	1,420
Newfoundland	174	291	363
Nova Scotia	880	925	1,285
Northwest Territories	303	613	783
Nunavut	#	#	11
Ontario	3,431	4,022	6,209
Prince Edward Island	#	#	106
Quebec	1,285	1,844	2,580
Saskatchewan	2,704	3,418	5,267
Yukon	284	383	522
Total	16,196	23,195	33,374

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Requests with missing information for province/territory are excluded.
- (6) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (7) Individual children with multiple approvals from different provinces/territories and/or fiscal years are counted once in each respective provinces/territories and/or fiscal year, as such, the sum of subtotals will not match that of the totals.
- (8) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 14: **Children** with approved **individual requests** by **category** and fiscal year (FY), FY 2020-21 and FY 2021-22

Category	Fiscal Year		Total
	2020-21	2021-22	
Education	6,196	6,712	11,372
Medical Transportation	2,157	3,323	5,040
Healthy Child Development	1,909	3,367	4,870
Mental Wellness	1,547	2,424	3,574
Respite	2,122	2,359	3,470
Oral Health	1,013	2,487	3,397
Allied Health	1,583	2,213	3,178
Medications/Nutritional Supplements	1,181	1,982	2,960
Travel	1,101	1,934	2,872
Medical Equipment and Supplies	1,311	1,685	2,707
Infrastructure	636	719	1,276
Social	685	772	1,262
Orthodontics	316	539	851
Vision Care	182	403	565
Total	16,196	23,195	33,374

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (6) Individual children with multiple approvals from different categories and/or fiscal years are counted once in each respective category and/or fiscal year, as such, the sum of subtotals will not match that of the totals.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 15: Year over year (YOY) **change** in **children** with approved **individual requests** by **region**, FY 2020-21 and FY 2021-22

Region	Fiscal Year			
	2020-21	2021-22	YOY Change	
			n	%
Alberta	1,690	2,468	778	46%
Atlantic	2,050	2,325	275	13%
British Columbia	1,196	1,974	778	65%
Manitoba	3,307	6,240	2,933	89%
Northern/Yukon	588	1,013	425	72%
Ontario	3,414	3,959	545	16%
Quebec	1,294	1,861	567	44%
Saskatchewan	2,695	3,425	730	27%
Total	16,196	23,195	6,999	43%

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (6) Individual children with multiple approvals from different regions and/or fiscal years are counted once in each respective region and/or fiscal year, as such, the sum of subtotals will not match that of the totals.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 16: Year over year (YOY) change in children with approved individual requests by province/territory, FY 2020-21 and FY 2021-22

Province/Territory	Fiscal Year			
	2020-21	2021-22	YOY Change	
			n	%
Alberta	1,687	2,447	760	45%
British Columbia	1,182	1,977	795	67%
Manitoba	3,278	6,178	2,900	88%
New Brunswick	937	1,048	111	12%
Newfoundland	174	291	117	67%
Nova Scotia	880	925	45	5%
Northwest Territories	303	613	310	102%
Nunavut	4	9	5	125%
Ontario	3,431	4,022	591	17%
Prince Edward Island	69	67	-2	-3%
Quebec	1,285	1,844	559	44%
Saskatchewan	2,704	3,418	714	26%
Yukon	284	383	99	35%
Total	16,196	23,195	6,999	43%

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Requests with missing information for province/territory are excluded.
- (6) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (7) Individual children with multiple approvals from different provinces/territories and/or fiscal years are counted once in each respective provinces/territories and/or fiscal year, as such, the sum of subtotals will not match that of the totals.
- (8) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 17: Year over year (YOY) **change** in **children** with approved **individual requests** by **category**, FY 2020-21 and FY 2021-22

Category	Fiscal Year			
	2020-21	2021-22	YOY Change	
			n	%
Oral Health	1,013	2,487	1,474	146%
Vision Care	182	403	221	121%
Healthy Child Development	1,909	3,367	1,458	76%
Travel	1,101	1,934	833	76%
Orthodontics	316	539	223	71%
Medications/Nutritional Supplements	1,181	1,982	801	68%
Mental Wellness	1,547	2,424	877	57%
Medical Transportation	2,157	3,323	1,166	54%
Allied Health	1,583	2,213	630	40%
Medical Equipment and Supplies	1,311	1,685	374	29%
Infrastructure	636	719	83	13%
Social	685	772	87	13%
Respite	2,122	2,359	237	11%
Education	6,196	6,712	516	8%
Total	16,196	23,195	6,999	43%

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (6) Individual children with multiple approvals from different categories and/or fiscal years are counted once in each respective category and/or fiscal year, as such, the sum of subtotals will not match that of the totals.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 18: **Approved funds** (in millions \$) **by request type, region, and fiscal year (FY), FY 2018-19 to FY 2021-22**

Request type	Region	Fiscal Year				Total
		2018-19	2019-20	2020-21	2021-22	
Individual	Alberta	3.07	9.92	8.74	24.20	45.95
	Atlantic	12.65	21.37	25.57	28.54	88.14
	British Columbia	6.71	6.73	5.16	9.12	27.72
	Manitoba	2.11	7.93	17.70	37.09	64.82
	Northern/Yukon	3.42	6.05	7.54	8.93	25.95
	Ontario	14.74	30.52	51.38	56.93	153.57
	Quebec	3.93	8.67	11.98	17.59	42.17
	Saskatchewan	4.75	7.89	15.59	19.81	48.03
	Total	51.38	99.09	143.67	202.21	496.34
Group	Alberta	19.47	8.61	31.12	11.84	71.04
	Atlantic	8.12	14.86	12.87	9.35	45.20
	British Columbia	7.80	1.35	0.44	0.20	9.79
	Manitoba	65.06	118.16	108.33	87.36	378.92
	Northern/Yukon	9.91	16.36	55.16	28.72	110.15
	Ontario	110.10	117.53	107.24	140.79	475.66
	Quebec	8.94	14.63	18.86	22.85	65.28
	Saskatchewan	30.49	13.04	44.56	21.28	109.37
	Total	259.90	304.53	378.57	322.40	1,265.40
Total	Alberta	22.55	18.53	39.86	36.04	116.98
	Atlantic	20.78	36.23	38.44	37.89	133.34
	British Columbia	14.51	8.07	5.60	9.33	37.51
	Manitoba	67.17	126.09	126.04	124.44	443.74
	Northern/Yukon	13.33	22.41	62.70	37.66	136.10
	Ontario	124.84	148.05	158.62	197.72	629.23
	Quebec	12.87	23.30	30.84	40.44	107.45
	Saskatchewan	35.23	20.93	60.14	41.09	157.40
	Total	311.27	403.63	522.24	524.61	1,761.75

Notes:

- (1) Disaggregation by approved funds is not available prior to FY 2018-19.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) For FY 2018-19, approved funds were assigned based on the date of sufficient information at the Regional level.
- (4) For FY 2019-20, FY 2020-21 & FY 2021-22, approved funds were assigned based on the decision date at the Regional/HQ level.
- (5) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 19: **Approved funds** (in millions \$) **by request type, province/territory, and fiscal year (FY), FY 2018-19 to FY 2021-22**

Request Type	Province/Territory	Fiscal Year				Total	
		2018-19	2019-20	2020-21	2021-22		
Individual	Alberta	3.07	9.84	8.72	24.20	45.83	
	British Columbia	6.71	6.70	5.13	9.13	27.67	
	Manitoba	2.11	7.92	17.69	37.00	64.73	
	New Brunswick	3.87	8.77	11.56	12.24	36.44	
	Newfoundland	0.43	2.29	3.54	5.62	11.88	
	Nova Scotia	7.82	9.03	9.58	10.08	36.52	
	Northwest Territories	2.26	3.44	3.51	4.44	13.64	
	Nunavut	0.04	0.01	0.04	0.11	0.19	
	Ontario	14.74	30.47	51.55	57.23	153.99	
	Prince Edward Island	0.52	1.27	0.95	0.66	3.41	
	Quebec	3.94	8.72	11.78	17.38	41.82	
	Saskatchewan	4.75	8.00	15.62	19.77	48.13	
	Yukon	1.13	2.62	4.00	4.34	12.09	
	Total		51.38	99.09	143.67	202.21	496.34
Group	Alberta	19.47	8.61	31.20	8.91	68.19	
	British Columbia	7.80	1.35	0.44	0.20	9.79	
	Manitoba	65.06	118.16	108.33	87.36	378.92	
	New Brunswick	4.53	7.02	7.75	5.46	24.76	
	Newfoundland	1.07	3.21	3.12	0.67	8.07	
	Nova Scotia	2.13	3.67	1.32	3.83	10.95	
	Northwest Territories	8.82	14.43	29.69	19.16	72.10	
	Ontario	110.10	117.53	107.32	133.70	468.65	
	Prince Edward Island	0.39	0.97	0.68	0.65	2.68	
	Quebec	8.94	14.63	18.78	22.85	65.20	
	Saskatchewan	30.49	13.04	44.47	30.04	118.03	
	Yukon	1.09	1.91	22.21	9.56	34.77	
	Total		259.90	304.51	375.31	322.40	1,262.12
	Total	Alberta	22.55	18.45	39.92	33.11	114.02
British Columbia		14.51	8.05	5.57	9.34	37.46	
Manitoba		67.17	126.08	126.03	124.36	443.64	
New Brunswick		8.40	15.79	19.31	17.70	61.20	
Newfoundland		1.50	5.50	6.66	6.29	19.95	
Nova Scotia		9.95	12.70	10.90	13.91	47.47	
Northwest Territories		11.08	17.87	33.20	23.60	85.74	
Nunavut		0.04	0.01	0.04	0.11	0.19	
Ontario		124.84	148.00	158.87	190.93	622.64	
Prince Edward Island		0.92	2.24	1.63	1.31	6.09	
Quebec		12.88	23.35	30.56	40.23	107.02	
Saskatchewan		35.23	21.03	60.09	49.81	166.16	
Yukon		2.22	4.53	26.21	13.91	46.86	
Total			311.27	403.60	518.98	524.61	1,758.46

Notes:

(1) Disaggregation by approved funds is not available prior to FY 2018-19.

(2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(3) For FY 2018-19, approved funds were assigned based on the date of sufficient information at the Regional level.

(4) For FY 2019-20, FY 2020-21 & FY 2021-22, approved funds were assigned based on the decision date at the Regional/HQ level.

(5) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.

(6) National Office (HQ) approvals are counted in the region where the request originated.

(7) Requests collected through the Jordan's Principle 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 20: **Approved funds** (in millions \$) **by request type, category, and fiscal year (FY), FY 2018-19 to FY 2021-22**

Request Type	Category	Fiscal Year				Total
		2018-19	2019-20	2020-21	2021-22	
Individual	Mental Wellness	8.51	19.29	21.64	29.52	78.96
	Education	12.64	34.50	50.65	79.05	176.83
	Respite	12.26	15.82	16.89	15.91	60.87
	Allied Health	3.86	7.54	9.74	15.20	36.34
	Healthy Child Development	0.49	2.19	7.21	12.35	22.23
	Social	1.18	1.32	8.65	9.03	20.18
	Infrastructure	2.62	3.84	7.43	7.34	21.23
	Medical Transportation	1.93	6.71	6.92	8.95	24.50
	Medical Equipment and Supplies	2.35	1.82	2.22	2.84	9.23
	Travel	1.01	0.66	2.77	6.84	11.28
	Oral Health	0.63	1.47	2.99	8.00	13.08
	Medications/Nutritional Supplements	0.55	1.97	4.71	3.62	10.85
	Orthodontics	3.27	1.80	1.67	3.24	9.97
	Vision Care	0.09	0.19	0.18	0.35	0.80
Total		51.38	99.09	143.67	202.21	496.34
Group	Mental Wellness	93.48	108.51	107.20	124.18	433.37
	Education	28.09	42.28	54.08	47.85	172.30
	Respite	55.04	76.85	66.92	30.72	229.53
	Allied Health	38.05	54.44	75.44	41.49	209.42
	Healthy Child Development	18.58	8.01	44.62	49.90	121.11
	Social	19.65	7.69	24.68	14.72	66.74
	Infrastructure	3.24	3.66	1.73	7.61	16.24
	Medical Transportation	0.48	2.09	2.02	3.01	7.60
	Medical Equipment and Supplies	2.99	0.38	0.35	0.89	4.60
	Travel	0.30	0.49	0.93	0.80	2.51
	Oral Health	0.00	0.01	0.00	0.39	0.40
	Medications/Nutritional Supplements	0.00	0.09	0.51	0.79	1.38
	Vision Care	0.00	0.03	0.11	0.05	0.18
	Total		259.90	304.53	378.57	322.40
Total	Mental Wellness	101.99	127.81	128.83	153.70	512.33
	Education	40.73	76.78	104.73	126.90	349.13
	Respite	67.29	92.67	83.81	46.63	290.40
	Allied Health	41.91	61.98	85.17	56.69	245.76
	Healthy Child Development	19.08	10.19	51.83	62.25	143.35
	Social	20.83	9.01	33.33	23.75	86.92
	Infrastructure	5.86	7.50	9.16	14.95	37.47
	Medical Transportation	2.41	8.79	8.94	11.97	32.10
	Medical Equipment and Supplies	5.34	2.20	2.57	3.73	13.83
	Travel	1.31	1.15	3.70	7.64	13.79
	Oral Health	0.63	1.48	2.99	8.39	13.49
	Medications/Nutritional Supplements	0.55	2.05	5.22	4.40	12.22
	Orthodontics	3.27	1.80	1.67	3.24	9.97
	Vision Care	0.09	0.21	0.28	0.40	0.98
Total		311.27	403.63	522.24	524.61	1,761.75

Notes:

- (1) Disaggregation by approved funds is not available prior to FY 2018-19.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) For FY 2018-19, approved funds were assigned based on the date of sufficient information at the Regional level.
- (4) For FY 2019-20, FY 2020-21 & FY 2021-22, approved funds were assigned based on the decision date at the Regional/HQ level.
- (5) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 21: Year over year (YOY) change (in millions \$) in approved funds by request type and region, FY 2020-21 and FY 2021-22

Request type	Region	Fiscal Year			
		2020-21	2021-22	YOY Change	
				n	%
Individual	British Columbia	5.16	9.12	3.96	77%
	Quebec	11.98	17.59	5.61	47%
	Ontario	51.38	56.93	5.55	11%
	Manitoba	17.70	37.09	19.38	109%
	Atlantic	25.57	28.54	2.97	12%
	Alberta	8.74	24.20	15.46	177%
	Saskatchewan	15.59	19.81	4.23	27%
	Northern/Yukon	7.54	8.93	1.39	18%
	Total	143.67	202.21	58.54	41%
Group	British Columbia	0.44	0.20	-0.24	-54%
	Quebec	18.86	22.85	4.00	21%
	Ontario	107.24	140.79	33.55	31%
	Manitoba	108.33	87.36	-20.98	-19%
	Atlantic	12.87	9.35	-3.52	-27%
	Alberta	31.12	11.84	-19.28	-62%
	Saskatchewan	44.56	21.28	-23.27	-52%
	Northern/Yukon	55.16	28.72	-26.44	-48%
	Total	378.57	322.40	-56.17	-15%
Total	British Columbia	5.60	9.33	3.72	66%
	Quebec	30.84	40.44	9.61	31%
	Ontario	158.62	197.72	39.10	25%
	Manitoba	126.04	124.44	-1.59	-1%
	Atlantic	38.44	37.89	-0.55	-1%
	Alberta	39.86	36.04	-3.82	-10%
	Saskatchewan	60.14	41.09	-19.05	-32%
	Northern/Yukon	62.70	37.66	-25.05	-40%
	Total	522.24	524.61	2.37	0.5%

Notes:

- (1) Approved funds were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 22: Year over year (YOY) change (in millions \$) in approved funds by request type and province/territory, FY 2020-21 and FY 2021-22

Request Type	Province/Territory	Fiscal Year			
		2020-21	2021-22	YOY Change	
				n	%
Individual	Nunavut	0.04	0.11	0.07	172%
	British Columbia	5.13	9.13	4.00	78%
	Quebec	11.78	17.38	5.59	47%
	Nova Scotia	9.58	10.08	0.50	5%
	Ontario	51.55	57.23	5.68	11%
	Manitoba	17.69	37.00	19.31	109%
	Newfoundland	3.54	5.62	2.08	59%
	New Brunswick	11.56	12.24	0.68	6%
	Alberta	8.72	24.20	15.48	177%
	Saskatchewan	15.62	19.77	4.16	27%
	Prince Edward Island	0.95	0.66	-0.29	-31%
	Northwest Territories	3.51	4.44	0.94	27%
	Yukon	4.00	4.34	0.34	9%
	Total		143.67	202.21	58.54
Group	British Columbia	0.44	0.20	-0.24	-54%
	Quebec	18.78	22.85	4.08	22%
	Nova Scotia	1.32	3.83	2.52	191%
	Ontario	107.32	133.70	26.38	25%
	Manitoba	108.33	87.36	-20.98	-19%
	Newfoundland	3.12	0.67	-2.45	-78%
	New Brunswick	7.75	5.46	-2.29	-30%
	Alberta	31.20	8.91	-22.29	-71%
	Saskatchewan	44.47	30.04	-14.43	-32%
	Prince Edward Island	0.68	0.65	-0.03	-5%
	Northwest Territories	29.69	19.16	-10.53	-35%
	Yukon	22.21	9.56	-12.65	-57%
Total		375.31	322.40	-52.91	-14%
Total	Nunavut	0.04	0.11	0.07	172%
	British Columbia	5.57	9.34	3.77	68%
	Quebec	30.56	40.23	9.67	32%
	Nova Scotia	10.90	13.91	3.02	28%
	Ontario	158.87	190.93	32.07	20%
	Manitoba	126.03	124.36	-1.67	-1%
	Newfoundland	6.66	6.29	-0.37	-6%
	New Brunswick	19.31	17.70	-1.61	-8%
	Alberta	39.92	33.11	-6.82	-17%
	Saskatchewan	60.09	49.81	-10.28	-17%
	Prince Edward Island	1.63	1.31	-0.32	-20%
	Northwest Territories	33.20	23.60	-9.60	-29%
	Yukon	26.21	13.91	-12.31	-47%
Total		518.98	524.61	5.62	1%

Notes:

- (1) Approved funds were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) In instances where a request is approved for multiple children that reside in a different province or territory, the request is counted against each respective province or territory. As such, the sum of subtotals will not match that of the totals.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests with missing information for province/territory are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 23: Year over year (YOY) change (in millions \$) in approved funds by request type and category, FY 2020-21 and FY 2021-22

Request Type	Category	Fiscal Year			
		2020-21	2021-22	YOY Change	
				n	%
Individual	Oral Health	2.99	8.00	5.00	167%
	Travel	2.77	6.84	4.06	146%
	Orthodontics	1.67	3.24	1.56	93%
	Infrastructure	7.43	7.34	-0.09	-1%
	Medical Equipment and Supplies	2.22	2.84	0.62	28%
	Vision Care	0.18	0.35	0.17	96%
	Medical Transportation	6.92	8.95	2.04	29%
	Education	50.65	79.05	28.40	56%
	Healthy Child Development	7.21	12.35	5.14	71%
	Mental Wellness	21.64	29.52	7.88	36%
	Medications/Nutritional Supplements	4.71	3.62	-1.10	-23%
	Social	8.65	9.03	0.37	4%
	Allied Health	9.74	15.20	5.46	56%
	Respite	16.89	15.91	-0.99	-6%
	Total		143.67	202.21	58.54
Group	Oral Health	0.00	0.39	0.39	-
	Travel	0.93	0.80	-0.12	-13%
	Infrastructure	1.73	7.61	5.88	341%
	Medical Equipment and Supplies	0.35	0.89	0.54	153%
	Vision Care	0.11	0.05	-0.06	-54%
	Medical Transportation	2.02	3.01	0.99	49%
	Education	54.08	47.85	-6.23	-12%
	Healthy Child Development	44.62	49.90	5.28	12%
	Mental Wellness	107.20	124.18	16.98	16%
	Medications/Nutritional Supplements	0.51	0.79	0.28	55%
	Social	24.68	14.72	-9.96	-40%
	Allied Health	75.44	41.49	-33.95	-45%
	Respite	66.92	30.72	-36.19	-54%
Total		378.57	322.40	-56.17	-15%
Total	Oral Health	2.99	8.39	5.39	180%
	Travel	3.70	7.64	3.94	106%
	Orthodontics	1.67	3.24	1.56	93%
	Infrastructure	9.16	14.95	5.79	63%
	Medical Equipment and Supplies	2.57	3.73	1.16	45%
	Vision Care	0.28	0.40	0.11	40%
	Medical Transportation	8.94	11.97	3.03	34%
	Education	104.73	126.90	22.16	21%
	Healthy Child Development	51.83	62.25	10.42	20%
	Mental Wellness	128.83	153.70	24.86	19%
	Medications/Nutritional Supplements	5.22	4.40	-0.82	-16%
	Social	33.33	23.75	-9.59	-29%
	Allied Health	85.17	56.69	-28.49	-33%
	Respite	83.81	46.63	-37.18	-44%
Total		522.24	524.61	2.37	0.5%

Notes:

- (1) Approved funds were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 24: **Expenditures** (in millions \$) **by region** and fiscal year (FY), FY 2016-17 to FY 2021-22

Region	Fiscal Year					
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Alberta	NA	12.32	40.95	84.61	50.15	40.79
Atlantic	NA	7.89	30.28	40.43	33.52	36.91
British Columbia	NA	1.64	28.32	7.68	6.18	9.59
Manitoba	NA	57.83	78.31	124.64	133.52	145.67
Northern/Yukon	NA	0.24	9.16	21.78	38.83	53.95
Ontario	NA	59.79	134.5	176.75	187.43	219.62
Quebec	NA	3.26	16.87	24.89	33.48	38.26
Saskatchewan	NA	9.69	42.92	56.38	54.37	61.83
HQ	NA	2.17	3.12	2.97	1.84	0.44
Total	15.15	154.84	384.44	540.14	539.31	607.06

Notes:

- 1) Service coordination funding is included in expenditures and commitments.
- 2) Child First Initiative expenditures and hard commitments are disaggregated from Jordan's Principle expenditures and hard commitments.
- 3) Values within the table are rounded and may not add up to the total.

Table 25: **Reach** of approved requests **by type of request, region, and fiscal year (FY) quarters**, FY 2020-21 and FY 2021-22

Request Type	Region	FY 2020-21				FY 2021-22			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individual	Alberta	468	486	728	957	1,312	896	955	1,975
	Atlantic	784	1,141	1,160	1,700	1,801	1,501	1,570	1,159
	British Columbia	490	477	686	935	878	658	1,126	1,813
	Manitoba	1,253	1,860	2,082	2,767	2,960	3,555	3,846	4,224
	Northern/Yukon	363	370	396	617	667	591	795	1,320
	Ontario	1,316	1,839	2,007	2,567	1,796	2,217	2,839	3,552
	Quebec	414	734	823	770	930	1,071	1,215	1,118
	Saskatchewan	1,446	1,013	1,578	2,808	1,915	1,764	2,161	3,636
	Total	6,534	7,920	9,460	13,121	12,259	12,253	14,507	18,797
Group	Alberta	11,234	3,743	2,291	12,252	3,158	7,646	7,644	1,874
	Atlantic	491	3,332	866	501	2,127	2,907	1,352	321
	British Columbia	384	0	130	0	75	0	0	0
	Manitoba	9,843	1,348	12,454	42,216	50,402	0	1,873	2,593
	Northern/Yukon	16,595	6,059	252	5,385	3,219	2,220	733	6,544
	Ontario	15,752	11,624	11,157	7,208	83,420	27,246	70,772	88,179
	Quebec	12,210	25,871	11,619	8,127	7,486	21,936	3,427	20,108
	Saskatchewan	33,759	15,255	4,967	15,694	12,768	11,483	3,338	10,575
	Total	100,268	67,232	43,736	91,383	162,655	73,438	89,139	130,194
Total	Alberta	11,702	4,229	3,019	13,209	4,470	8,542	8,599	3,849
	Atlantic	1,275	4,473	2,026	2,201	3,928	4,408	2,922	1,480
	British Columbia	874	477	816	935	953	658	1,126	1,813
	Manitoba	11,096	3,208	14,536	44,983	53,362	3,555	5,719	6,817
	Northern/Yukon	16,958	6,429	648	6,002	3,886	2,811	1,528	7,864
	Ontario	17,068	13,463	13,164	9,775	85,216	29,463	73,611	91,731
	Quebec	12,624	26,605	12,442	8,897	8,416	23,007	4,642	21,226
	Saskatchewan	35,205	16,268	6,545	18,502	14,683	13,247	5,499	14,211
	Total	106,802	75,152	53,196	104,504	174,914	85,691	103,646	148,991

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) National Office (HQ) approvals are counted in the region where the request originated.
- (6) Requests collected through the Jordan's Principle FY 2016-17, 2017-18, and 2018-19 Individual and Group Request Trackers, and the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 26: Reach of approved requests by request type, category, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Request Type	Category	FY 2020-21				FY 2021-22			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individual	Allied Health	481	565	653	977	815	860	914	1,388
	Education	1,795	1,890	2,667	3,073	2,704	2,655	2,463	3,700
	Healthy Child Development	633	752	943	1,276	1,097	1,159	2,226	2,730
	Infrastructure	129	240	285	269	250	237	335	260
	Medical Equipment and Supplies	420	404	569	703	565	566	761	762
	Medical Transportation	958	1,550	1,287	1,396	2,064	2,159	2,837	3,220
	Medications/Nutritional Supplements	278	299	429	663	518	592	661	1,030
	Mental Wellness	324	508	700	846	769	568	851	1,136
	Oral Health (excluding orthodontics)	94	250	332	518	727	684	692	855
	Orthodontics	60	68	77	142	169	116	134	175
	Respite	894	689	684	1,705	1,279	668	683	1,526
	Social	238	237	248	327	267	318	265	387
	Travel	195	430	516	1,133	934	1,599	1,562	1,443
	Vision Care	35	38	70	93	101	72	123	185
Total	6,534	7,920	9,460	13,121	12,259	12,253	14,507	18,797	
Group	Allied Health	10,208	11,908	9,108	23,512	28,199	8,714	27,118	16,207
	Education	19,266	15,558	7,135	9,671	11,204	14,385	10,885	18,988
	Healthy Child Development	9,197	13,897	9,777	12,090	43,324	9,889	20,179	19,027
	Infrastructure	1,066	813	1,009	354	12,102	5,327	12,771	17,158
	Medical Equipment and Supplies	563	880	261	92	1,165	527	3,896	3,504
	Medical Transportation	2,434	4,034	2,032	1,410	4,732	1,134	4,271	6,708
	Medications/Nutritional Supplements	309	0	337	0	394	0	0	0
	Mental Wellness	43,349	8,068	5,964	19,232	34,332	20,708	5,069	34,118
	Oral Health (excluding orthodontics)	0	0	0	0	7,500	0	18	0
	Respite	5,230	174	4,352	16,325	7,885	1,808	566	4,466
	Social	8,123	9,814	2,862	6,912	9,752	10,182	2,855	8,604
	Travel	523	1,486	822	419	1,472	764	1,371	1,414
	Vision Care	0	600	77	1,366	594	0	140	0
	Total	100,268	67,232	43,736	91,383	162,655	73,438	89,139	130,194
Total	Allied Health	10,689	12,473	9,761	24,489	29,014	9,574	28,032	17,595
	Education	21,061	17,448	9,802	12,744	13,908	17,040	13,348	22,688
	Healthy Child Development	9,830	14,649	10,720	13,366	44,421	11,048	22,405	21,757
	Infrastructure	1,195	1,053	1,294	623	12,352	5,564	13,106	17,418
	Medical Equipment and Supplies	983	1,284	830	795	1,730	1,093	4,657	4,266
	Medical Transportation	3,392	5,584	3,319	2,806	6,796	3,293	7,108	9,928
	Medications/Nutritional Supplements	587	299	766	663	912	592	661	1,030
	Mental Wellness	43,673	8,576	6,664	20,078	35,101	21,276	5,920	35,254
	Oral Health (excluding orthodontics)	94	250	332	518	8,227	684	710	855
	Orthodontics	60	68	77	142	169	116	134	175
	Respite	6,124	863	5,036	18,030	9,164	2,476	1,249	5,992
	Social	8,361	10,051	3,110	7,239	10,019	10,500	3,120	8,991
	Travel	718	1,916	1,338	1,552	2,406	2,363	2,933	2,857
	Vision Care	35	638	147	1,459	695	72	263	185
Total	106,802	75,152	53,196	104,504	174,914	85,691	103,646	148,991	

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.

(5) National Office (HQ) approvals are counted in the region where the request originated.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 27: Approved requests by request type, region, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Request Type	Region	FY 2020-21				FY 2021-22			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individual	Alberta	449	440	693	894	1,260	845	846	1,893
	Atlantic	724	1,042	1,063	1,586	1,695	1,394	1,415	1,065
	British Columbia	452	454	618	900	816	608	1,040	1,593
	Manitoba	1,078	1,608	1,858	2,427	2,558	2,907	3,360	3,556
	Northern/Yukon	280	306	301	461	436	421	529	813
	Ontario	1,057	1,381	1,504	1,834	1,290	1,669	2,056	2,660
	Quebec	376	633	728	677	800	956	1,053	958
	Saskatchewan	1,412	947	1,469	2,673	1,704	1,490	1,627	3,152
	Total	5,828	6,811	8,234	11,452	10,559	10,290	11,926	15,690
Group	Alberta	38	37	49	56	51	72	33	30
	Atlantic	18	44	29	32	41	63	71	28
	British Columbia	12	0	3	0	4	0	0	7
	Manitoba	40	19	64	105	309	0	10	12
	Northern/Yukon	91	46	13	47	37	14	12	66
	Ontario	66	62	55	44	223	224	218	311
	Quebec	151	202	113	99	142	186	67	145
	Saskatchewan	136	152	73	89	90	64	66	131
	Total	552	562	399	472	897	623	477	730
Total	Alberta	487	477	742	950	1,311	917	879	1,923
	Atlantic	742	1,086	1,092	1,618	1,736	1,457	1,486	1,093
	British Columbia	464	454	621	900	820	608	1,040	1,600
	Manitoba	1,118	1,627	1,922	2,532	2,867	2,907	3,370	3,568
	Northern/Yukon	371	352	314	508	473	435	541	879
	Ontario	1,123	1,443	1,559	1,878	1,513	1,893	2,274	2,971
	Quebec	527	835	841	776	942	1,142	1,120	1,103
	Saskatchewan	1,548	1,099	1,542	2,762	1,794	1,554	1,693	3,283
	Total	6,380	7,373	8,633	11,924	11,456	10,913	12,403	16,420

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 29: Approval rate of adjudicated requests by request type, region, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Request Type	Region	FY 2020-21				FY 2021-22			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individual	Alberta	56%	48%	85%	85%	88%	87%	89%	91%
	Atlantic	88%	90%	94%	93%	94%	93%	95%	94%
	British Columbia	57%	69%	73%	79%	78%	81%	87%	91%
	Manitoba	96%	99%	98%	99%	99%	99%	99%	99%
	Northern/Yukon	58%	82%	85%	85%	84%	86%	87%	95%
	Ontario	79%	85%	89%	87%	76%	86%	87%	90%
	Quebec	87%	95%	96%	97%	98%	99%	97%	99%
	Saskatchewan	92%	90%	93%	94%	92%	93%	92%	96%
	Total	79%	84%	91%	91%	90%	92%	93%	94%
Group	Alberta	33%	37%	45%	77%	86%	71%	61%	71%
	Atlantic	78%	71%	94%	91%	95%	79%	74%	70%
	British Columbia	35%	0%	75%	0%	50%	0%	0%	100%
	Manitoba	91%	95%	90%	100%	100%	0%	77%	80%
	Northern/Yukon	75%	77%	72%	100%	76%	70%	86%	99%
	Ontario	81%	83%	89%	62%	82%	64%	76%	97%
	Quebec	89%	98%	96%	97%	99%	100%	92%	94%
	Saskatchewan	77%	81%	71%	91%	90%	86%	81%	96%
	Total	72%	78%	77%	88%	91%	77%	77%	93%
Total	Alberta	53%	47%	80%	84%	88%	86%	87%	91%
	Atlantic	88%	89%	94%	93%	94%	92%	93%	93%
	British Columbia	56%	68%	73%	78%	78%	81%	87%	91%
	Manitoba	95%	99%	98%	99%	99%	99%	99%	99%
	Northern/Yukon	61%	81%	85%	86%	84%	85%	87%	95%
	Ontario	79%	85%	89%	86%	77%	82%	86%	91%
	Quebec	88%	96%	96%	97%	98%	99%	96%	99%
	Saskatchewan	91%	88%	92%	94%	92%	93%	91%	96%
	Total	79%	84%	90%	91%	90%	91%	92%	94%

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 28: Approved requests by request type, category, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Request Type	Category	FY 2020-21				FY 2021-22			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individual	Allied Health	470	548	630	951	781	818	890	1,335
	Education	1,630	1,757	2,447	2,815	2,462	2,431	2,279	3,419
	Healthy Child Development	474	467	601	726	598	648	1,108	1,357
	Infrastructure	108	168	206	157	168	179	225	155
	Medical Equipment and Supplies	403	382	544	670	538	556	737	733
	Medical Transportation	860	1,340	1,133	1,240	1,881	1,985	2,658	2,977
	Medications/Nutritional Supplements	266	299	426	652	511	578	649	1,015
	Mental Wellness	303	472	655	760	678	502	774	1,036
	Oral Health (excluding orthodontics)	94	246	330	511	715	666	669	836
	Orthodontics	60	68	76	128	165	109	133	170
	Respite	821	565	557	1,561	1,125	568	560	1,288
	Social	186	216	227	308	216	279	242	346
	Travel	123	255	352	885	622	900	881	848
	Vision Care	35	36	67	91	99	71	121	175
Total		5,828	6,811	8,234	11,452	10,559	10,290	11,926	15,690
Group	Allied Health	60	111	75	72	170	73	85	105
	Education	154	156	78	73	137	182	153	157
	Healthy Child Development	55	56	42	41	202	44	64	76
	Infrastructure	15	18	9	10	40	47	24	59
	Medical Equipment and Supplies	7	10	4	5	8	10	9	15
	Medical Transportation	31	41	41	37	25	20	37	49
	Medications/Nutritional Supplements	5	0	3	0	2	0	0	0
	Mental Wellness	122	68	49	79	171	122	64	146
	Oral Health (excluding orthodontics)	0	0	0	0	4	0	1	0
	Orthodontics	NA	NA	NA	NA	NA	NA	NA	NA
	Respite	30	14	25	59	75	24	3	34
	Social	66	67	46	61	54	91	30	80
	Travel	7	19	26	33	8	10	5	9
	Vision Care	0	2	1	2	1	0	2	0
Total		552	562	399	472	897	623	477	730
Total	Allied Health	530	659	705	1,023	951	891	975	1,440
	Education	1,784	1,913	2,525	2,888	2,599	2,613	2,432	3,576
	Healthy Child Development	529	523	643	767	800	692	1,172	1,433
	Infrastructure	123	186	215	167	208	226	249	214
	Medical Equipment and Supplies	410	392	548	675	546	566	746	748
	Medical Transportation	891	1,381	1,174	1,277	1,906	2,005	2,695	3,026
	Medications/Nutritional Supplements	271	299	429	652	513	578	649	1,015
	Mental Wellness	425	540	704	839	849	624	838	1,182
	Oral Health (excluding orthodontics)	94	246	330	511	719	666	670	836
	Orthodontics	60	68	76	128	165	109	133	170
	Respite	851	579	582	1,620	1,200	592	563	1,322
	Social	252	283	273	369	270	370	272	426
	Travel	130	274	378	918	630	910	886	857
	Vision Care	35	38	68	93	100	71	123	175
Total		6,380	7,373	8,633	11,924	11,456	10,913	12,403	16,420

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 30: Approval rate of adjudicated requests by request type, category, and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Request Type	Category	FY 2020-21				FY 2021-22			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individual	Allied Health	93%	87%	94%	98%	97%	97%	96%	99%
	Medical Transportation	94%	95%	96%	97%	97%	98%	98%	99%
	Vision Care	88%	84%	93%	98%	90%	95%	97%	98%
	Oral Health (excluding orthodontics)	89%	93%	95%	97%	98%	99%	98%	98%
	Mental Wellness	84%	92%	92%	94%	91%	95%	97%	98%
	Medical Equipment and Supplies	89%	93%	93%	97%	92%	96%	95%	98%
	Travel	76%	87%	93%	96%	91%	92%	95%	96%
	Medications/Nutritional Supplements	82%	93%	95%	95%	96%	96%	96%	96%
	Education	77%	79%	92%	90%	91%	93%	93%	96%
	Respite	93%	92%	91%	96%	97%	94%	93%	95%
	Healthy Child Development	60%	71%	82%	76%	73%	77%	81%	83%
	Social	56%	75%	84%	82%	70%	81%	75%	83%
	Orthodontics	32%	37%	48%	47%	45%	55%	66%	70%
	Infrastructure	61%	72%	80%	68%	64%	70%	78%	64%
Total		79%	84%	91%	91%	90%	92%	93%	94%
Group	Allied Health	82%	91%	96%	96%	97%	76%	97%	100%
	Medical Transportation	91%	93%	98%	100%	96%	80%	95%	96%
	Vision Care	0%	100%	100%	100%	100%	0%	100%	0%
	Oral Health (excluding orthodontics)	0%	0%	0%	0%	24%	0%	100%	0%
	Mental Wellness	94%	91%	84%	100%	98%	76%	91%	99%
	Medical Equipment and Supplies	64%	100%	50%	83%	100%	71%	64%	88%
	Travel	70%	86%	79%	97%	62%	63%	38%	100%
	Medications/Nutritional Supplements	100%	0%	100%	0%	100%	0%	0%	0%
	Education	73%	74%	72%	72%	95%	85%	87%	90%
	Respite	83%	88%	81%	100%	100%	92%	33%	97%
	Healthy Child Development	52%	65%	58%	77%	94%	63%	78%	96%
	Social	65%	71%	84%	98%	72%	81%	50%	83%
	Orthodontics	0%	0%	0%	0%	0%	0%	0%	0%
	Infrastructure	31%	53%	32%	33%	67%	62%	38%	84%
Total		72%	78%	77%	88%	91%	77%	77%	93%
Total	Allied Health	92%	88%	94%	98%	97%	95%	96%	99%
	Medical Transportation	94%	95%	96%	97%	97%	98%	98%	99%
	Vision Care	88%	84%	93%	98%	90%	93%	97%	98%
	Oral Health (excluding orthodontics)	89%	93%	95%	97%	97%	99%	98%	98%
	Mental Wellness	87%	92%	91%	95%	93%	91%	96%	98%
	Medical Equipment and Supplies	89%	93%	93%	96%	93%	95%	94%	97%
	Travel	76%	87%	92%	96%	90%	91%	94%	96%
	Medications/Nutritional Supplements	82%	93%	95%	95%	96%	96%	96%	96%
	Education	77%	79%	91%	89%	92%	92%	92%	96%
	Respite	92%	92%	91%	96%	97%	94%	93%	95%
	Healthy Child Development	59%	70%	80%	76%	77%	76%	81%	84%
	Social	58%	74%	84%	84%	70%	81%	71%	83%
	Orthodontics	32%	37%	48%	47%	45%	55%	66%	70%
	Infrastructure	55%	70%	75%	64%	65%	68%	71%	68%
Total		79%	84%	90%	91%	90%	91%	92%	94%

Notes:

- (1) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 31: **Children** with approved **individual requests** by **region** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Region	FY 2020-21				FY 2021-22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Alberta	363	323	535	619	885	585	597	1,000
Atlantic	496	774	754	922	1,100	770	781	593
British Columbia	311	296	363	431	447	372	613	943
Manitoba	648	848	1,070	1,499	1,758	1,801	2,169	2,374
Northern/Yukon	171	184	203	270	276	245	371	538
Ontario	725	1,021	1,153	1,329	1,037	1,264	1,304	1,836
Quebec	238	437	483	487	574	602	688	643
Saskatchewan	764	481	821	1,370	1,007	919	999	1,699
Total	3,712	4,349	5,376	6,924	7,076	6,548	7,495	9,610

Notes:

(1) Disaggregation by child is not available prior to 2020-21.

(2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(3) Limited to Individual requests.

(4) Inuit requests are excluded.

(5) Children with approvals at the National Office (HQ) are counted in the region where the request originated.

(6) Individual children with multiple approvals from different regions/quarter/fiscal year are counted in each respective region/quarter/fiscal year, as such, the sum of subtotals will not match that of the totals.

(7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 32: **Children** with approved **individual requests** by **category** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Category	FY 2020-21				FY 2021-22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Education	1,293	1,381	1,931	2,177	2,091	1,926	1,712	2,687
Healthy Child Development	409	437	606	688	624	680	1,159	1,503
Medical Transportation	457	744	654	657	861	892	1,089	1,181
Allied Health	371	419	479	624	618	669	682	922
Mental Wellness	269	378	535	668	683	489	755	914
Respite	611	555	561	1,073	935	513	521	911
Medications/Nutritional Supplements	238	232	342	499	456	488	572	776
Oral Health (excluding orthodontics)	86	226	301	453	625	606	628	765
Travel	120	232	320	556	503	688	587	558
Medical Equipment and Supplies	289	295	396	498	449	411	568	524
Social	157	184	190	240	213	236	190	286
Infrastructure	105	170	216	190	170	186	249	202
Vision Care	32	29	49	81	87	67	107	169
Orthodontics	58	62	71	129	152	103	130	161
Total	3,712	4,349	5,376	6,924	7,076	6,548	7,495	9,610

Notes:

- (1) Disaggregation by child is not available prior to 2020-21.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Limited to Individual requests.
- (4) Inuit requests are excluded.
- (5) Children with approvals at the National Office (HQ) are counted in the region where the request originated.
- (6) Individual children with multiple approvals across different categories/quarters/fiscal years are counted once in each respective category/quarter/fiscal year as such, the sum of subtotals will not match that of the totals.
- (7) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 33: Adjudicated requests and their corresponding reach by request type, region, and final decision, fiscal year (FY) 2021-22

Request Type	Region	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Alberta	4,844	10.0%	89.3%	582	14.9%	10.7%	5,138	8.9%	87.1%	760	13.2%	12.9%
	Atlantic	5,569	11.5%	93.8%	368	9.4%	6.2%	6,031	10.4%	93.2%	441	7.6%	6.8%
	British Columbia	4,057	8.4%	85.7%	677	17.3%	14.3%	4,475	7.7%	85.5%	759	13.2%	14.5%
	Manitoba	12,381	25.5%	99.2%	105	2.7%	0.8%	14,585	25.2%	99.0%	147	2.6%	1.0%
	Northern/Yukon	2,199	4.5%	88.8%	276	7.1%	11.2%	3,373	5.8%	84.6%	615	10.7%	15.4%
	Ontario	7,675	15.8%	85.8%	1,275	32.6%	14.2%	10,404	18.0%	82.7%	2,182	37.8%	17.3%
	Quebec	3,767	7.8%	98.2%	71	1.8%	1.8%	4,334	7.5%	98.0%	88	1.5%	2.0%
	Saskatchewan	7,973	16.5%	93.5%	555	14.2%	6.5%	9,476	16.4%	92.4%	779	13.5%	7.6%
	Total	48,465	100.0%	92.5%	3,909	100.0%	7.5%	57,816	100.0%	90.9%	5,771	100.0%	9.1%
Group	Alberta	186	6.8%	72.4%	71	15.0%	27.6%	20,322	4.5%	67.3%	9,882	7.9%	32.7%
	Atlantic	203	7.4%	78.4%	56	11.9%	21.6%	6,707	1.5%	83.2%	1,354	1.1%	16.8%
	British Columbia	11	0.4%	64.7%	6	1.3%	35.3%	75	0.0%	13.5%	482	0.4%	86.5%
	Manitoba	331	12.1%	98.2%	6	1.3%	1.8%	54,868	12.1%	98.4%	913	0.7%	1.6%
	Northern/Yukon	129	4.7%	86.0%	21	4.4%	14.0%	12,716	2.8%	89.3%	1,517	1.2%	10.7%
	Ontario	976	35.8%	79.3%	254	53.8%	20.7%	269,617	59.2%	72.2%	104,080	83.3%	27.9%
	Quebec	540	19.8%	96.9%	17	3.6%	3.1%	52,957	11.6%	97.8%	1,174	0.9%	2.2%
	Saskatchewan	351	12.9%	89.5%	41	8.7%	10.5%	38,164	8.4%	87.3%	5,576	4.5%	12.8%
	Total	2,727	100.0%	85.2%	472	100.0%	14.8%	455,426	100.0%	78.5%	124,978	100.0%	21.5%
Total	Alberta	5,030	9.8%	88.5%	653	14.9%	11.5%	25,460	5.0%	70.5%	10,642	8.1%	29.5%
	Atlantic	5,772	11.3%	93.2%	424	9.7%	6.8%	12,738	2.5%	87.7%	1,795	1.4%	12.4%
	British Columbia	4,068	7.9%	85.6%	683	15.6%	14.4%	4,550	0.9%	78.6%	1,241	1.0%	21.4%
	Manitoba	12,712	24.8%	99.1%	111	2.5%	0.9%	69,453	13.5%	98.5%	1,060	0.8%	1.5%
	Northern/Yukon	2,328	4.5%	88.7%	297	6.8%	11.3%	16,089	3.1%	88.3%	2,132	1.6%	11.7%
	Ontario	8,651	16.9%	85.0%	1,529	34.9%	15.0%	280,021	54.6%	72.5%	106,262	81.3%	27.5%
	Quebec	4,307	8.4%	98.0%	88	2.0%	2.0%	57,291	11.2%	97.8%	1,262	1.0%	2.2%
	Saskatchewan	8,324	16.3%	93.3%	596	13.6%	6.7%	47,640	9.3%	88.2%	6,355	4.9%	11.8%
	Total	51,192	100.0%	92.1%	4,381	100.0%	7.9%	513,242	100.0%	79.7%	130,749	100.0%	20.3%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) National Office (HQ) approvals are counted in the region where the request originated.
- (6) Requests collected through the Jordan's Principle Case Management System (FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 34: Adjudicated requests and their corresponding reach by request type, category, and final decision, fiscal year (FY) 2021-22

Request Type	Category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Education	10,591	21.9%	93.4%	746	19.1%	6.6%	11,522	19.9%	93.1%	856	14.8%	6.9%
	Medical Transportation	9,501	19.6%	98.0%	198	5.1%	2.0%	10,280	17.8%	97.6%	251	4.4%	2.4%
	Allied Health	3,824	7.9%	97.7%	91	2.3%	2.3%	3,977	6.9%	97.6%	98	1.7%	2.4%
	Healthy Child Development	3,711	7.7%	79.7%	946	24.2%	20.3%	7,212	12.5%	79.1%	1,911	33.1%	21.0%
	Respite	3,541	7.3%	95.1%	181	4.6%	4.9%	4,156	7.2%	93.9%	271	4.7%	6.1%
	Mental Wellness	2,990	6.2%	95.5%	142	3.6%	4.5%	3,324	5.8%	95.4%	161	2.8%	4.6%
	Travel	3,251	6.7%	93.6%	223	5.7%	6.4%	5,538	9.6%	93.8%	367	6.4%	6.2%
	Oral Health (excluding orthodontics)	2,886	6.0%	98.2%	53	1.4%	1.8%	2,958	5.1%	98.2%	53	0.9%	1.8%
	Medications/Nutritional Supplements	2,753	5.7%	96.1%	113	2.9%	3.9%	2,801	4.8%	96.0%	116	2.0%	4.0%
	Medical Equipment and Supplies	2,564	5.3%	95.4%	125	3.2%	4.6%	2,654	4.6%	94.4%	157	2.7%	5.6%
	Social	1,083	2.2%	77.7%	310	7.9%	22.3%	1,237	2.1%	74.7%	419	7.3%	25.3%
	Infrastructure	727	1.5%	69.0%	326	8.3%	31.0%	1,082	1.9%	62.6%	646	11.2%	37.4%
	Orthodontics	577	1.2%	57.1%	433	11.1%	42.9%	594	1.0%	57.4%	441	7.6%	42.6%
	Vision Care	466	1.0%	95.5%	22	0.6%	4.5%	481	0.8%	95.3%	24	0.4%	4.8%
Total	48,465	100.0%	92.5%	3,909	100.0%	7.5%	57,816	100.0%	90.9%	5,771	100.0%	9.1%	
Group	Education	629	23.1%	88.6%	81	17.2%	11.4%	55,462	12.2%	76.5%	17,055	13.7%	23.5%
	Medical Transportation	131	4.8%	92.9%	10	2.1%	7.1%	16,845	3.7%	87.7%	2,355	1.9%	12.3%
	Allied Health	433	15.9%	93.3%	31	6.6%	6.7%	80,238	17.6%	90.0%	8,939	0	10.0%
	Healthy Child Development	386	14.2%	86.7%	59	12.5%	13.3%	92,419	20.3%	81.4%	21,179	17.0%	18.6%
	Respite	136	5.0%	93.8%	9	1.9%	6.2%	14,725	3.2%	94.4%	868	0.7%	5.6%
	Mental Wellness	503	18.4%	91.0%	50	10.6%	9.0%	94,227	20.7%	94.1%	5,965	4.8%	6.0%
	Travel	32	1.2%	62.7%	19	4.0%	37.3%	5,021	1.1%	48.2%	5,400	4.3%	51.8%
	Oral Health (excluding orthodontics)	5	0.2%	27.8%	13	2.8%	72.2%	7,518	1.7%	23.5%	24,424	19.5%	76.5%
	Medications/Nutritional Supplements	2	0.1%	100.0%	0	0.0%	0.0%	394	0.1%	100.0%	0	0.0%	0.0%
	Medical Equipment and Supplies	42	1.5%	79.2%	11	2.3%	20.8%	9,092	2.0%	89.9%	1,024	0.8%	10.1%
	Social	255	9.4%	74.1%	89	18.9%	25.9%	31,393	6.9%	77.3%	9,232	7.4%	22.7%
	Infrastructure	170	6.2%	63.2%	99	21.0%	36.8%	47,358	10.4%	62.9%	27,937	22.4%	37.1%
	Vision Care	3	0.1%	75.0%	1	0.2%	25.0%	734	0.2%	55.0%	600	0.5%	45.0%
	Total	2,727	100.0%	85.2%	472	100.0%	14.8%	455,426	100.0%	78.5%	124,978	100.0%	21.5%
Total	Education	11,220	21.9%	93.1%	827	18.9%	6.9%	66,984	13.1%	78.9%	17,911	13.7%	21.1%
	Medical Transportation	9,632	18.8%	97.9%	208	4.7%	2.1%	27,125	5.3%	91.2%	2,606	2.0%	8.8%
	Allied Health	4,257	8.3%	97.2%	122	2.8%	2.8%	84,215	16.4%	90.3%	9,037	6.9%	9.7%
	Healthy Child Development	4,097	8.0%	80.3%	1,005	22.9%	19.7%	99,631	19.4%	81.2%	23,090	17.7%	18.8%
	Respite	3,677	7.2%	95.1%	190	4.3%	4.9%	18,881	3.7%	94.3%	1,139	0.9%	5.7%
	Mental Wellness	3,493	6.8%	94.8%	192	4.4%	5.2%	97,551	19.0%	94.1%	6,126	4.7%	5.9%
	Travel	3,283	6.4%	93.1%	242	5.5%	6.9%	10,559	2.1%	64.7%	5,767	4.4%	35.3%
	Oral Health (excluding orthodontics)	2,891	5.6%	97.8%	66	1.5%	2.2%	10,476	2.0%	30.0%	24,477	18.7%	70.0%
	Medications/Nutritional Supplements	2,755	5.4%	96.1%	113	2.6%	3.9%	3,195	0.6%	96.5%	116	0.1%	3.5%
	Medical Equipment and Supplies	2,606	5.1%	95.0%	136	3.1%	5.0%	11,746	2.3%	90.9%	1,181	0.9%	9.1%
	Social	1,338	2.6%	77.0%	399	9.1%	23.0%	32,630	6.4%	77.2%	9,651	7.4%	22.8%
	Infrastructure	897	1.8%	67.9%	425	9.7%	32.1%	48,440	9.4%	62.9%	28,583	21.9%	37.1%
	Orthodontics	577	1.1%	57.1%	433	9.9%	42.9%	594	0.1%	57.4%	441	0.3%	42.6%
	Vision Care	469	0.9%	95.3%	23	0.5%	4.7%	1,215	0.2%	66.1%	624	0.5%	33.9%
Total	51,192	100.0%	92.1%	4,381	100.0%	7.9%	513,242	100.0%	79.7%	130,749	100.0%	20.3%	

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) National Office (HQ) approvals are counted in the region where the request originated.
- (6) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 35: Characteristics of children with approved individual requests in Jordan's Principle by child type, fiscal year (FY) 2020-21 and 2021-22

Fiscal year of decision	Disaggregates	Types of children						All children
		Sex		On/off reserve		Chronic conditions		
		Male	Female	On	Off	Yes	No	
2020-21	Male*	-	-	55%	56%	61%	50%	56%
	Female*	-	-	45%	44%	39%	50%	54%
	On reserve*	52%	53%	-	-	50%	57%	53%
	Off reserve*	48%	47%	-	-	50%	43%	47%
	Chronic Conditions*	55%	44%	46%	53%	-	-	48%
	Non-chronic Conditions*	45%	56%	54%	47%	-	-	52%
	Average age	8.3	8.7	7.7	9.3	8.9	7.5	8.2
	Number of requests	2.3	2.2	2.4	2.3	2.7	1.9	2.3
	Median total approved funds	\$2,800	\$2,300	\$2,600	\$2,500	\$4,500	\$1,300	\$2,500
	Wait time (days)	-	-	-	-	-	-	-
2021-22	Male*	-	-	55%	56%	61%	50%	55%
	Female*	-	-	45%	44%	39%	50%	45%
	On reserve*	46%	48%	-	-	42%	55%	49%
	Off reserve*	54%	52%	-	-	58%	45%	51%
	Chronic Conditions*	53%	42%	40%	54%	-	-	46%
	Non-chronic Conditions*	47%	58%	60%	46%	-	-	54%
	Used initiative in previous FY	30%	25%	29%	25%	39%	15%	26%
	Average age	8	8.4	7.1	8.8	9.0	6.8	7.8
	Number of requests	2.5	2.5	2.7	2.4	2.8	2.3	2.5
	Median total approved funds	\$3,300	\$2,800	\$2,900	\$3,100	\$5,000	\$1,800	\$2,900
Wait time (days)	4.2	3.2	2.9	4.9	5.9	2.1	3.1	

*Proportion of all children with approved requests within corresponding fiscal year.

Notes:

- (1) Proportion male or female excludes children with blank or other for sex.
- (2) Proportion on or off reserve excludes children with blank values.
- (3) Median funds represents median of sum of all funds awarded to a child, in cases where multiple children split an item, the overall funding was divided by the number of children.
- (4) Median total funds are rounded to the nearest hundred.
- (5) Wait time defined as the time between request submission to the final decision date.
- (6) Excludes requests for Inuit children.
- (7) Requests collected through GCcase (FY 2020-21, extracted on May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 36: Approved **individual requests** and their corresponding **reach** by **age group**, fiscal year (FY) 2021-22

Age group	Requests		Reach	
	n	col %	n	col %
0 to 2	9,729	20.2%	10,220	17.8%
3 to 5	11,945	24.7%	12,509	21.8%
6 to 8	10,098	20.9%	10,689	18.6%
9 to 11	9,144	18.9%	9,706	16.9%
12 to 14	7,928	16.4%	8,453	14.7%
15 to 17	5,305	11.0%	5,544	9.6%
18 to 19	382	0.8%	389	0.7%
Total	48,278	100.0%	57,510	100.0%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by age group is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Requests for children with ages below 0, above 19, and unknown, are excluded.
- (5) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (6) Inuit requests are excluded.
- (7) In instances where a request is approved for multiple children with different age groups, the request is counted against each respective age group. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 37: **Children with approved individual requests by age group**, fiscal year (FY) 2021-22

Age group	Children	
	n	col %
0 to 2	4,257	18.4%
3 to 5	4,502	19.5%
6 to 8	4,297	18.6%
9 to 11	3,929	17.0%
12 to 14	3,564	15.4%
15 to 17	2,369	10.3%
18 to 19	170	0.7%
Total	23,088	100.0%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by age group is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Requests for children with ages below 0, above 19, and unknown, are excluded.
- (5) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (6) Inuit requests are excluded.
- (7) In instances where a request is approved for multiple children with different age groups, the request is counted against each respective age group. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 38: Approved **individual requests** and their corresponding **reach** by **sex**, fiscal year (FY) 2021-22

Sex	Requests		Reach	
	n	col %	n	col %
Male	26,776	60.1%	29,627	55.8%
Female	20,607	46.3%	23,482	44.2%
Total	44,533	100.0%	53,109	100.0%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by sex is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (5) Inuit requests and those with values of blank or "other" for sex are excluded.
- (6) In instances where a request is approved for multiple children with different sexes, the request is counted against each respective sex. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.
- (7) National Office (HQ) approvals are counted in the region where the request originated.
- (8) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 39: **Children** with approved **individual requests** by **sex**, fiscal year (FY) 2021-22

Sex	Children	
	n	col %
Male	11,761	55.0%
Female	9,610	45.0%
Total	21,371	100.0%

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Disaggregation by sex is limited to individual requests.

(3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(4) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(5) Inuit requests and those with values of blank or "other" for sex are excluded.

(6) In instances where a request is approved for multiple children with different sexes, the request is counted against each respective sex. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.

(7) National Office (HQ) approvals are counted in the region where the request originated.

(8) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 40: Approved **individual requests** and their corresponding **reach** by **age group** and **sex**, fiscal year (FY) 2021-22

Age group	Requests						Reach					
	Male			Female			Male			Female		
	n	col %	row %									
0 to 2	4,175	15.6%	57.6%	3,243	15.8%	44.7%	4,294	14.5%	56.1%	3,355	14.3%	43.9%
3 to 5	6,428	24.1%	58.7%	4,718	23.0%	43.1%	6,594	22.3%	57.5%	4,877	20.8%	42.5%
6 to 8	5,867	22.0%	60.3%	4,145	20.2%	42.6%	6,013	20.4%	58.4%	4,287	18.3%	41.6%
9 to 11	5,463	20.5%	60.8%	3,748	18.2%	41.7%	5,612	19.0%	59.0%	3,905	16.7%	41.0%
12 to 14	4,177	15.6%	54.1%	3,736	18.2%	48.4%	4,304	14.6%	52.5%	3,902	16.7%	47.6%
15 to 17	2,460	9.2%	47.4%	2,831	13.8%	54.5%	2,529	8.6%	46.7%	2,887	12.3%	53.3%
18 to 19	195	0.7%	52.3%	183	0.9%	49.1%	195	0.7%	51.3%	185	0.8%	48.7%
Total	26,708	100.0%	60.1%	20,558	100.0%	46.3%	29,541	100.0%	55.8%	23,398	100.0%	44.2%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by age group and sex is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Requests for children with ages below 0, above 19, and unknown, are excluded.
- (5) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (6) Inuit requests and those with values of blank or "other" for sex are excluded.
- (7) In instances where a request is approved for multiple children with different age groups and sex, the request is counted against each respective age group and sex. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 41: Children with approved **individual requests** by **age group** and **sex**, fiscal year (FY) 2021-22

Age group	Children					
	Male			Female		
	n	col %	row %	n	col %	row %
0 to 2	1,680	14.3%	54.5%	1,402	14.6%	45.5%
3 to 5	2,380	20.3%	56.4%	1,837	19.2%	43.6%
6 to 8	2,400	20.5%	57.4%	1,778	18.6%	42.6%
9 to 11	2,265	19.3%	58.7%	1,593	16.6%	41.3%
12 to 14	1,814	15.5%	51.9%	1,678	17.5%	48.1%
15 to 17	1,120	9.5%	48.3%	1,197	12.5%	51.7%
18 to 19	73	0.6%	43.7%	94	1.0%	56.3%
Total	11,732	100.0%	55.1%	9,579	100.0%	44.9%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by age group and sex is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Requests for children with ages below 0, above 19, and unknown, are excluded.
- (5) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (6) Inuit requests and those with values of blank or "other" for sex are excluded.
- (7) In instances where a request is approved for multiple children with different age groups and sex, the request is counted against each respective age group and sex. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 42: Approved **individual requests** and their corresponding **reach** by **category** and **sex**, fiscal year (FY) 2021-22

Category	Requests						Reach					
	Male			Female			Male			Female		
	n	col %	row %									
Allied Health	2,518	9.4%	66.5%	1,310	6.4%	34.6%	2,594	8.8%	66.0%	1,337	5.7%	34.0%
Education	6,448	24.1%	61.8%	4,277	20.8%	41.0%	6,768	22.8%	59.8%	4,553	19.4%	40.2%
Healthy Child Development	2,428	9.1%	66.5%	2,271	11.0%	62.2%	3,571	12.1%	51.0%	3,435	14.6%	49.0%
Infrastructure	487	1.8%	67.5%	331	1.6%	45.8%	620	2.1%	58.5%	440	1.9%	41.5%
Medical Equipment and Supplies	1,561	5.8%	62.7%	961	4.7%	38.6%	1,602	5.4%	62.1%	977	4.2%	37.9%
Medical Transportation	4,138	15.5%	55.8%	3,517	17.1%	47.4%	4,325	14.6%	53.9%	3,707	15.8%	46.2%
Medications/Nutritional Supplements	1,026	3.8%	56.7%	795	3.9%	44.0%	1,041	3.5%	56.1%	814	3.5%	43.9%
Mental Wellness	1,559	5.8%	53.0%	1,486	7.2%	50.5%	1,673	5.7%	51.3%	1,591	6.8%	48.7%
Oral Health (excluding orthodontics)	1,386	5.2%	50.2%	1,401	6.8%	50.8%	1,410	4.8%	49.9%	1,418	6.0%	50.1%
Orthodontics	203	0.8%	35.7%	371	1.8%	65.3%	205	0.7%	35.0%	380	1.6%	65.0%
Respite	2,313	8.6%	65.8%	1,413	6.9%	40.2%	2,499	8.4%	61.0%	1,600	6.8%	39.0%
Social	677	2.5%	62.6%	453	2.2%	41.9%	732	2.5%	59.8%	493	2.1%	40.2%
Travel	1,802	6.7%	61.8%	1,798	8.7%	61.6%	2,355	8.0%	48.4%	2,508	10.7%	51.6%
Vision Care	230	0.9%	51.5%	223	1.1%	49.9%	232	0.8%	50.3%	229	1.0%	49.7%
Total	26,776	100.0%	60.1%	20,607	100.0%	46.3%	29,627	100.0%	55.8%	23,482	100.0%	44.2%

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Disaggregation by sex is limited to individual requests.

(3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(4) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(5) Inuit requests and those with values of blank or "other" for sex are excluded.

(6) Excludes service coordination

(7) In instances where a request is approved for multiple children with different sexes, the request is counted against each respective age sex. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.

(8) National Office (HQ) approvals are counted in the region where the request originated.

(9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 43: Children with approved **individual requests** by **category** and **sex**, fiscal year (FY) 2021-22

Category	Children					
	Male			Female		
	n	col %	row %	n	col %	row %
Allied Health	1,415	12.0%	64.8%	768	8.0%	35.2%
Education	3,872	32.9%	58.6%	2,736	28.5%	41.4%
Healthy Child Development	1,717	14.6%	52.6%	1,548	16.1%	47.4%
Infrastructure	427	3.6%	60.5%	279	2.9%	39.5%
Medical Equipment and Supplies	1,036	8.8%	62.9%	612	6.4%	37.1%
Medical Transportation	1,453	12.4%	52.8%	1,300	13.5%	47.2%
Medications/Nutritional Supplements	689	5.9%	56.2%	538	5.6%	43.8%
Mental Wellness	1,244	10.6%	52.3%	1,135	11.8%	47.7%
Oral Health (excluding orthodontics)	1,179	10.0%	49.7%	1,192	12.4%	50.3%
Orthodontics	188	1.6%	35.4%	343	3.6%	64.6%
Respite	1,355	11.5%	58.4%	964	10.0%	41.6%
Social	465	4.0%	60.8%	300	3.1%	39.2%
Travel	870	7.4%	50.7%	846	8.8%	49.3%
Vision Care	192	1.6%	49.6%	195	2.0%	50.4%
Total	11,761	100.0%	55.0%	9,610	100.0%	45.0%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by sex is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (5) Inuit requests and those with values of blank or "other" for sex are excluded.
- (6) Excludes service coordination
- (7) In instances where a request is approved for multiple children with different sexes, the request is counted against each respective age sex. As such, the sum of subtotals and corresponding column percentages will not match that of the totals or add up to 100 percent.
- (8) National Office (HQ) approvals are counted in the region where the request originated.
- (9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 44: Approved **individual requests** and their corresponding **reach** by **category** and **ordinary place of residence**, fiscal year (FY) 2021-22

Category	Requests						Reach					
	On Reserve			Off Reserve			On Reserve			Off Reserve		
	n	col %	row %									
Allied Health	1,145	4.9%	32.2%	2,415	11.4%	67.8%	1,190	4.4%	32.2%	2,507	10.0%	67.8%
Education	3,491	15.0%	35.1%	6,497	30.6%	65.3%	3,710	13.6%	34.4%	7,086	28.4%	65.6%
Healthy Child Development	1,272	5.5%	40.0%	1,992	9.4%	62.6%	2,343	8.6%	38.7%	3,708	14.9%	61.3%
Infrastructure	457	2.0%	66.1%	248	1.2%	35.9%	664	2.4%	64.5%	366	1.5%	35.5%
Medical Equipment and Supplies	1,352	5.8%	57.0%	1,026	4.8%	43.2%	1,384	5.1%	56.4%	1,070	4.3%	43.6%
Medical Transportation	6,913	29.8%	77.0%	2,088	9.8%	23.2%	7,426	27.2%	76.7%	2,256	9.0%	23.3%
Medications/Nutritional Supplements	1,247	5.4%	68.9%	565	2.7%	31.2%	1,265	4.6%	68.3%	588	2.4%	31.7%
Mental Wellness	726	3.1%	26.1%	2,065	9.7%	74.2%	796	2.9%	25.9%	2,283	9.2%	74.2%
Oral Health (excluding orthodontics)	1,413	6.1%	50.9%	1,361	6.4%	49.1%	1,438	5.3%	50.6%	1,404	5.6%	49.4%
Orthodontics	184	0.8%	33.5%	366	1.7%	66.6%	185	0.7%	32.8%	379	1.5%	67.2%
Respite	2,190	9.4%	65.6%	1,164	5.5%	34.9%	2,489	9.1%	64.4%	1,377	5.5%	35.6%
Social	499	2.2%	54.4%	424	2.0%	46.2%	548	2.0%	53.3%	481	1.9%	46.7%
Travel	2,150	9.3%	74.2%	809	3.8%	27.9%	3,683	13.5%	74.9%	1,234	4.9%	25.1%
Vision Care	189	0.8%	46.3%	219	1.0%	53.7%	197	0.7%	46.8%	224	0.9%	53.2%
Total	23,228	100.0%	52.5%	21,239	100.0%	48.0%	27,318	100.0%	52.3%	24,963	100.0%	47.8%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by ordinary place of residence is limited to individual requests.
- (3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (4) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (5) Inuit requests and those with values of blank or "other" for ordinary place of residence are excluded.
- (6) National Office (HQ) approvals are counted in the region where the request originated.
- (7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 45: Children with approved **individual requests** by **category** and **ordinary place of residence**, fiscal year (FY) 2021-22

Category	Children					
	On Reserve			Off Reserve		
	n	col %	row %	n	col %	row %
Allied Health	699	6.8%	34.5%	1,335	12.4%	65.9%
Education	2,274	22.2%	36.2%	4,034	37.6%	64.1%
Healthy Child Development	1,137	11.1%	39.8%	1,739	16.2%	60.8%
Infrastructure	442	4.3%	64.8%	241	2.2%	35.3%
Medical Equipment and Supplies	898	8.8%	57.3%	678	6.3%	43.3%
Medical Transportation	2,232	21.8%	73.1%	845	7.9%	27.7%
Medications/Nutritional Supplements	888	8.7%	71.5%	358	3.3%	28.8%
Mental Wellness	620	6.1%	27.5%	1,636	15.2%	72.6%
Oral Health (excluding orthodontics)	1,229	12.0%	51.4%	1,168	10.9%	48.8%
Orthodontics	174	1.7%	33.8%	341	3.2%	66.2%
Respite	1,428	13.9%	65.8%	748	7.0%	34.5%
Social	362	3.5%	54.4%	307	2.9%	46.1%
Travel	1,198	11.7%	70.1%	516	4.8%	30.2%
Vision Care	171	1.7%	48.7%	181	1.7%	51.6%
Total	10,245	100.0%	49.2%	10,736	100.0%	51.6%

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Disaggregation by ordinary place of residence is limited to individual requests.

(3) Children that have submitted requests while living both on and off reserve are counted once for each respective ordinary place of residence category.

(4) Children that have submitted multiple requests for different categories are counted once for each respective category.

(5) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(6) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(7) Inuit requests and those with values of blank or "other" for ordinary place of residence are excluded.

(8) National Office (HQ) approvals are counted in the region where the request originated.

(9) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 46: Approved **individual requests** and their corresponding **reach** by **category** and **presence of a chronic condition**, fiscal year (FY) 2021-22

Category	Requests						Reach					
	No Chronic Condition			Chronic Condition			No Chronic Condition			Chronic Condition		
	n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Allied Health	196	0.9%	5.1%	3,633	13.2%	95.0%	201	0.7%	5.1%	3,776	12.9%	94.9%
Education	3,420	15.6%	32.3%	7,290	26.5%	68.9%	3,877	13.6%	33.7%	7,642	26.1%	66.3%
Healthy Child Development	2,622	12.0%	70.7%	1,417	5.2%	38.2%	5,472	19.2%	75.9%	1,739	5.9%	24.1%
Infrastructure	203	0.9%	27.9%	568	2.1%	78.1%	446	1.6%	41.2%	636	2.2%	58.8%
Medical Equipment and Supplies	338	1.5%	13.2%	2,234	8.1%	87.2%	368	1.3%	13.9%	2,283	7.8%	86.1%
Medical Transportation	6,152	28.1%	64.8%	3,429	12.5%	36.1%	6,673	23.4%	65.0%	3,598	12.3%	35.0%
Medications/Nutritional Supplements	1,853	8.5%	67.4%	907	3.3%	33.0%	1,875	6.6%	67.0%	924	3.2%	33.0%
Mental Wellness	194	0.9%	6.5%	2,818	10.3%	94.2%	264	0.9%	7.9%	3,060	10.4%	92.1%
Oral Health (excluding orthodontics)	2,558	11.7%	88.6%	334	1.2%	11.6%	2,616	9.2%	88.5%	341	1.2%	11.5%
Orthodontics	471	2.2%	81.6%	109	0.4%	18.9%	482	1.7%	81.1%	112	0.4%	18.9%
Respite	1,079	4.9%	30.5%	2,547	9.3%	71.9%	1,374	4.8%	33.1%	2,782	9.5%	66.9%
Social	236	1.1%	21.8%	876	3.2%	80.9%	298	1.0%	24.1%	939	3.2%	75.9%
Travel	2,551	11.7%	78.5%	859	3.1%	26.4%	4,524	15.9%	81.7%	1,011	3.4%	18.3%
Vision Care	12	0.1%	2.6%	455	1.7%	97.6%	13	0.0%	2.7%	468	1.6%	97.3%
Total	21,885	100.0%	45.2%	27,476	100.0%	56.7%	28,483	100.0%	49.3%	29,311	100.0%	50.7%

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Disaggregation by presence of a chronic condition is limited to individual requests.

(3) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(4) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(5) Inuit requests are excluded.

(6) National Office (HQ) approvals are counted in the region where the request originated.

(7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 47: Children with approved **individual requests** and **presence of a chronic condition**, fiscal year (FY) 2021-22

Category	Children					
	No Chronic Condition			Chronic Condition		
	n	col %	row %	n	col %	row %
Allied Health	142	1.1%	6.4%	2,071	19.6%	93.6%
Education	2,660	21.1%	39.6%	4,052	38.3%	60.4%
Healthy Child Development	2,454	19.5%	72.9%	913	8.6%	27.1%
Infrastructure	299	2.4%	41.6%	420	4.0%	58.4%
Medical Equipment and Supplies	298	2.4%	17.7%	1,387	13.1%	82.3%
Medical Transportation	2,147	17.0%	64.6%	1,176	11.1%	35.4%
Medications/Nutritional Supplements	1,433	11.4%	72.3%	549	5.2%	27.7%
Mental Wellness	220	1.7%	9.1%	2,204	20.8%	90.9%
Oral Health (excluding orthodontics)	2,220	17.6%	89.3%	267	2.5%	10.7%
Orthodontics	441	3.5%	81.8%	98	0.9%	18.2%
Respite	940	7.5%	39.8%	1,419	13.4%	60.2%
Social	199	1.6%	25.8%	573	5.4%	74.2%
Travel	1,508	12.0%	78.0%	426	4.0%	22.0%
Vision Care	13	0.1%	3.2%	390	3.7%	96.8%
Total	12,610	100.0%	54.4%	10,585	100.0%	45.6%

Notes:

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Disaggregation by presence of a chronic condition is limited to individual requests.
- (3) Children that have submitted multiple requests for different categories are counted once for each respective category.
- (4) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (5) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (6) Inuit requests are excluded.
- (7) National Office (HQ) approvals are counted in the region where the request originated.
- (8) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 48: Approved requests and their corresponding reach by request type, category, and normative standard, fiscal year (FY) 2021-22

Request Type	Category	Requests						Reach					
		Beyond Normative			Within Normative			Beyond Normative			Within Normative		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Allied Health	2,117	9.6%	56.0%	1,666	6.5%	44.0%	2,169	7.8%	55.2%	1,758	6.1%	44.8%
	Education	5,942	27.0%	57.3%	4,424	17.4%	42.7%	6,368	22.8%	56.5%	4,909	17.0%	43.5%
	Healthy Child Development	3,223	14.6%	87.3%	469	1.8%	12.7%	6,355	22.8%	88.5%	824	2.9%	11.5%
	Infrastructure	580	2.6%	80.1%	144	0.6%	19.9%	903	3.2%	83.7%	176	0.6%	16.3%
	Medical Equipment and Supplies	1,496	6.8%	58.7%	1,054	4.1%	41.3%	1,563	5.6%	59.2%	1,077	3.7%	40.8%
	Medical Transportation	1,482	6.7%	16.1%	7,732	30.4%	83.9%	1,708	6.1%	17.1%	8,268	28.7%	82.9%
	Medications/Nutritional Supplements	1,264	5.7%	46.1%	1,480	5.8%	53.9%	1,287	4.6%	46.1%	1,503	5.2%	53.9%
	Mental Wellness	1,229	5.6%	42.2%	1,686	6.6%	57.8%	1,357	4.9%	41.8%	1,888	6.6%	58.2%
	Oral Health (excluding orthodontics)	683	3.1%	23.7%	2,201	8.6%	76.3%	700	2.5%	23.7%	2,256	7.8%	76.3%
	Orthodontics	290	1.3%	50.5%	284	1.1%	49.5%	299	1.1%	50.6%	292	1.0%	49.4%
	Respite	1,560	7.1%	44.8%	1,920	7.5%	55.2%	1,930	6.9%	47.3%	2,147	7.4%	52.7%
	Social	616	2.8%	58.8%	432	1.7%	41.2%	733	2.6%	61.0%	468	1.6%	39.0%
	Travel	1,421	6.4%	46.5%	1,638	6.4%	53.5%	2,363	8.5%	44.8%	2,913	10.1%	55.2%
	Vision Care	131	0.6%	28.2%	334	1.3%	71.8%	135	0.5%	28.1%	345	1.2%	71.9%
Total	22,034	100.0%	46.4%	25,464	100.0%	53.6%	27,870	100.0%	49.2%	28,824	100.0%	50.8%	
Group	Allied Health	114	13.3%	26.5%	316	17.4%	73.5%	7,723	7.9%	10.1%	68,549	19.8%	89.9%
	Education	242	28.3%	39.0%	378	20.8%	61.0%	23,790	24.3%	44.3%	29,912	8.6%	55.7%
	Healthy Child Development	57	6.7%	15.3%	315	17.3%	84.7%	11,595	11.8%	12.8%	78,890	22.8%	87.2%
	Infrastructure	35	4.1%	20.7%	134	7.4%	79.3%	7,968	8.1%	16.8%	39,375	11.4%	83.2%
	Medical Equipment and Supplies	18	2.1%	45.0%	22	1.2%	55.0%	1,712	1.7%	19.3%	7,180	2.1%	80.7%
	Medical Transportation	63	7.4%	48.1%	68	3.7%	51.9%	5,750	5.9%	34.1%	11,095	3.2%	65.9%
	Medications/Nutritional Supplements	2	0.2%	100.0%	0	0.0%	0.0%	394	0.4%	100.0%	0	0.0%	0.0%
	Mental Wellness	127	14.9%	26.3%	355	19.5%	73.7%	13,915	14.2%	15.1%	78,088	22.5%	84.9%
	Oral Health (excluding orthodontics)	4	0.5%	80.0%	1	0.1%	20.0%	7,500	7.7%	99.8%	18	0.0%	0.2%
	Respite	17	2.0%	12.6%	118	6.5%	87.4%	803	0.8%	5.5%	13,774	4.0%	94.5%
	Social	165	19.3%	66.3%	84	4.6%	33.7%	15,568	15.9%	50.5%	15,275	4.4%	49.5%
	Travel	8	0.9%	25.0%	24	1.3%	75.0%	500	0.5%	10.0%	4,521	1.3%	90.0%
	Vision Care	2	0.2%	66.7%	1	0.1%	33.3%	664	0.7%	90.5%	70	0.0%	9.5%
	Total	854	100.0%	32.0%	1,816	100.0%	68.0%	97,882	100.0%	22.0%	346,747	100.0%	78.0%
Total	Allied Health	2,231	9.7%	53.0%	1,982	7.3%	47.0%	9,892	7.9%	12.3%	70,307	18.7%	87.7%
	Education	6,184	27.0%	56.3%	4,802	17.6%	43.7%	30,158	24.0%	46.4%	34,821	9.3%	53.6%
	Healthy Child Development	3,280	14.3%	80.7%	784	2.9%	19.3%	17,950	14.3%	18.4%	79,714	21.2%	81.6%
	Infrastructure	615	2.7%	68.9%	278	1.0%	31.1%	8,871	7.1%	18.3%	39,551	10.5%	81.7%
	Medical Equipment and Supplies	1,514	6.6%	58.5%	1,076	3.9%	41.5%	3,275	2.6%	28.4%	8,257	2.2%	71.6%
	Medical Transportation	1,545	6.8%	16.5%	7,800	28.6%	83.5%	7,458	5.9%	27.8%	19,363	5.2%	72.2%
	Medications/Nutritional Supplements	1,266	5.5%	46.1%	1,480	5.4%	53.9%	1,681	1.3%	52.8%	1,503	0.4%	47.2%
	Mental Wellness	1,356	5.9%	39.9%	2,041	7.5%	60.1%	15,272	12.1%	16.0%	79,976	21.3%	84.0%
	Oral Health (excluding orthodontics)	687	3.0%	23.8%	2,202	8.1%	76.2%	8,200	6.5%	78.3%	2,274	0.6%	21.7%
	Orthodontics	290	1.3%	50.5%	284	1.0%	49.5%	299	0.2%	50.6%	292	0.1%	49.4%
	Respite	1,577	6.9%	43.6%	2,038	7.5%	56.4%	2,733	2.2%	14.7%	15,921	4.2%	85.3%
	Social	781	3.4%	60.2%	516	1.9%	39.8%	16,301	13.0%	50.9%	15,743	4.2%	49.1%
	Travel	1,429	6.2%	46.2%	1,662	6.1%	53.8%	2,863	2.3%	27.8%	7,434	2.0%	72.2%
	Vision Care	133	0.6%	28.4%	335	1.2%	71.6%	799	0.6%	65.8%	415	0.1%	34.2%
Total	22,888	100.0%	45.6%	27,280	100.0%	54.4%	125,752	100.0%	25.1%	375,571	100.0%	74.9%	

Notes:

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(4) Inuit requests and those with values of blank or "other" for normative standard are excluded.

(5) National Office (HQ) approvals are counted in the region where the request originated.

(6) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 49: Approved funding by request type and region, fiscal year (FY) 2021-22

Request Type	Region	Mean	Maximum	Sum
Individual	Alberta	\$4,998	\$390,390	\$24,202,917
	Atlantic	\$5,124	\$240,900	\$28,537,046
	British Columbia	\$2,249	\$56,476	\$9,122,802
	Manitoba	\$2,999	\$330,771	\$37,085,092
	Northern/Yukon	\$4,091	\$151,200	\$8,934,006
	Ontario	\$7,420	\$438,322	\$56,926,996
	Quebec	\$4,670	\$142,000	\$17,587,851
	Saskatchewan	\$2,485	\$186,305	\$19,810,571
	Total		\$4,175	\$438,322
Group	Alberta	\$63,648	\$1,989,716	\$11,838,555
	Atlantic	\$46,062	\$940,478	\$9,350,681
	British Columbia	\$18,549	\$80,000	\$204,034
	Manitoba	\$263,919	\$3,656,232	\$87,357,170
	Northern/Yukon	\$226,151	\$4,229,739	\$28,721,218
	Ontario	\$145,144	\$5,100,000	\$140,789,543
	Quebec	\$42,322	\$672,000	\$22,853,901
	Saskatchewan	\$60,639	\$2,084,700	\$21,284,205
	Total		\$118,573	\$5,100,000
Total	Alberta	\$7,167	\$1,989,716	\$36,041,472
	Atlantic	\$6,564	\$940,478	\$37,887,727
	British Columbia	\$2,293	\$80,000	\$9,326,836
	Manitoba	\$9,800	\$3,656,232	\$124,442,261
	Northern/Yukon	\$16,294	\$4,229,739	\$37,655,225
	Ontario	\$22,879	\$5,100,000	\$197,716,539
	Quebec	\$9,392	\$672,000	\$40,441,752
	Saskatchewan	\$4,937	\$2,084,700	\$41,094,775
	Total		\$10,256	\$5,100,000

* Limited to records with approved amounts of \geq \$1. The financial information included in this analysis is based solely on approved amounts captured in GCcase, and may not reflect actual expenditures and/or match coding from SAP.

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) National Office (HQ) approvals are counted in the region where the request originated.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 50: Approved funding by request type and category, fiscal year (FY) 2021-22

Request Type	Category	Mean	Maximum	Sum
Individual	Allied Health	\$3,974	\$186,305	\$15,197,428
	Education	\$7,467	\$151,200	\$79,045,633
	Healthy Child Development	\$3,338	\$330,771	\$12,348,720
	Infrastructure	\$10,106	\$148,500	\$7,336,994
	Medical Equipment and Supplies	\$1,108	\$31,136	\$2,840,115
	Medical Transportation	\$943	\$40,800	\$8,952,272
	Medications/Nutritional Supplements	\$1,314	\$438,322	\$3,616,856
	Mental Wellness	\$9,876	\$378,825	\$29,520,372
	Oral Health (excluding orthodontics)	\$2,771	\$21,180	\$7,995,602
	Orthodontics	\$5,607	\$16,044	\$3,235,160
	Respite	\$4,493	\$390,390	\$15,905,633
	Social	\$8,351	\$194,400	\$9,026,952
	Travel	\$2,107	\$168,701	\$6,837,344
	Vision Care	\$747	\$9,304	\$348,199
	Total	\$4,175	\$438,322	\$202,207,280
Group	Allied Health	\$96,266	\$3,656,232	\$41,490,471
	Education	\$76,316	\$4,229,739	\$47,850,048
	Healthy Child Development	\$129,614	\$1,670,502	\$49,901,383
	Infrastructure	\$45,033	\$659,957	\$7,610,604
	Medical Equipment and Supplies	\$22,181	\$220,000	\$887,233
	Medical Transportation	\$22,998	\$322,503	\$3,012,776
	Medications/Nutritional Supplements	\$392,894	\$628,587	\$785,787
	Mental Wellness	\$246,869	\$4,653,829	\$124,175,133
	Oral Health (excluding orthodontics)	\$78,513	\$286,125	\$392,566
	Respite	\$225,915	\$5,100,000	\$30,724,470
	Social	\$57,720	\$901,622	\$14,718,606
	Travel	\$25,041	\$93,140	\$801,303
	Vision Care	\$16,309	\$35,000	\$48,926
		Total	\$118,573	\$5,100,000
Total	Allied Health	\$13,323	\$3,656,232	\$56,687,899
	Education	\$11,317	\$4,229,739	\$126,895,680
	Healthy Child Development	\$15,242	\$1,670,502	\$62,250,103
	Infrastructure	\$16,701	\$659,957	\$14,947,598
	Medical Equipment and Supplies	\$1,431	\$220,000	\$3,727,348
	Medical Transportation	\$1,243	\$322,503	\$11,965,048
	Medications/Nutritional Supplements	\$1,598	\$628,587	\$4,402,643
	Mental Wellness	\$44,014	\$4,653,829	\$153,695,505
	Oral Health (excluding orthodontics)	\$2,902	\$286,125	\$8,388,168
	Orthodontics	\$5,607	\$16,044	\$3,235,160
	Respite	\$12,685	\$5,100,000	\$46,630,103
	Social	\$17,774	\$901,622	\$23,745,559
	Travel	\$2,331	\$168,701	\$7,638,646
	Vision Care	\$847	\$35,000	\$397,125
	Total	\$10,256	\$5,100,000	\$524,606,587

* Limited to records with approved amounts of \geq \$1. The financial information included in this analysis is based solely on approved amounts captured in GCcase, and may not reflect actual expenditures and/or match coding from SAP.

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 51: Education-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Subcategory	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Educational assistance services/supports	5,722	54.0%	96.2%	226	30.3%	3.8%	6,045	52.5%	96.2%	239	27.9%	3.8%
	Assistive technologies and electronics	2,362	22.3%	89.0%	293	39.3%	11.0%	2,719	23.6%	89.1%	333	38.9%	10.9%
	Educational assessments	1,354	12.8%	97.0%	42	5.6%	3.0%	1,397	12.1%	96.5%	51	6.0%	3.5%
	Education transportation	605	5.7%	91.3%	58	7.8%	8.7%	666	5.8%	90.1%	73	8.5%	9.9%
	Education supplies	313	3.0%	88.4%	41	5.5%	11.6%	443	3.8%	89.5%	52	6.1%	10.5%
	Tuition, registration & other school fees	225	2.1%	76.0%	71	9.5%	24.0%	238	2.1%	71.9%	93	10.9%	28.1%
	Cultural programming/supports	4	0.0%	100.0%	0	0.0%	0.0%	8	0.1%	100.0%	0	0.0%	0.0%
	Other/unspecified	#	#	#	#	#	#	#	#	#	#	#	#
	Professional development for education professionals	#	#	#	#	#	#	#	#	#	#	#	#
Total	10,591	100.0%	93.4%	746	100.0%	6.6%	11,522	100.0%	93.1%	856	100.0%	6.9%	
Group	Educational assistance services/supports	398	63.3%	90.5%	42	51.9%	9.6%	32,332	58.3%	85.6%	5,430	31.8%	14.4%
	Assistive technologies and electronics	31	4.9%	83.8%	6	7.4%	16.2%	4,031	7.3%	97.3%	111	0.7%	2.7%
	Educational assessments	36	5.7%	94.7%	2	2.5%	5.3%	3,247	5.9%	97.0%	99	0.6%	3.0%
	Education transportation	44	7.0%	95.7%	2	2.5%	4.4%	3,323	6.0%	97.6%	82	0.5%	2.4%
	Education supplies	21	3.3%	87.5%	3	3.7%	12.5%	1,031	1.9%	96.6%	36	0.2%	3.4%
	Tuition, registration & other school fees	2	0.3%	100.0%	0	0.0%	0.0%	14	0.0%	100.0%	0	0.0%	0.0%
	Cultural programming/supports	55	8.7%	80.9%	13	16.1%	19.1%	6,229	11.2%	37.8%	10,261	60.2%	62.2%
	Other/unspecified	24	3.8%	82.8%	5	6.2%	17.2%	2,870	5.2%	84.3%	533	3.1%	15.7%
	Professional development for education professionals	18	2.9%	69.2%	8	9.9%	30.8%	2,385	4.3%	82.6%	503	2.9%	17.4%
Total	629	100.0%	88.6%	81	100.0%	11.4%	55,462	100.0%	76.5%	17,055	100.0%	23.5%	
Total	Educational assistance services/supports	6,120	54.5%	95.8%	268	32.4%	4.2%	38,377	57.3%	87.1%	5,669	31.7%	12.9%
	Assistive technologies and electronics	2,393	21.3%	88.9%	299	36.2%	11.1%	6,750	10.1%	93.8%	444	2.5%	6.2%
	Educational assessments	1,390	12.4%	96.9%	44	5.3%	3.1%	4,644	6.9%	96.9%	150	0.8%	3.1%
	Education transportation	649	5.8%	91.5%	60	7.3%	8.5%	3,989	6.0%	96.3%	155	0.9%	3.7%
	Education supplies	334	3.0%	88.4%	44	5.3%	11.6%	1,474	2.2%	94.4%	88	0.5%	5.6%
	Tuition, registration & other school fees	227	2.0%	76.2%	71	8.6%	23.8%	252	0.4%	73.0%	93	0.5%	27.0%
	Cultural programming/supports	59	0.5%	81.9%	13	1.6%	18.1%	6,237	9.3%	37.8%	10,261	57.3%	62.2%
	Other/unspecified	#	#	#	#	#	#	#	#	#	#	#	#
	Professional development for education professionals	#	#	#	#	#	#	#	#	#	#	#	#
Total	11,220	100.0%	93.1%	827	100.0%	6.9%	66,984	100.0%	78.9%	17,911	100.0%	21.1%	

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 52: Infrastructure-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Home modifications/renovations	310	42.6%	69.4%	137	42.0%	30.6%	391	36.1%	58.7%	275	42.6%	41.3%
	Enhanced home security and safety equipment	162	22.3%	85.3%	28	8.6%	14.7%	186	17.2%	81.9%	41	6.4%	18.1%
	Major household appliance	149	20.5%	63.9%	84	25.8%	36.1%	349	32.3%	63.7%	199	30.8%	36.3%
	Capital infrastructure	0	0.0%	0.0%	5	1.5%	100.0%	0	0.0%	0.0%	5	0.8%	100.0%
	Transportation	59	8.1%	49.6%	60	18.4%	50.4%	68	6.3%	41.0%	98	15.2%	59.0%
	Assessments/inspections	47	6.5%	#	#	#	#	88	8.1%	#	#	#	#
	Other/unspecified	0	-	-	0	-	-	0	-	-	0	-	-
	New home/housing	0	0.0%	0.0%	7	2.1%	100.0%	0	0.0%	0.0%	22	3.4%	100.0%
	Wrap-around services	0	0.0%	#	#	#	#	0	0.0%	#	#	#	#
	Total	727	100.0%	69.0%	326	100.0%	31.0%	1,082	100.0%	62.6%	646	100.0%	37.4%
Group	Home modifications/renovations	0	-	-	0	-	-	0	-	-	0	-	-
	Enhanced home security and safety equipment	0	-	-	0	-	-	0	-	-	0	-	-
	Major household appliance	4	2.4%	80.0%	1	1.0%	20.0%	124	0.3%	80.5%	30	0.1%	19.5%
	Capital infrastructure	145	85.3%	64.4%	80	80.8%	35.6%	44,891	94.8%	66.8%	22,361	80.0%	33.2%
	Transportation	19	11.2%	54.3%	16	16.2%	45.7%	2,330	4.9%	30.7%	5,261	18.8%	69.3%
	Assessments/inspections	0	-	-	0	-	-	0	-	-	0	-	-
	Other/unspecified	2	1.2%	66.7%	1	1.0%	33.3%	13	0.0%	8.8%	135	0.5%	91.2%
	New home/housing	0	-	-	0	-	-	0	-	-	0	-	-
	Wrap-around services	0	0.0%	0.0%	1	1.0%	100.0%	0	0.0%	0.0%	150	0.5%	100.0%
	Total	170	100.0%	63.2%	99	100.0%	36.8%	47,358	100.0%	62.9%	27,937	100.0%	37.1%
Total	Home modifications/renovations	310	34.6%	69.4%	137	32.2%	30.6%	391	0.8%	58.7%	275	1.0%	41.3%
	Enhanced home security and safety equipment	162	18.1%	85.3%	28	6.6%	14.7%	186	0.4%	81.9%	41	0.1%	18.1%
	Major household appliance	153	17.1%	64.3%	85	20.0%	35.7%	473	1.0%	67.4%	229	0.8%	32.6%
	Capital infrastructure	145	16.2%	63.0%	85	20.0%	37.0%	44,891	92.7%	66.7%	22,366	78.2%	33.3%
	Transportation	78	8.7%	50.6%	76	17.9%	49.4%	2,398	5.0%	30.9%	5,359	18.7%	69.1%
	Assessments/inspections	47	5.2%	#	#	#	#	88	0.2%	#	#	#	#
	Other/unspecified	2	0.2%	66.7%	1	0.2%	33.3%	13	0.0%	8.8%	135	0.5%	91.2%
	New home/housing	0	0.0%	0.0%	7	1.6%	100.0%	0	0.0%	0.0%	22	0.1%	100.0%
	Wrap-around services	0	0.0%	#	#	#	#	0	0.0%	#	#	#	#
	Total	897	100.0%	67.9%	425	100.0%	32.1%	48,440	100.0%	62.9%	28,583	100.0%	37.1%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 53: **Respite-related requests** and their associated **reach** by **request type**, **subcategory**, and **final decision**, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Individual/group/residential respite care	1,481	41.8%	96.8%	49	27.1%	3.2%	1,683	40.5%	95.5%	79	29.2%	4.5%
	Daycare/childcare/after-school program	1,302	36.8%	93.3%	94	51.9%	6.7%	1,611	38.8%	91.7%	145	53.5%	8.3%
	Other/unspecified	557	15.7%	97.7%	13	7.2%	2.3%	621	14.9%	97.2%	18	6.6%	2.8%
	Individual respite care	99	2.8%	90.8%	10	5.5%	9.2%	106	2.6%	90.6%	11	4.1%	9.4%
	Travel	48	1.4%	90.6%	5	2.8%	9.4%	68	1.6%	93.2%	5	1.9%	6.9%
	Program/camp	44	1.2%	84.6%	8	4.4%	15.4%	56	1.4%	84.9%	10	3.7%	15.2%
	Cultural respite programming/services	#	#	#	#	#	#	#	#	#	#	#	#
	Residential respite care	#	#	#	#	#	#	#	#	#	#	#	#
	Total	3,541	100.0%	95.1%	181	100.0%	4.9%	4,156	100.0%	93.9%	271	100.0%	6.1%
Group	Individual/group/residential respite care	82	60.3%	97.6%	2	22.2%	2.4%	9,305	63.2%	98.5%	141	16.2%	1.5%
	Daycare/childcare/after-school program	10	7.4%	90.9%	1	11.1%	9.1%	144	1.0%	57.4%	107	12.3%	42.6%
	Other/unspecified	26	19.1%	86.7%	4	44.4%	13.3%	4,076	27.7%	87.9%	560	64.5%	12.1%
	Individual respite care	2	1.5%	100.0%	0	0.0%	0.0%	100	0.7%	100.0%	0	0.0%	0.0%
	Travel	7	5.2%	77.8%	2	22.2%	22.2%	925	6.3%	93.9%	60	6.9%	6.1%
	Program/camp	8	5.9%	100.0%	0	0.0%	0.0%	91	0.6%	100.0%	0	0.0%	0.0%
	Cultural respite programming/services	1	0.7%	100.0%	0	0.0%	0.0%	84	0.6%	100.0%	0	0.0%	0.0%
	Residential respite care	0	-	-	0	-	-	0	-	-	0	-	-
	Total	136	100.0%	93.8%	9	100.0%	6.2%	14,725	100.0%	94.4%	868	100.0%	5.6%
Total	Individual/group/residential respite care	1,563	42.5%	96.8%	51	26.8%	3.2%	10,988	58.2%	98.0%	220	19.3%	2.0%
	Daycare/childcare/after-school program	1,312	35.7%	93.2%	95	50.0%	6.8%	1,755	9.3%	87.4%	252	22.1%	12.6%
	Other/unspecified	583	15.9%	97.2%	17	8.9%	2.8%	4,697	24.9%	89.0%	578	50.7%	11.0%
	Individual respite care	101	2.7%	91.0%	10	5.3%	9.0%	206	1.1%	94.9%	11	1.0%	5.1%
	Travel	55	1.5%	88.7%	7	3.7%	11.3%	993	5.3%	93.9%	65	5.7%	6.1%
	Program/camp	52	1.4%	86.7%	8	4.2%	13.3%	147	0.8%	93.6%	10	0.9%	6.4%
	Cultural respite programming/services	#	#	#	#	#	#	#	#	#	#	#	#
	Residential respite care	#	#	#	#	#	#	#	#	#	#	#	#
	Total	3,677	100.0%	95.1%	190	100.0%	4.9%	18,881	100.0%	94.3%	1,139	100.0%	5.7%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 54: Mental wellness-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Mental health therapy and counselling	2,138	71.5%	96.7%	74	52.1%	3.3%	2,374	71.4%	96.5%	86	53.4%	3.5%
	Mental health assessment/consultation	575	19.2%	95.5%	27	19.0%	4.5%	590	17.8%	95.6%	27	16.8%	4.4%
	Direct mental health services and administration at the community level	0	-	-	0	-	-	0	-	-	0	-	-
	Mental health cultural supports	7	0.2%	#	#	#	#	7	0.2%	#	#	#	#
	Substance use treatment	106	3.5%	82.2%	23	16.2%	17.8%	177	5.3%	86.3%	28	17.4%	13.7%
	Mental health social supports	72	2.4%	93.5%	5	3.5%	6.5%	74	2.2%	92.5%	6	3.7%	7.5%
	Suicide prevention	11	0.4%	100.0%	0	0.0%	0.0%	13	0.4%	100.0%	0	0.0%	0.0%
	Other/unspecified	36	1.2%	#	#	#	#	40	1.2%	#	#	#	#
	Health professional consultative services	25	0.8%	#	#	#	#	28	0.8%	#	#	#	#
	Reimbursement	12	0.4%	#	#	#	#	13	0.4%	#	#	#	#
	Crisis intervention/prevention programming services	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%
	Therapy and counselling supplies	#	#	#	#	#	#	#	#	#	#	#	#
	Training for health professionals/community workers	#	#	#	#	#	#	#	#	#	#	#	#
	Co-pay	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
Total		2,990	100.0%	95.5%	142	100.0%	4.5%	3,324	100.0%	95.4%	161	100.0%	4.6%
Group	Mental health therapy and counselling	82	16.3%	96.5%	3	6.0%	3.5%	7,781	8.3%	96.0%	326	5.5%	4.0%
	Mental health assessment/consultation	24	4.8%	92.3%	2	4.0%	7.7%	2,186	2.3%	72.0%	852	14.3%	28.0%
	Direct mental health services and administration at the community level	134	26.6%	88.2%	18	36.0%	11.8%	30,144	32.0%	93.9%	1,957	32.8%	6.1%
	Mental health cultural supports	121	24.1%	96.8%	4	8.0%	3.2%	22,810	24.2%	98.7%	310	5.2%	1.3%
	Substance use treatment	0	0.0%	0.0%	1	2.0%	100.0%	0	0.0%	0.0%	36	0.6%	100.0%
	Mental health social supports	25	5.0%	75.8%	8	16.0%	24.2%	3,109	3.3%	87.0%	466	7.8%	13.0%
	Suicide prevention	63	12.5%	98.4%	1	2.0%	1.6%	17,654	18.7%	95.5%	826	13.8%	4.5%
	Other/unspecified	20	4.0%	83.3%	4	8.0%	16.7%	4,790	5.1%	89.6%	554	9.3%	10.4%
	Health professional consultative services	4	0.8%	100.0%	0	0.0%	0.0%	332	0.4%	100.0%	0	0.0%	0.0%
	Reimbursement	0	-	-	0	-	-	0	-	-	0	-	-
	Crisis intervention/prevention programming services	0	-	-	0	-	-	0	-	-	0	-	-
	Therapy and counselling supplies	14	2.8%	77.8%	4	8.0%	22.2%	2,158	2.3%	88.5%	280	4.7%	11.5%
	Training for health professionals/community workers	16	3.2%	76.2%	5	10.0%	23.8%	3,263	3.5%	90.1%	358	6.0%	9.9%
	Co-pay	0	-	-	0	-	-	0	-	-	0	-	-
Total		503	100.0%	91.0%	50	100.0%	9.0%	94,227	100.0%	94.0%	5,965	100.0%	6.0%
Total	Mental health therapy and counselling	2,220	63.6%	96.6%	77	40.1%	3.4%	10,155	10.4%	96.1%	412	6.7%	3.9%
	Mental health assessment/consultation	599	17.1%	95.4%	29	15.1%	4.6%	2,776	2.8%	76.0%	879	14.3%	24.0%
	Direct mental health services and administration at the community level	134	3.8%	88.2%	18	9.4%	11.8%	30,144	30.9%	93.9%	1,957	31.9%	6.1%
	Mental health cultural supports	128	3.7%	#	#	#	#	22,817	23.4%	#	#	#	#
	Substance use treatment	106	3.0%	81.5%	24	12.5%	18.5%	177	0.2%	73.4%	64	1.0%	26.6%
	Mental health social supports	97	2.8%	88.2%	13	6.8%	11.8%	3,183	3.3%	87.1%	472	7.7%	12.9%
	Suicide prevention	74	2.1%	98.7%	1	0.5%	1.3%	17,667	18.1%	95.5%	826	13.5%	4.5%
	Other/unspecified	56	1.6%	#	#	#	#	4,830	5.0%	#	#	#	#
	Health professional consultative services	29	0.8%	#	#	#	#	360	0.4%	#	#	#	#
	Reimbursement	12	0.3%	#	#	#	#	13	0.0%	#	#	#	#
	Crisis intervention/prevention programming services	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%
	Therapy and counselling supplies	#	#	#	#	#	#	#	#	#	#	#	#
	Training for health professionals/community workers	#	#	#	#	#	#	#	#	#	#	#	#
	Co-pay	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
Total		3,493	100.0%	94.8%	192	100.0%	5.2%	97,551	100.0%	94.1%	6,126	100.0%	5.9%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 55: Healthy child development-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Rent, utilities, groceries	1,493	40.2%	76.6%	456	48.2%	23.4%	3,433	47.6%	78.2%	958	50.1%	21.8%
	Household items and accessories	1,061	28.6%	79.2%	278	29.4%	20.8%	1,903	26.4%	76.2%	594	31.1%	23.8%
	Clothing, shoes and accessories	563	15.2%	87.3%	82	8.7%	12.7%	994	13.8%	87.0%	148	7.7%	13.0%
	Community programs related to HCD	182	4.9%	94.3%	11	1.2%	5.7%	340	4.7%	96.1%	14	0.7%	4.0%
	Other/unspecified	46	1.2%	59.7%	31	3.3%	40.3%	71	1.0%	52.6%	64	3.4%	47.4%
	Car seats, strollers and travel-systems	147	4.0%	93.6%	10	1.1%	6.4%	170	2.4%	90.9%	17	0.9%	9.1%
	Diapers and toilet training materials	130	3.5%	92.2%	11	1.2%	7.8%	157	2.2%	91.3%	15	0.8%	8.7%
	Household communication devices	40	1.1%	52.6%	36	3.8%	47.4%	58	0.8%	46.4%	67	3.5%	53.6%
	Case management (group requests)	0	-	-	0	-	-	0	-	-	0	-	-
	Health treatments outside of allied health	23	0.6%	82.1%	5	0.5%	17.9%	40	0.6%	88.9%	5	0.3%	11.1%
	Identification fees (e.g., birth certificates)	19	0.5%	86.4%	3	0.3%	13.6%	38	0.5%	86.4%	6	0.3%	13.6%
	Training courses/fees	0	0.0%	0.0%	8	0.8%	100.0%	0	0.0%	0.0%	8	0.4%	100.0%
	Community support workers	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
	Legal fees	#	#	#	15	1.6%	#	#	#	#	15	0.8%	#
	Environmental aids	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
Total	3,711	100.0%	79.7%	946	100.0%	20.3%	7,212	100.0%	79.1%	1,911	100.0%	21.0%	
Group	Rent, utilities, groceries	14	3.6%	93.3%	1	1.7%	6.7%	4,050	4.4%	95.9%	175	0.8%	4.1%
	Household items and accessories	8	2.1%	53.3%	7	11.9%	46.7%	752	0.8%	78.2%	210	1.0%	21.8%
	Clothing, shoes and accessories	18	4.7%	100.0%	0	0.0%	0.0%	1,973	2.1%	100.0%	0	0.0%	0.0%
	Community programs related to HCD	69	17.9%	80.2%	17	28.8%	19.8%	19,758	21.4%	83.6%	3,887	18.4%	16.4%
	Other/unspecified	152	39.4%	88.9%	19	32.2%	11.1%	36,276	39.3%	75.0%	12,083	57.1%	25.0%
	Car seats, strollers and travel-systems	0	0.0%	0.0%	1	1.7%	100.0%	0	0.0%	0.0%	30	0.1%	100.0%
	Diapers and toilet training materials	2	0.5%	100.0%	0	0.0%	0.0%	88	0.1%	100.0%	0	0.0%	0.0%
	Household communication devices	0	-	-	0	-	-	0	-	-	0	-	-
	Case management (group requests)	26	6.7%	83.9%	5	8.5%	16.1%	14,791	16.0%	88.7%	1,882	8.9%	11.3%
	Health treatments outside of allied health	0	-	-	0	-	-	0	-	-	0	-	-
	Identification fees (e.g., birth certificates)	0	-	-	0	-	-	0	-	-	0	-	-
	Training courses/fees	17	4.4%	73.9%	6	10.2%	26.1%	3,538	3.8%	57.4%	2,621	12.4%	42.6%
	Community support workers	80	20.7%	97.6%	2	3.4%	2.4%	11,193	12.1%	99.2%	91	0.4%	0.8%
	Legal fees	0	0.0%	0.0%	1	1.7%	100.0%	0	0.0%	0.0%	200	0.9%	100.0%
	Environmental aids	0	-	-	0	-	-	0	-	-	0	-	-
Total	386	100.0%	86.7%	59	100.0%	13.3%	92,419	100.0%	81.4%	21,179	100.0%	18.6%	
Total	Rent, utilities, groceries	1,507	36.8%	76.7%	457	45.5%	23.3%	7,483	7.5%	86.9%	1,133	4.9%	13.1%
	Household items and accessories	1,069	26.1%	79.0%	285	28.4%	21.0%	2,655	2.7%	76.8%	804	3.5%	23.2%
	Clothing, shoes and accessories	581	14.2%	87.6%	82	8.2%	12.4%	2,967	3.0%	95.2%	148	0.6%	4.8%
	Community programs related to HCD	251	6.1%	90.0%	28	2.8%	10.0%	20,098	20.2%	83.7%	3,901	16.9%	16.3%
	Other/unspecified	198	4.8%	79.8%	50	5.0%	20.2%	36,347	36.5%	75.0%	12,147	52.6%	25.1%
	Car seats, strollers and travel-systems	147	3.6%	93.0%	11	1.1%	7.0%	170	0.2%	78.3%	47	0.2%	21.7%
	Diapers and toilet training materials	132	3.2%	92.3%	11	1.1%	7.7%	245	0.2%	94.2%	15	0.1%	5.8%
	Household communication devices	40	1.0%	52.6%	36	3.6%	47.4%	58	0.1%	46.4%	67	0.3%	53.6%
	Case management (group requests)	26	0.6%	83.9%	5	0.5%	16.1%	14,791	14.8%	88.7%	1,882	8.2%	11.3%
	Health treatments outside of allied health	23	0.6%	82.1%	5	0.5%	17.9%	40	0.0%	88.9%	5	0.0%	11.1%
	Identification fees (e.g., birth certificates)	19	0.5%	86.4%	3	0.3%	13.6%	38	0.0%	86.4%	6	0.0%	13.6%
	Training courses/fees	17	0.4%	54.8%	14	1.4%	45.2%	3,538	3.6%	57.4%	2,629	11.4%	42.6%
	Community support workers	#	#	97.6%	2	0.2%	2.4%	#	#	99.2%	91	0.4%	0.8%
	Legal fees	#	#	#	16	1.6%	#	#	#	#	215	0.9%	#
	Environmental aids	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
Total	4,097	100.0%	80.3%	1,005	100.0%	19.7%	99,631	100.0%	81.2%	23,090	100.0%	18.8%	

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 56: Allied health-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Speech language therapy/pathology	2,248	58.8%	98.3%	39	42.9%	1.7%	2,351	59.1%	98.3%	40	40.8%	1.7%
	Occupational therapy	859	22.5%	98.2%	16	17.6%	1.8%	884	22.2%	97.9%	19	19.4%	2.1%
	Physiotherapy	233	6.1%	96.7%	8	8.8%	3.3%	234	5.9%	96.7%	8	8.2%	3.3%
	Other/unspecified	54	1.4%	100.0%	0	0.0%	0.0%	54	1.4%	100.0%	0	0.0%	0.0%
	Clinical service/support	118	3.1%	94.4%	7	0.0%	5.6%	130	3.3%	94.9%	7	7.1%	5.1%
	Group allied health	2	0.1%	100.0%	0	0.0%	0.0%	5	0.1%	100.0%	0	0.0%	0.0%
	Therapeutic behavioural assistant	85	2.2%	#	#	#	#	91	2.3%	#	#	#	#
	Audiologist	64	0.0%	100.0%	0	0.0%	0.0%	66	1.7%	100.0%	0	0.0%	0.0%
	Uninsured medical services	42	1.1%	80.8%	10	0.0%	19.2%	42	1.1%	80.8%	10	10.2%	19.2%
	Chiropractor	27	0.7%	#	#	#	#	27	0.7%	#	#	#	#
	Podiatrist/Chiropodist	27	0.7%	100.0%	0	0.0%	0.0%	27	0.7%	100.0%	0	0.0%	0.0%
	Registered massage therapy	25	0.7%	#	#	#	#	25	0.6%	#	#	#	#
	Dietician	8	0.2%	#	#	#	#	8	0.2%	#	#	#	#
	Osteopath	10	0.3%	100.0%	0	0.0%	0.0%	10	0.3%	100.0%	0	0.0%	0.0%
	Recreational therapy	9	0.2%	#	#	#	#	9	0.2%	#	#	#	#
	Naturopath	8	0.2%	80.0%	#	#	#	9	0.2%	69.2%	#	#	#
	Professional development	#	#	#	0	0.0%	0.0%	#	#	#	0	0.0%	0.0%
Nutritionist	#	#	#	0	0.0%	0.0%	#	#	#	0	0.0%	0.0%	
Kinesiologist	#	#	#	0	0.0%	0.0%	#	#	#	0	0.0%	0.0%	
Total	3,824	100.0%	97.7%	91	100.0%	2.3%	3,977	100.0%	97.6%	98	100.0%	2.4%	
Group	Speech language therapy/pathology	98	22.6%	97.0%	3	9.7%	3.0%	7,922	9.9%	91.7%	717	8.0%	8.3%
	Occupational therapy	58	13.4%	95.1%	3	9.7%	4.9%	6,160	7.7%	89.6%	717	8.0%	10.4%
	Physiotherapy	8	1.9%	72.7%	3	9.7%	27.3%	3,107	3.9%	92.3%	259	2.9%	7.7%
	Other/unspecified	90	20.8%	94.7%	5	16.1%	5.3%	18,402	22.9%	98.1%	354	4.0%	1.9%
	Clinical service/support	24	5.5%	82.8%	5	16.1%	17.2%	14,773	18.4%	86.0%	2,402	26.9%	14.0%
	Group allied health	120	27.7%	96.0%	5	16.1%	4.0%	15,900	19.8%	89.5%	1,864	20.9%	10.5%
	Therapeutic behavioural assistant	10	2.3%	90.9%	1	3.2%	9.1%	2,167	2.7%	78.5%	594	6.6%	21.5%
	Audiologist	6	1.4%	75.0%	2	6.5%	25.0%	987	1.2%	58.0%	715	8.0%	42.0%
	Uninsured medical services	1	0.2%	100.0%	0	0.0%	0.0%	250	0.3%	100.0%	0	0.0%	0.0%
	Chiropractor	0	-	-	0	-	-	0	-	-	0	-	-
	Podiatrist/Chiropodist	0	-	-	0	-	-	0	-	-	0	-	-
	Registered massage therapy	0	-	-	0	-	-	0	-	-	0	-	-
	Dietician	4	0.9%	66.7%	2	6.5%	33.3%	6,032	7.5%	98.0%	123	1.4%	2.0%
	Osteopath	0	-	-	0	-	-	0	-	-	0	-	-
	Recreational therapy	1	0.2%	100.0%	0	0.0%	0.0%	58	0.1%	100.0%	0	0.0%	0.0%
	Naturopath	1	0.2%	100.0%	0	0.0%	0.0%	27	0.0%	100.0%	0	0.0%	0.0%
	Professional development	9	2.1%	81.8%	2	6.5%	18.2%	3,793	4.7%	76.1%	1,194	13.4%	23.9%
Nutritionist	2	0.5%	100.0%	0	0.0%	0.0%	50	0.1%	100.0%	0	0.0%	0.0%	
Kinesiologist	1	0.2%	100.0%	0	0.0%	0.0%	610	0.8%	100.0%	0	0.0%	0.0%	
Total	433	100.0%	93.3%	31	100.0%	6.7%	80,238	100.0%	90.0%	8,939	100.0%	10.0%	
Total	Speech language therapy/pathology	2,346	55.1%	98.2%	42	34.4%	1.8%	10,273	12.2%	93.1%	757	8.4%	6.9%
	Occupational therapy	917	21.5%	98.0%	19	15.6%	2.0%	7,044	8.4%	90.5%	736	8.1%	9.5%
	Physiotherapy	241	5.7%	95.6%	11	9.0%	4.4%	3,341	4.0%	92.6%	267	3.0%	7.4%
	Other/unspecified	144	3.4%	96.6%	5	4.1%	3.4%	18,456	21.9%	98.1%	354	3.9%	1.9%
	Clinical service/support	142	3.3%	92.2%	12	9.8%	7.8%	14,903	17.7%	86.1%	2,409	26.7%	13.9%
	Group allied health	122	2.9%	96.1%	5	4.1%	3.9%	15,905	18.9%	89.5%	1,864	20.6%	10.5%
	Therapeutic behavioural assistant	95	2.2%	#	#	#	#	2,258	2.7%	#	#	#	#
	Audiologist	70	1.6%	97.2%	2	1.6%	2.8%	1,053	1.3%	59.6%	715	7.9%	40.4%
	Uninsured medical services	43	1.0%	81.1%	10	8.2%	18.9%	292	0.3%	96.7%	10	0.1%	3.3%
	Chiropractor	27	0.6%	#	#	#	#	27	0.0%	#	#	#	#
	Podiatrist/Chiropodist	27	0.6%	100.0%	0	0.0%	0.0%	27	0.0%	100.0%	0	0.0%	0.0%
	Registered massage therapy	25	0.6%	#	#	#	#	25	0.0%	#	#	#	#
	Dietician	12	0.3%	#	#	#	#	6,040	7.2%	#	#	#	#
	Osteopath	10	0.2%	100.0%	0	0.0%	0.0%	10	0.0%	100.0%	0	0.0%	0.0%
	Recreational therapy	10	0.2%	#	#	#	#	67	0.1%	#	#	#	#
	Naturopath	9	0.2%	81.8%	#	#	#	36	0.0%	90.0%	#	#	#
	Professional development	#	#	#	2	1.6%	15.4%	#	#	#	1,194	13.2%	23.9%
Nutritionist	#	#	#	0	0.0%	0.0%	#	#	#	0	0.0%	0.0%	
Kinesiologist	#	#	#	0	0.0%	0.0%	#	#	#	0	0.0%	0.0%	
Total	4,257	100.0%	97.2%	122	100.0%	2.8%	84,215	100.0%	90.3%	9,037	100.0%	9.7%	

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 57: Medical equipment and supplies-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Sensory/developmental items	605	23.6%	97.9%	13	10.4%	2.1%	619	23.3%	97.9%	13	8.3%	2.1%
	General medical supplies and equipment	526	20.5%	97.8%	12	9.6%	2.2%	535	20.2%	97.8%	12	7.6%	2.2%
	Assistive technology	434	16.9%	93.1%	32	25.6%	6.9%	458	17.3%	93.1%	34	21.7%	6.9%
	Therapeutic tool/item	340	13.3%	86.7%	52	41.6%	13.3%	370	13.9%	82.2%	80	51.0%	17.8%
	Orthotics and custom footwear	192	7.5%	#	#	#	#	194	7.3%	#	#	#	#
	Health and safety	166	6.5%	96.0%	7	5.6%	4.0%	175	6.6%	95.1%	9	5.7%	4.9%
	Adaptive furniture	153	6.0%	#	#	#	#	155	5.8%	#	#	#	#
	Other/unspecified	50	2.0%	#	#	#	#	50	1.9%	#	#	#	#
	Audiology benefits	39	1.5%	#	#	#	#	39	1.5%	#	#	#	#
	Respiratory supplies and equipment	35	1.4%	100.0%	0	0.0%	0.0%	35	1.3%	100.0%	0	0.0%	0.0%
	Pressure garments	12	0.5%	100.0%	0	0.0%	0.0%	12	0.5%	100.0%	0	0.0%	0.0%
	Oxygen supplies and equipment	7	0.3%	100.0%	0	0.0%	0.0%	7	0.3%	100.0%	0	0.0%	0.0%
	Prosthetics	5	0.2%	100.0%	0	0.0%	0.0%	5	0.2%	100.0%	0	0.0%	0.0%
Total	2,564	100.0%	95.4%	125	100.0%	4.6%	2,654	100.0%	94.4%	157	100.0%	5.6%	
Group	Sensory/developmental items	10	23.8%	76.9%	3	27.3%	23.1%	749	8.2%	89.4%	89	8.7%	10.6%
	General medical supplies and equipment	2	4.8%	100.0%	0	0.0%	0.0%	2,062	22.7%	100.0%	0	0.0%	0.0%
	Assistive technology	6	14.3%	66.7%	3	27.3%	33.3%	593	6.5%	75.1%	197	19.2%	24.9%
	Therapeutic tool/item	9	21.4%	90.0%	1	9.1%	10.0%	382	4.2%	84.5%	70	6.8%	15.5%
	Orthotics and custom footwear	0	-	-	0	-	-	0	-	-	0	-	-
	Health and safety	4	9.5%	66.7%	2	18.2%	33.3%	1,512	16.6%	96.2%	59	5.8%	3.8%
	Adaptive furniture	0	-	-	0	-	-	0	-	-	0	-	-
	Other/unspecified	10	23.8%	90.9%	1	9.1%	9.1%	3,790	41.7%	86.5%	594	58.0%	13.6%
	Audiology benefits	0	0.0%	0.0%	1	9.1%	100.0%	0	0.0%	0.0%	15	1.5%	100.0%
	Respiratory supplies and equipment	1	2.4%	100.0%	0	0.0%	0.0%	4	0.0%	100.0%	0	0.0%	0.0%
	Pressure garments	0	-	-	0	-	-	0	-	-	0	-	-
	Oxygen supplies and equipment	0	-	-	0	-	-	0	-	-	0	-	-
	Prosthetics	0	-	-	0	-	-	0	-	-	0	-	-
Total	42	100.0%	79.3%	11	100.0%	20.8%	9,092	100.0%	89.9%	1,024	100.0%	10.1%	
Total	Sensory/developmental items	615	23.6%	97.5%	16	11.8%	2.5%	1,368	11.6%	93.1%	102	8.6%	6.9%
	General medical supplies and equipment	528	20.3%	97.8%	12	8.8%	2.2%	2,597	22.1%	99.5%	12	1.0%	0.5%
	Assistive technology	440	16.9%	92.6%	35	25.7%	7.4%	1,051	8.9%	82.0%	231	19.6%	18.0%
	Therapeutic tool/item	349	13.4%	86.8%	53	39.0%	13.2%	752	6.4%	83.4%	150	12.7%	16.6%
	Orthotics and custom footwear	192	7.4%	#	#	#	#	194	1.7%	#	#	#	#
	Health and safety	170	6.5%	95.0%	9	6.6%	5.0%	1,687	14.4%	96.1%	68	5.8%	3.9%
	Adaptive furniture	153	5.9%	#	#	#	#	155	1.3%	#	#	#	#
	Other/unspecified	60	2.3%	#	#	#	#	3,840	32.7%	#	#	#	#
	Audiology benefits	39	1.5%	#	#	#	#	39	0.3%	#	#	#	#
	Respiratory supplies and equipment	36	1.4%	100.0%	0	0.0%	0.0%	39	0.3%	100.0%	0	0.0%	0.0%
	Pressure garments	12	0.5%	100.0%	0	0.0%	0.0%	12	0.1%	100.0%	0	0.0%	0.0%
	Oxygen supplies and equipment	7	0.3%	100.0%	0	0.0%	0.0%	7	0.1%	100.0%	0	0.0%	0.0%
	Prosthetics	5	0.2%	100.0%	0	0.0%	0.0%	5	0.0%	100.0%	0	0.0%	0.0%
Total	2,606	100.0%	95.0%	136	100.0%	5.0%	11,746	100.0%	90.9%	1,181	100.0%	9.1%	

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

(1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.

(2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.

(4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.

(5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 58: **Medical transportation-related requests** and their associated **reach** by **request type**, **subcategory**, and **final decision**, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Non-emergency medical transportation	3,199	33.7%	97.9%	69	34.8%	2.1%	3,406	33.1%	97.7%	79	31.5%	2.3%
	Meals	2,479	26.1%	98.5%	39	19.7%	1.5%	2,766	26.9%	97.6%	67	26.7%	2.4%
	Accommodations	1,748	18.4%	98.4%	29	14.6%	1.6%	1,870	18.2%	98.2%	35	13.9%	1.8%
	Other/unspecified	1,325	14.0%	98.3%	23	11.6%	1.7%	1,418	13.8%	98.3%	24	9.6%	1.7%
	Medical provider travel	334	3.5%	91.5%	31	15.7%	8.5%	386	3.8%	90.8%	39	15.5%	9.2%
	Emergency Medical Transportation	249	2.6%	#	#	#	#	251	2.4%	#	#	#	#
	Escort travel	140	1.5%	#	#	#	#	156	1.5%	#	#	#	#
	Hospital transfers	27	0.3%	#	#	#	#	27	0.3%	#	#	#	#
	Total	9,501	100.0%	98.0%	198	100.0%	2.0%	10,280	100.0%	97.6%	251	100.0%	2.4%
Group	Non-emergency medical transportation	4	3.1%	66.7%	2	20.0%	33.3%	106	0.6%	11.3%	835	35.5%	88.7%
	Meals	4	3.1%	100.0%	0	0.0%	0.0%	43	0.3%	100.0%	0	0.0%	0.0%
	Accommodations	1	0.8%	100.0%	0	0.0%	0.0%	4	0.0%	100.0%	0	0.0%	0.0%
	Other/unspecified	16	12.2%	94.1%	1	10.0%	5.9%	4,540	27.0%	98.5%	70	3.0%	1.5%
	Medical provider travel	106	80.9%	93.8%	7	70.0%	6.2%	12,152	72.1%	89.3%	1,450	61.6%	10.7%
	Emergency Medical Transportation	0	-	-	0	-	-	0	-	-	0	-	-
	Escort travel	0	-	-	0	-	-	0	-	-	0	-	-
	Hospital transfers	0	-	-	0	-	-	0	-	-	0	-	-
	Total	131	100.0%	92.9%	10	100.0%	7.1%	16,845	100.0%	87.7%	2,355	100.0%	12.3%
Total	Non-emergency medical transportation	3,203	33.3%	97.8%	71	34.1%	2.2%	3,512	12.9%	79.3%	914	35.1%	20.7%
	Meals	2,483	25.8%	98.5%	39	18.8%	1.5%	2,809	10.4%	97.7%	67	2.6%	2.3%
	Accommodations	1,749	18.2%	98.4%	29	13.9%	1.6%	1,874	6.9%	98.2%	35	1.3%	1.8%
	Other/unspecified	1,341	13.9%	98.2%	24	11.5%	1.8%	5,958	22.0%	98.5%	94	3.6%	1.6%
	Medical provider travel	440	4.6%	92.1%	38	18.3%	7.9%	12,538	46.2%	89.4%	1,489	57.1%	10.6%
	Emergency Medical Transportation	249	2.6%	#	#	#	#	251	0.9%	#	#	#	#
	Escort travel	140	1.5%	#	#	#	#	156	0.6%	#	#	#	#
	Hospital transfers	27	0.3%	#	#	#	#	27	0.1%	#	#	#	#
	Total	9,632	100.0%	97.9%	208	100.0%	2.1%	27,125	100.0%	91.2%	2,606	100.0%	8.8%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 59: Medications and nutritional supplements-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Subcategory	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Nutritional Supplements	1,577	57.3%	94.1%	99	87.6%	5.9%	1,600	57.1%	94.1%	101	87.1%	5.9%
	Medications	1,176	42.7%	#	#	#	#	1,201	42.9%	#	#	#	#
	Other/unspecified	0	0.0%	#	#	#	#	0	0.0%	#	#	#	#
	Total	2,753	100.0%	96.1%	113	100.0%	3.9%	2,801	100.0%	96.0%	116	100.0%	4.0%
Group	Nutritional Supplements	2	100.0%	100.0%	0	0.0%	0.0%	394	100.0%	100.0%	0	0.0%	0.0%
	Medications	0	-	-	0	-	-	0	-	-	0	-	-
	Other/unspecified	0	-	-	0	-	-	0	-	-	0	-	-
	Total	2	100.0%	100.0%	0	0.0%	0.0%	394	100.0%	100.0%	0	0.0%	0.0%
Total	Nutritional Supplements	1,579	57.3%	94.1%	99	87.6%	5.9%	1,994	62.4%	95.2%	101	87.1%	4.8%
	Medications	1,176	42.7%	#	#	#	#	1,201	37.6%	#	#	#	#
	Other/unspecified	0	0.0%	#	#	#	#	0	0.0%	#	#	#	#
	Total	2,755	100.0%	96.1%	113	100.0%	3.9%	3,195	100.0%	96.5%	116	100.0%	3.5%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 60: Oral Health (excluding orthodontics)-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Dental procedure/service	1,929	66.8%	99.1%	18	34.0%	0.9%	1,982	67.0%	99.1%	18	34.0%	0.9%
	Dental surgery	733	25.4%	98.0%	15	28.3%	2.0%	745	25.2%	98.0%	15	28.3%	2.0%
	Reimbursement	100	3.5%	88.5%	13	24.5%	11.5%	106	3.6%	89.1%	13	24.5%	10.9%
	Balances/Co-pay	78	2.7%	#	#	#	#	79	2.7%	#	#	#	#
	Other/unspecified	32	1.1%	#	#	#	#	32	1.1%	#	#	#	#
	Dental items/supplies	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
	Dental appliance	#	#	92.3%	#	#	#	#	#	92.3%	#	#	#
	Total	2,886	100.0%	98.2%	53	100.0%	1.8%	2,958	100.0%	98.2%	53	100.0%	1.8%
Group	Dental procedure/service	1	20.0%	100.0%	0	0.0%	0.0%	18	0.2%	100.0%	0	0.0%	0.0%
	Dental surgery	0	-	-	0	-	-	0	-	-	0	-	-
	Reimbursement	0	-	-	0	-	-	0	-	-	0	-	-
	Balances/Co-pay	0	-	-	0	-	-	0	-	-	0	-	-
	Other/unspecified	3	60.0%	20.0%	12	92.3%	80.0%	5,625	74.8%	19.0%	24,000	98.3%	81.0%
	Dental items/supplies	1	20.0%	50.0%	1	7.7%	50.0%	1,875	24.9%	81.6%	424	1.7%	18.4%
	Dental appliance	0	-	-	0	-	-	0	-	-	0	-	-
	Total	5	100.0%	27.8%	13	100.0%	72.2%	7,518	100.0%	23.5%	24,424	100.0%	76.5%
Total	Dental procedure/service	1,930	66.8%	99.1%	18	27.3%	0.9%	2,000	19.1%	99.1%	18	0.1%	0.9%
	Dental surgery	733	25.4%	98.0%	15	22.7%	2.0%	745	7.1%	98.0%	15	0.1%	2.0%
	Reimbursement	100	3.5%	88.5%	13	19.7%	11.5%	106	1.0%	89.1%	13	0.1%	10.9%
	Balances/Co-pay	78	2.7%	#	#	#	#	79	0.8%	#	#	#	#
	Other/unspecified	35	1.2%	#	#	#	#	5,657	54.0%	#	#	#	#
	Dental items/supplies	#	#	75.0%	1	1.5%	25.0%	#	#	81.6%	424	1.7%	18.4%
	Dental appliance	#	#	92.3%	#	#	#	#	#	92.3%	#	#	#
	Total	2,891	100.0%	97.8%	66	100.0%	2.2%	10,476	100.0%	30.0%	24,477	100.0%	70.0%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 61: Orthodontics-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %									
Individual	Orthodontic treatments	441	76.4%	58.6%	312	72.1%	41.4%	453	76.3%	59.0%	315	71.4%	41.0%
	Other/unspecified	88	15.3%	59.5%	60	13.9%	40.5%	89	15.0%	59.3%	61	13.8%	40.7%
	Reimbursement	37	6.4%	45.7%	44	10.2%	54.3%	39	6.6%	44.8%	48	10.9%	55.2%
	Balances/Co-pay	#	#	#	11	2.5%	#	#	#	#	11	2.5%	#
	Orthodontic procedure/service	#	#	#	6	1.4%	#	#	#	#	6	1.4%	#
	Total	577	100.0%	57.1%	433	100.0%	42.9%	594	100.0%	57.4%	441	100.0%	42.6%
Group	Orthodontic treatments	NA	-	-									
	Other/unspecified	NA	-	-									
	Reimbursement	NA	-	-									
	Balances/Co-pay	NA	-	-									
	Orthodontic procedure/service	NA	-	-									
	Total	NA	-	-									
Total	Orthodontic treatments	441	76.4%	58.6%	312	72.1%	41.4%	453	76.3%	59.0%	315	71.4%	41.0%
	Other/unspecified	88	15.3%	59.5%	60	13.9%	40.5%	89	15.0%	59.3%	61	13.8%	40.7%
	Reimbursement	37	6.4%	45.7%	44	10.2%	54.3%	39	6.6%	44.8%	48	10.9%	55.2%
	Balances/Co-pay	#	#	#	11	2.5%	#	#	#	#	11	2.5%	#
	Orthodontic procedure/service	#	#	#	6	1.4%	#	#	#	#	6	1.4%	#
	Total	577	100.0%	57.1%	433	100.0%	42.9%	594	100.0%	57.4%	441	100.0%	42.6%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 62: **Social-related requests** and their associated **reach** by **request type**, **subcategory**, and **final decision**, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Social supports	426	39.3%	94.7%	24	7.7%	5.3%	462	37.4%	93.7%	31	7.4%	6.3%
	Cultural programming/services	176	16.3%	85.4%	30	9.7%	14.6%	199	16.1%	75.7%	64	15.3%	24.3%
	Recreational	269	24.8%	69.5%	118	38.1%	30.5%	322	26.0%	69.9%	139	33.2%	30.2%
	Equipment	109	10.1%	59.6%	74	23.9%	40.4%	133	10.8%	56.1%	104	24.8%	43.9%
	Camps	44	4.1%	73.3%	16	5.2%	26.7%	48	3.9%	67.6%	23	5.5%	32.4%
	Travel	#	#	54.3%	48	15.5%	#	#	#	55.0%	58	13.8%	#
	Other/unspecified	#	#	100.0%	0	0.0%	#	#	100.0%	0	0.0%	#	
	Total	1,083	100.0%	77.7%	310	100.0%	22.3%	1,237	100.0%	74.7%	419	100.0%	25.3%
Group	Social supports	65	25.5%	79.3%	17	19.1%	20.7%	13,553	43.2%	89.1%	1,663	18.0%	10.9%
	Cultural programming/services	134	52.6%	83.2%	27	30.3%	16.8%	12,011	38.3%	79.6%	3,085	33.4%	20.4%
	Recreational	5	2.0%	26.3%	14	15.7%	73.7%	1,397	4.5%	38.2%	2,263	24.5%	61.8%
	Equipment	34	13.3%	57.6%	25	28.1%	42.4%	3,331	10.6%	64.8%	1,806	19.6%	35.2%
	Camps	2	0.8%	66.7%	1	1.1%	33.3%	77	0.2%	92.8%	6	0.1%	7.2%
	Travel	13	5.1%	72.2%	5	5.6%	27.8%	943	3.0%	69.7%	409	4.4%	30.3%
	Other/unspecified	2	0.8%	100.0%	0	0.0%	0.0%	81	0.3%	100.0%	0	0.0%	0.0%
	Total	255	100.0%	74.1%	89	100.0%	25.9%	31,393	100.0%	77.3%	9,232	100.0%	22.7%
Total	Social supports	491	36.7%	92.3%	41	10.3%	7.7%	14,015	43.0%	89.2%	1,694	17.6%	10.8%
	Cultural programming/services	310	23.2%	84.5%	57	14.3%	15.5%	12,210	37.4%	79.5%	3,149	32.6%	20.5%
	Recreational	274	20.5%	67.5%	132	33.1%	32.5%	1,719	5.3%	41.7%	2,402	24.9%	58.3%
	Equipment	143	10.7%	59.1%	99	24.8%	40.9%	3,464	10.6%	64.5%	1,910	19.8%	35.5%
	Camps	46	3.4%	73.0%	17	4.3%	27.0%	125	0.4%	81.2%	29	0.3%	18.8%
	Travel	#	#	56.9%	53	13.3%	#	#	#	68.5%	467	4.8%	#
	Other/unspecified	#	#	100.0%	0	0.0%	#	#	100.0%	0	0.0%	#	
	Total	1,338	100.0%	77.0%	399	100.0%	23.0%	32,630	100.0%	77.2%	9,651	100.0%	22.8%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 63: Travel-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Meals	1,070	32.9%	96.8%	35	15.7%	3.2%	1,971	35.6%	97.1%	58	15.8%	2.9%
	Transportation	733	22.5%	89.7%	84	37.7%	10.3%	1,103	19.9%	88.7%	140	38.2%	11.3%
	Other/unspecified	611	18.8%	92.4%	50	22.4%	7.6%	1,026	18.5%	93.1%	76	20.7%	6.9%
	Accommodations	556	17.1%	93.0%	42	18.8%	7.0%	1,114	20.1%	93.8%	74	20.2%	6.2%
	Escort travel/meals/accommodations	281	8.6%	95.9%	12	5.4%	4.1%	324	5.9%	94.5%	19	5.2%	5.5%
	Total	3,251	100.0%	93.6%	223	100.0%	6.4%	5,538	100.0%	93.8%	367	100.0%	6.2%
Group	Meals	1	3.1%	50.0%	1	5.3%	50.0%	15	0.3%	25.0%	45	0.8%	75.0%
	Transportation	13	40.6%	65.0%	7	36.8%	35.0%	1,554	31.0%	26.8%	4,248	78.7%	73.2%
	Other/unspecified	17	53.1%	65.4%	9	47.4%	34.6%	3,302	65.8%	76.5%	1,017	18.8%	23.6%
	Accommodations	1	3.1%	33.3%	2	10.5%	66.7%	150	3.0%	62.5%	90	1.7%	37.5%
	Escort travel/meals/accommodations	0	-	-	0	-	-	0	-	-	0	-	-
	Total	32	100.0%	62.8%	19	100.0%	37.3%	5,021	100.0%	48.2%	5,400	100.0%	51.8%
Total	Meals	1,071	32.6%	96.7%	36	14.9%	3.3%	1,986	18.8%	95.1%	103	1.8%	4.9%
	Transportation	746	22.7%	89.1%	91	37.6%	10.9%	2,657	25.2%	37.7%	4,388	76.1%	62.3%
	Other/unspecified	628	19.1%	91.4%	59	24.4%	8.6%	4,328	41.0%	79.8%	1,093	19.0%	20.2%
	Accommodations	557	17.0%	92.7%	44	18.2%	7.3%	1,264	12.0%	88.5%	164	2.8%	11.5%
	Escort travel/meals/accommodations	281	8.6%	95.9%	12	5.0%	4.1%	324	3.1%	94.5%	19	0.3%	5.5%
	Total	3,283	100.0%	93.1%	242	100.0%	6.9%	10,559	100.0%	64.7%	5,767	100.0%	35.3%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 64: Vision care-related requests and their associated reach by request type, subcategory, and final decision, fiscal year (FY) 2021-22

Request Type	Sub-category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Corrective Eyewear	253	54.3%	#	#	#	#	259	53.9%	#	#	#	#
	Vision care consultation/examination	98	21.0%	#	#	#	#	105	21.8%	#	#	#	#
	Eye care treatments/therapy	71	15.2%	89.9%	8	36.4%	10.1%	71	14.8%	89.9%	8	33.3%	10.1%
	Reimbursement	32	6.9%	86.5%	5	22.7%	13.5%	34	7.1%	82.9%	7	29.2%	17.1%
	Other/unspecified	7	1.5%	#	#	#	#	7	1.5%	#	#	#	#
	Vision/eye surgery	#	#	#	#	#	#	#	#	#	#	#	#
	Balances/Co-pay	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
	Total	466	100.0%	95.5%	22	100.0%	4.5%	481	100.0%	95.3%	24	100.0%	4.8%
Group	Corrective Eyewear	0	-	-	0	-	-	0	-	-	0	-	-
	Vision care consultation/examination	3	100.0%	75.0%	1	100.0%	25.0%	734	100.0%	55.0%	600	100.0%	45.0%
	Eye care treatments/therapy	0	-	-	0	-	-	0	-	-	0	-	-
	Reimbursement	0	-	-	0	-	-	0	-	-	0	-	-
	Other/unspecified	0	-	-	0	-	-	0	-	-	0	-	-
	Vision/eye surgery	0	-	-	0	-	-	0	-	-	0	-	-
	Balances/Co-pay	0	-	-	0	-	-	0	-	-	0	-	-
	Total	3	100.0%	75.0%	1	100.0%	25.0%	734	100.0%	55.0%	600	100.0%	45.0%
Total	Corrective Eyewear	253	53.9%	#	#	#	#	259	21.3%	#	#	#	#
	Vision care consultation/examination	101	21.5%	#	#	#	#	839	69.1%	#	#	#	#
	Eye care treatments/therapy	71	15.1%	89.9%	8	34.8%	10.1%	71	5.8%	89.9%	8	1.3%	10.1%
	Reimbursement	32	6.8%	86.5%	5	21.7%	13.5%	34	2.8%	82.9%	7	1.1%	17.1%
	Other/unspecified	7	1.5%	#	#	#	#	7	0.6%	#	#	#	#
	Vision/eye surgery	#	#	#	#	#	#	#	#	#	#	#	#
	Balances/Co-pay	#	#	100.0%	0	0.0%	0.0%	#	#	100.0%	0	0.0%	0.0%
	Total	469	100.0%	95.3%	23	100.0%	4.7%	1,215	100.0%	66.1%	624	100.0%	33.9%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (3) Approved products and services under individual and group requests were assigned based on the decision date at the Regional/HQ level.
- (4) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (5) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 65: **Appealed requests** and their associated **reach** by **request type**, **region**, and **appeal decision**, fiscal year (FY) 2021-22

Request Type	Region	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Alberta	88	15.8%	70.4%	37	11.9%	29.6%	119	13.9%	72.6%	45	11.7%	27.4%
	Atlantic	54	9.7%	60.7%	35	11.3%	39.3%	57	6.7%	60.6%	37	9.7%	39.4%
	British Columbia	114	20.4%	66.3%	58	18.6%	33.7%	119	13.9%	67.6%	57	14.9%	32.4%
	Manitoba	13	2.3%	76.5%	4	1.3%	23.5%	18	2.1%	81.8%	4	1.0%	18.2%
	Northern	39	7.0%	59.1%	27	8.7%	40.9%	90	10.5%	66.2%	46	12.0%	33.8%
	Ontario	174	31.2%	59.2%	120	38.6%	40.8%	313	36.5%	65.6%	164	42.8%	34.4%
	Quebec	7	1.3%	38.9%	11	3.5%	61.1%	8	0.9%	47.1%	9	2.3%	52.9%
	Saskatchewan	69	12.4%	78.4%	19	6.1%	21.6%	133	15.5%	86.4%	21	5.5%	13.6%
	Total	558	100.0%	64.2%	311	100.0%	35.8%	857	100.0%	69.1%	383	100.0%	30.9%
Group	Alberta	0	0.0%	-	0	0.0%	-	0	0.0%	-	0	0.0%	-
	Atlantic	5	20.0%	71.4%	2	28.6%	28.6%	135	4.7%	84.9%	24	1.7%	15.1%
	British Columbia	4	16.0%	100.0%	0	0.0%	0.0%	92	3.2%	100.0%	0	0.0%	0.0%
	Manitoba	0	0.0%	-	0	0.0%	-	0	0.0%	-	0	0.0%	-
	Northern	4	16.0%	100.0%	0	0.0%	0.0%	569	19.6%	100.0%	0	0.0%	0.0%
	Ontario	6	24.0%	75.0%	2	28.6%	25.0%	0	0.0%	0.0%	500	35.2%	100.0%
	Quebec	0	0.0%	-	0	0.0%	-	0	0.0%	-	0	0.0%	-
	Saskatchewan	6	24.0%	66.7%	3	42.9%	33.3%	2,103	72.5%	70.1%	898	63.2%	29.9%
	Total	25	100.0%	78.1%	7	100.0%	21.9%	2,899	100.0%	67.1%	1,422	100.0%	32.9%
Total	Alberta	88	15.1%	70.4%	37	11.6%	29.6%	119	3.2%	72.6%	45	2.5%	27.4%
	Atlantic	59	10.1%	61.5%	37	11.6%	38.5%	192	5.1%	75.9%	61	3.4%	24.1%
	British Columbia	118	20.2%	67.0%	58	18.2%	33.0%	211	5.6%	78.7%	57	3.2%	21.3%
	Manitoba	13	2.2%	76.5%	4	1.3%	23.5%	18	0.5%	81.8%	4	0.2%	18.2%
	Northern	43	7.4%	61.4%	27	8.5%	38.6%	659	17.5%	93.5%	46	2.5%	6.5%
	Ontario	180	30.9%	59.6%	122	38.4%	40.4%	313	8.3%	32.0%	664	36.8%	68.0%
	Quebec	7	1.2%	38.9%	11	3.5%	61.1%	8	0.2%	47.1%	9	0.5%	52.9%
	Saskatchewan	75	12.9%	77.3%	22	6.9%	22.7%	2,236	59.5%	70.9%	919	50.9%	29.1%
	Total	583	100.0%	64.7%	318	100.0%	35.3%	3,756	100.0%	67.5%	1,805	100.0%	32.5%

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Individual and group requests were assigned based on the date of appeal decision.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 66: **Appealed requests** and their associated **reach** by **request type**, **category**, and **appeal decision**, fiscal year (FY) 2021-22

Request Type	Category	Requests						Reach					
		Approved			Denied			Approved			Denied		
		n	col %	row %	n	col %	row %	n	col %	row %	n	col %	row %
Individual	Healthy Child Development	108	19.4%	63.5%	62	19.9%	36.5%	239	27.9%	71.8%	94	24.6%	28.2%
	Orthodontics	91	16.3%	65.0%	49	15.8%	35.0%	97	11.3%	65.5%	51	13.4%	34.5%
	Education	105	18.8%	72.9%	39	12.5%	27.1%	124	14.5%	72.9%	46	12.0%	27.1%
	Social	25	4.5%	50.0%	25	8.0%	50.0%	39	4.6%	47.6%	43	11.3%	52.4%
	Respite	30	5.4%	54.5%	25	8.0%	45.5%	50	5.8%	64.9%	27	7.1%	35.1%
	Infrastructure	77	13.8%	77.0%	23	7.4%	23.0%	161	18.8%	80.5%	39	10.2%	19.5%
	Unknown	20	3.6%	48.8%	21	6.8%	51.2%	-	-	-	-	-	-
	Mental Wellness	31	5.6%	66.0%	16	5.1%	34.0%	35	4.1%	67.3%	17	4.5%	32.7%
	Medical Transportation	15	2.7%	53.6%	13	4.2%	46.4%	34	4.0%	65.4%	18	4.7%	34.6%
	Medications/Nutritional Supplements	#	#	#	12	3.9%	#	#	#	#	13	3.4%	#
	Travel	14	2.5%	60.9%	9	2.9%	39.1%	31	3.6%	72.1%	12	3.1%	27.9%
	Allied Health	13	2.3%	65.0%	7	2.3%	35.0%	14	1.6%	63.6%	8	2.1%	36.4%
	Medical Equipment and Supplies	17	3.0%	77.3%	5	1.6%	22.7%	20	2.3%	74.1%	7	1.8%	25.9%
	Oral Health (excluding orthodontics)	5	0.9%	#	#	#	#	6	0.7%	#	#	#	#
Vision Care	#	#	#	#	#	#	#	#	#	#	#	#	
Total	558	100.0%	64.2%	311	100.0%	35.8%	857	100.0%	69.2%	382	100.0%	30.8%	
Group	Healthy Child Development	4	16.0%	100.0%	0	0.0%	0.0%	579	20.0%	100.0%	0	0.0%	0.0%
	Orthodontics	0	-	-	0	-	-	0	-	-	0	-	-
	Education	6	24.0%	100.0%	0	0.0%	0.0%	335	11.6%	100.0%	0	0.0%	0.0%
	Social	1	4.0%	25.0%	3	42.9%	75.0%	42	1.4%	4.1%	978	68.8%	95.9%
	Respite	0	-	-	0	-	-	0	-	-	0	-	-
	Infrastructure	3	12.0%	75.0%	1	14.3%	25.0%	1,893	65.3%	81.8%	420	29.5%	18.2%
	Unknown	9	36.0%	90.0%	1	14.3%	10.0%	-	-	-	-	-	-
	Mental Wellness	0	-	-	0	-	-	0	-	-	0	-	-
	Medical Transportation	0	0.0%	0.0%	1	14.3%	100.0%	0	0.0%	0.0%	12	0.8%	100.0%
	Medications/Nutritional Supplements	0	-	-	0	-	-	0	-	-	0	-	-
	Travel	0	-	-	0	-	-	0	-	-	0	-	-
	Allied Health	2	8.0%	66.7%	1	14.3%	33.3%	50	1.7%	80.6%	12	0.8%	19.4%
	Medical Equipment and Supplies	0	-	-	0	-	-	0	-	-	0	-	-
	Oral Health (excluding orthodontics)	0	-	-	0	-	-	0	-	-	0	-	-
Vision Care	0	-	-	0	-	-	0	-	-	0	-	-	
Total	25	100.0%	78.1%	7	100.0%	21.9%	2,899	100.0%	67.1%	1,422	100.0%	32.9%	
Total	Healthy Child Development	112	19.2%	64.4%	62	19.5%	35.6%	818	21.8%	89.7%	94	5.2%	10.3%
	Orthodontics	91	15.6%	65.0%	49	15.4%	35.0%	97	2.6%	65.5%	51	2.8%	34.5%
	Education	111	19.0%	74.0%	39	12.3%	26.0%	459	12.2%	90.9%	46	2.5%	9.1%
	Social	26	4.5%	48.1%	28	8.8%	51.9%	81	2.2%	7.4%	1,021	56.6%	92.6%
	Respite	30	5.1%	54.5%	25	7.9%	45.5%	50	1.3%	64.9%	27	1.5%	35.1%
	Infrastructure	80	13.7%	76.9%	24	7.5%	23.1%	2,054	54.7%	81.7%	459	25.4%	18.3%
	Unknown	29	5.0%	56.9%	22	6.9%	43.1%	-	-	-	-	-	-
	Mental Wellness	31	5.3%	66.0%	16	5.0%	34.0%	35	0.9%	67.3%	17	0.9%	32.7%
	Medical Transportation	15	2.6%	51.7%	14	4.4%	48.3%	34	0.9%	53.1%	30	1.7%	46.9%
	Medications/Nutritional Supplements	#	#	#	12	3.8%	#	#	#	#	13	0.7%	#
	Travel	14	2.4%	60.9%	9	2.8%	39.1%	31	0.8%	72.1%	12	0.7%	27.9%
	Allied Health	15	2.6%	65.2%	8	2.5%	34.8%	64	1.7%	76.2%	20	1.1%	23.8%
	Medical Equipment and Supplies	17	2.9%	77.3%	5	1.6%	22.7%	20	0.5%	74.1%	7	0.4%	25.9%
	Oral Health (excluding orthodontics)	5	0.9%	#	#	#	#	6	0.2%	#	#	#	#
Vision Care	#	#	#	#	#	#	#	#	#	#	#	#	
Total	583	100.0%	64.7%	318	100.0%	35.3%	3,756	100.0%	67.6%	1,804	100.0%	32.4%	

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes

- (1) The reach of a request is defined as the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services.
- (2) Individual and group requests were assigned based on the date of appeal decision.
- (3) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (4) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 67: Approved **funding** through **appealed requests** by **request type** and **region**, fiscal year (FY) 2021-22

Request Type	Region	Mean	Maximum	Sum
Individual	Alberta	\$24,254	\$591,360	\$1,988,868
	Atlantic	\$9,105	\$87,780	\$427,946
	British Columbia	\$4,767	\$55,114	\$481,490
	Manitoba	\$39,969	\$218,348	\$479,634
	Northern	\$6,958	\$93,661	\$243,538
	Ontario	\$17,266	\$407,000	\$2,624,365
	Quebec	\$9,179	\$21,966	\$55,073
	Saskatchewan	\$8,847	\$236,494	\$575,059
	Total	\$13,752	\$591,360	\$6,875,972
Group	Alberta	\$0	\$0	\$0
	Atlantic	\$258,393	\$752,348	\$1,291,966
	British Columbia	\$263,158	\$487,464	\$789,475
	Manitoba	\$0	\$0	\$0
	Northern	\$360,239	\$360,239	\$360,239
	Ontario	\$0	\$0	\$0
	Quebec	\$0	\$0	\$0
	Saskatchewan	\$50,687	\$75,652	\$152,062
	Total	\$216,145	\$752,348	\$2,593,742
Total	Alberta	\$24,254	\$591,360	\$1,988,868
	Atlantic	\$33,075	\$752,348	\$1,719,912
	British Columbia	\$12,221	\$487,464	\$1,270,965
	Manitoba	\$39,969	\$218,348	\$479,634
	Northern	\$16,772	\$360,239	\$603,777
	Ontario	\$17,266	\$407,000	\$2,624,365
	Quebec	\$9,179	\$21,966	\$55,073
	Saskatchewan	\$10,693	\$236,494	\$727,121
	Total	\$18,496	\$752,348	\$9,469,715

* Limited to records with requested amounts of ≥\$1. The financial information included in this analysis is based solely on requested amounts captured in GCcase, and may not reflect actual expenditures and/or match coding from SAP.

Notes:

- (1) Individual and group requests were assigned based on the date of appeal decision. (2) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (3) Excludes requests with incomplete appeals information.
- (4) Requests collected through GCcase, Jordan's Principle; Indigenous Services Canada (extracted on April 13, 2022) and Jordan's Principle Appeals Tracker (extracted April 22, 2022), and may not align with other analyses.

Table 68: Approved funding through appealed requests by request type and category, fiscal year (FY) 2021-22

Request Type	Category	Mean	Maximum	Sum
Individual	Allied Health	\$10,823	\$30,400	\$129,872
	Education	\$9,581	\$87,780	\$919,800
	Healthy Child Development	\$6,098	\$407,000	\$603,666
	Infrastructure	\$31,797	\$236,494	\$2,352,963
	Medical Equipment and Supplies	\$1,168	\$4,000	\$16,345
	Medical Transportation	\$2,235	\$18,000	\$33,529
	Medications/Nutritional Supplements	\$1,406	\$1,931	\$4,219
	Mental Wellness	\$18,231	\$297,723	\$492,235
	Oral Health (excluding orthodontics)	\$1,627	\$4,200	\$8,134
	Orthodontics	\$5,733	\$15,900	\$510,280
	Respite	\$52,285	\$591,360	\$1,307,115
	Social	\$17,421	\$243,200	\$400,694
	Travel	\$6,569	\$25,600	\$72,257
	Vision Care	\$298	\$595	\$1,191
	Unknown	\$7,891	\$18,180	\$23,672
	Total	\$13,752	\$591,360	\$6,875,972
Group	Allied Health	\$151,006	\$175,611	\$302,011
	Education	\$218,833	\$752,348	\$1,313,001
	Healthy Child Development	\$360,239	\$360,239	\$360,239
	Infrastructure	\$65,514	\$75,652	\$131,027
	Medical Equipment and Supplies	\$0	\$0	\$0
	Medical Transportation	\$0	\$0	\$0
	Medications/Nutritional Supplements	\$0	\$0	\$0
	Mental Wellness	\$0	\$0	\$0
	Oral Health (excluding orthodontics)	\$0	\$0	\$0
	Respite	\$0	\$0	\$0
	Social	\$487,464	\$487,464	\$487,464
	Travel	\$0	\$0	\$0
	Vision Care	\$0	\$0	\$0
	Unknown	\$0	\$0	\$0
		Total	\$216,145	\$752,348
Total	Allied Health	\$30,849	\$175,611	\$431,884
	Education	\$21,890	\$752,348	\$2,232,800
	Healthy Child Development	\$9,639	\$407,000	\$963,905
	Infrastructure	\$32,684	\$236,494	\$2,483,990
	Medical Equipment and Supplies	\$1,168	\$4,000	\$16,345
	Medical Transportation	\$2,235	\$18,000	\$33,529
	Medications/Nutritional Supplements	\$1,406	\$1,931	\$4,219
	Mental Wellness	\$18,231	\$297,723	\$492,235
	Oral Health (excluding orthodontics)	\$1,627	\$4,200	\$8,134
	Orthodontics	\$5,733	\$15,900	\$510,280
	Respite	\$52,285	\$591,360	\$1,307,115
	Social	\$37,007	\$487,464	\$888,158
	Travel	\$6,569	\$25,600	\$72,257
	Vision Care	\$298	\$595	\$1,191
	Unknown	\$7,891	\$18,180	\$23,672
	Total	\$18,496	\$752,348	\$9,469,715

* Limited to records with requested amounts of ≥\$1. The financial information included in this analysis is based solely on requested amounts captured in GCcase, and may not reflect actual expenditures and/or match coding from SAP.

Notes:

- (1) Individual and group requests were assigned based on the date of appeal decision.
- (2) Inuit requests, service coordination requests, and group requests from Nunavut are excluded.
- (3) Excludes requests with incomplete appeals information.
- (4) Requests collected through GCcase, Jordan's Principle; Indigenous Services Canada (extracted on April 13, 2022) and Jordan's Principle Appeals Tracker (extracted April 22, 2022), and may not align with other analyses.

Table 69: Median processing time (days) by request type and region, fiscal year (FY) 2021-22

Request Type	Region	Non-Urgent			Urgent			Total		
		Time to Final decision	Time to Appeal Decision	Total time in System	Time to Final decision	Time to Appeal Decision	Total time in System	Time to Final decision	Time to Appeal Decision	Total time in System
Individual	Alberta	4.9	70.0	4.9	0.1	-	0.1	4.9	70.0	4.9
	Atlantic	16.0	61.6	16.1	0.2	-	0.2	15.3	61.6	16.0
	British Columbia	4.7	61.0	4.9	1.2	-	1.2	4.4	61.0	4.8
	Manitoba	1.1	98.0	1.1	0.5	25.0	0.5	1.1	82.0	1.1
	Northern	1.0	65.0	1.0	0.4	-	0.4	1.0	65.0	1.0
	Ontario	13.7	112.0	14.0	0.8	21.0	0.8	13.0	112.0	13.2
	Quebec	0.3	107.0	0.3	1.1	-	1.1	0.3	107.0	0.3
	Saskatchewan	20.3	83.0	21.0	0.2	237.0	0.2	18.1	87.0	19.1
	Total	2.8	86.0	2.9	0.3	21.0	0.4	2.8	83.0	2.8
Group	Alberta	8.9	74.0	8.9	-	-	-	8.9	74.0	8.9
	Atlantic	21.0	108.0	21.2	-	-	-	21.0	108.0	21.2
	British Columbia	4.8	195.0	4.8	-	-	-	4.8	195.0	4.8
	Manitoba	0.2	-	0.2	-	-	-	0.2	-	0.2
	Northern	2.6	74.0	2.6	-	-	-	2.6	74.0	2.6
	Ontario	28.2	118.0	31.8	4.6	-	4.6	28.1	118.0	28.2
	Quebec	0.9	-	0.9	0.1	-	0.1	0.9	-	0.9
	Saskatchewan	4.0	98.0	4.0	-	-	-	4.0	98.0	4.0
	Total	6.0	108.0	6.0	4.6	-	4.6	6.0	108.0	6.0
Total	Alberta	5.1	74.0	5.1	0.1	-	0.1	5.1	74.0	5.1
	Atlantic	16.1	84.0	16.8	0.2	-	0.2	16.0	84.0	16.1
	British Columbia	4.7	61.0	4.9	1.2	-	1.2	4.5	61.0	4.8
	Manitoba	1.1	98.0	1.1	0.5	25.0	0.5	1.1	82.0	1.1
	Northern	1.0	65.0	1.0	0.4	-	0.4	1.0	65.0	1.0
	Ontario	15.3	118.0	16.0	0.9	21.0	0.9	14.3	115.2	15.0
	Quebec	0.6	107.0	0.6	1.0	-	1.0	0.6	107.0	0.6
	Saskatchewan	19.1	95.0	19.5	0.2	237.0	0.2	16.1	95.5	17.0
	Total	2.9	88.1	2.9	0.3	21.0	0.4	2.9	86.0	2.9

Notes:

- (1) Excludes requests for Inuit children.
- (2) Limited to approved or denied requests with valid timestamps and initial decision dates in FY 2021-22.
- (3) Requests were identified as a request submitted through Jordan's Principle if the participant identified as First Nation, unknown or other. □
- (4) Ongoing system-level & regional verification may result in retrospective changes to the total numbers and amounts reported from April 1, 2021 onward.
- (5) Requests collected through GCcase, Jordan's Principle; Indigenous Services Canada (extracted on April 13, 2022) and Jordan's Principle Appeals Tracker (extracted April 22, 2022), and may not align with other analyses.

Table 70: Median processing time (days) by request type and category, fiscal year (FY) 2021-22

Request Type	Category	Non-Urgent			Urgent			Total		
		Time to Final decision	Time to Appeal Decision	Total time in System	Time to Final decision	Time to Appeal Decision	Total time in System	Time to Final decision	Time to Appeal Decision	Total time in System
Individual	Allied Health	9.0	161.5	9.0	0.5	-	0.5	8.4	161.5	8.6
	Education	9.2	73.0	9.3	7.2	44.0	8.1	9.2	71.0	9.3
	Healthy Child Development	4.8	83.0	4.9	0.4	145.5	0.7	4.2	83.0	4.6
	Infrastructure	10.2	124.5	13.1	1.4	-	1.4	10.0	124.5	12.1
	Medical Equipment and Supplies	3.8	130.0	3.9	0.4	-	0.4	3.8	130.0	3.8
	Medical Transportation	1.0	68.0	1.0	0.2	-	0.2	1.0	68.0	1.0
	Medications/Nutritional Supplements	1.1	17.0	1.1	0.3	-	0.3	1.0	17.0	1.0
	Mental Wellness	2.9	129.5	2.9	0.9	12.5	1.1	2.9	100.5	2.9
	Oral Health	1.3	70.0	1.3	0.3	-	0.3	1.3	70.0	1.3
	Orthodontics	11.9	105.0	14.0	0.4	-	0.4	11.9	105.0	13.7
	Respite	20.8	60.0	20.9	0.9	111.0	0.9	20.2	60.0	20.2
	Social	10.1	106.5	12.1	0.8	21.0	11.3	9.8	73.5	12.1
	Travel	1.0	37.0	1.0	0.2	-	0.2	1.0	37.0	1.0
	Vision Care	2.7	69.0	2.7	0.5	-	0.5	2.6	69.0	2.6
Total		2.8	86.0	2.9	0.3	21.0	0.4	2.8	83.0	2.8
Group	Allied Health	3.1	74.0	3.1	-	-	-	3.1	74.0	3.1
	Education	6.0	108.0	6.0	0.1	-	0.1	6.0	108.0	6.0
	Healthy Child Development	6.0	94.5	6.2	4.6	-	4.6	5.8	94.5	6.0
	Infrastructure	30.0	118.0	34.2	7.7	-	7.7	30.0	118.0	34.2
	Medical Equipment and Supplies	7.0	121.0	7.0	-	-	-	7.0	121.0	7.0
	Medical Transportation	4.3	-	4.3	0.1	-	0.1	4.1	-	4.1
	Medications/Nutritional Supplements	9.9	-	9.9	-	-	-	9.9	-	9.9
	Mental Wellness	5.1	74.0	5.1	-	-	-	5.1	74.0	5.1
	Oral Health	7.2	-	7.2	-	-	-	7.2	-	7.2
	Respite	3.1	-	3.1	-	-	-	3.1	-	3.1
	Social	6.8	96.0	6.8	-	-	-	6.8	96.0	6.8
	Travel	47.7	-	47.7	-	-	-	47.7	-	47.7
	Vision Care	45.1	-	45.1	-	-	-	45.1	-	45.1
Total		6.0	108.0	6.0	4.6	-	4.6	6.0	108.0	6.0
Total	Allied Health	7.1	84.5	7.1	0.5	-	0.5	7.0	84.5	7.0
	Education	9.0	82.0	9.0	3.3	44.0	3.3	8.9	74.0	9.0
	Healthy Child Development	4.8	85.0	5.0	0.6	145.5	0.7	4.2	85.0	4.7
	Infrastructure	14.0	118.0	16.9	3.8	-	3.8	13.2	118.0	15.5
	Medical Equipment and Supplies	3.9	130.0	3.9	0.4	-	0.4	3.8	130.0	3.8
	Medical Transportation	1.0	68.0	1.0	0.2	-	0.2	1.0	68.0	1.0
	Medications/Nutritional Supplements	1.1	17.0	1.1	0.3	-	0.3	1.0	17.0	1.0
	Mental Wellness	3.0	125.0	3.0	0.9	12.5	1.1	3.0	74.0	3.0
	Oral Health	1.3	70.0	1.3	0.3	-	0.3	1.3	70.0	1.3
	Orthodontics	11.9	105.0	14.0	0.4	-	0.4	11.9	105.0	13.7
	Respite	20.1	60.0	20.1	0.9	111.0	0.9	20.0	60.0	20.0
	Social	8.0	96.0	8.8	0.8	21.0	11.3	7.9	79.0	8.8
	Travel	1.0	37.0	1.0	0.2	-	0.2	1.0	37.0	1.0
Vision Care	2.8	69.0	2.8	0.5	-	0.5	2.7	69.0	2.7	
Total		2.9	88.1	2.9	0.3	21.0	0.4	2.9	86.0	2.9

Notes:

- (1) Excludes requests for Inuit children.
- (2) Limited to approved or denied requests with valid timestamps and initial decision dates in FY 2021-22.
- (3) Requests were identified as a request submitted through Jordan's Principle if the participant identified as First Nation, unknown or other. □
- (4) Ongoing system-level & regional verification may result in retrospective changes to the total numbers and amounts reported from April 1, 2021 onward.
- (5) Requests collected through GCcase, Jordan's Principle; Indigenous Services Canada (extracted on April 13, 2022) and Jordan's Principle Appeals Tracker (extracted April 22, 2022), and may not align with other analyses. □

Table 71: Compliance rate by request type, urgency, and month of sufficient information, fiscal year (FY) 2021-22

Request Type	Urgency	Month of sufficient information												
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Individual	Urgent	80%	41%	26%	50%	42%	64%	58%	46%	60%	53%	57%	53%	53%
	Non-urgent	49%	45%	42%	43%	43%	46%	43%	41%	47%	47%	47%	40%	44%
	Total	50%	45%	42%	43%	43%	47%	43%	41%	47%	48%	47%	40%	44%
Group	Urgent	-	-	-	-	80%	-	-	-	-	-	-	-	31%
	Non-urgent	64%	48%	72%	48%	46%	42%	36%	46%	49%	28%	57%	62%	53%
	Total	64%	48%	72%	48%	46%	42%	36%	46%	49%	28%	56%	62%	52%
Total	Urgent	80%	41%	26%	50%	44%	64%	58%	46%	60%	49%	53%	53%	52%
	Non-urgent	50%	45%	46%	43%	43%	46%	42%	41%	47%	47%	47%	41%	45%
	Total	50%	45%	46%	44%	43%	47%	43%	41%	47%	47%	47%	41%	45%

Notes:

- (1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.
- (2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.
- (3) Excludes requests with incomplete information (e.g. date and time).
- (4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.
- (5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.
- (6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.
- (7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 72: **Compliance rate by request type, urgency, and quarter of sufficient information, fiscal year (FY) 2021-22**

Request Type	Urgency	FY 2021-2022				
		Q1	Q2	Q3	Q4	Total
Individual	Urgent	44%	54%	56%	54%	53%
	Non-urgent	45%	44%	44%	44%	44%
	Total	45%	44%	44%	45%	44%
Group	Urgent	-	80%	-	-	31%
	Non-urgent	66%	45%	43%	49%	53%
	Total	66%	46%	43%	49%	52%
Total	Urgent	44%	55%	56%	52%	52%
	Non-urgent	47%	44%	44%	45%	45%
	Total	47%	44%	44%	45%	45%

Notes:

(1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.

(2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.

(3) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.

(4) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.

(5) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.

(6) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 73: **Compliant requests** by **request type**, **urgency**, and **quarter of sufficient information**, fiscal year (FY) 2021-22

Request Type	Urgency	FY 2021-2022				
		Q1	Q2	Q3	Q4	Total
Individual	Urgent	92	164	151	93	500
	Non-urgent	5,880	5,709	6,795	8,682	27,066
	Total	5,972	5,873	6,946	8,775	27,566
Group	Urgent	0	4	0	0	4
	Non-urgent	690	378	247	379	1,694
	Total	690	382	247	379	1,698
Total	Urgent	92	168	151	93	504
	Non-urgent	6,570	6,087	7,042	9,061	28,760
	Total	6,662	6,255	7,193	9,154	29,264

Notes:

(1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.

(2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.

(3) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.

(4) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.

(5) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.

(6) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 74: Compliance rate by request type, category, and quarter of sufficient information, fiscal year (FY) 2021-22

Request Type	Request	FY 2021-22				
		Q1	Q2	Q3	Q4	Total
Individual	Alberta	40%	26%	26%	40%	35%
	Atlantic	36%	22%	26%	26%	28%
	British Columbia	53%	38%	38%	34%	39%
	Manitoba	58%	68%	60%	73%	65%
	Northern	66%	59%	47%	65%	60%
	Ontario	26%	19%	30%	28%	26%
	Quebec	83%	90%	92%	95%	90%
	Saskatchewan	30%	36%	35%	22%	29%
	Total	45%	44%	44%	45%	44%
Group	Alberta	53%	41%	46%	38%	43%
	Atlantic	27%	29%	36%	33%	32%
	British Columbia	50%	-	-	67%	50%
	Manitoba	99%	-	38%	11%	90%
	Northern	67%	62%	67%	72%	69%
	Ontario	23%	20%	23%	40%	27%
	Quebec	83%	95%	83%	71%	84%
	Saskatchewan	67%	68%	75%	50%	62%
	Total	66%	46%	43%	49%	52%
Total	Alberta	40%	28%	27%	40%	36%
	Atlantic	35%	23%	27%	26%	28%
	British Columbia	53%	38%	38%	34%	39%
	Manitoba	63%	68%	60%	72%	66%
	Northern	66%	59%	48%	65%	60%
	Ontario	26%	19%	29%	29%	26%
	Quebec	83%	90%	92%	92%	89%
	Saskatchewan	32%	37%	36%	23%	31%
	Total	47%	44%	44%	45%	45%

Notes:

- (1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.
- (2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.
- (3) Excludes requests with unknown categories.
- (4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.
- (5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.
- (6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.
- (7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 75: Compliant requests by request type, region, and quarter of sufficient information, fiscal year (FY) 2021-22

Request Type	Region	FY 2021-22				
		Q1	Q2	Q3	Q4	Total
Individual	Alberta	589	250	247	891	1,977
	Atlantic	599	364	444	315	1,722
	British Columbia	583	319	513	699	2,114
	Manitoba	1,670	2,410	2,341	3,026	9,447
	Northern	548	427	473	975	2,423
	Ontario	599	546	1,032	1,163	3,340
	Quebec	775	965	1,129	953	3,822
	Saskatchewan	609	592	767	753	2,721
	Total	5,972	5,873	6,946	8,775	27,566
Group	Alberta	20	55	13	19	107
	Atlantic	13	24	35	11	83
	British Columbia	4	-	-	4	8
	Manitoba	369	-	10	2	381
	Northern	34	8	6	46	94
	Ontario	64	68	60	132	324
	Quebec	117	176	63	92	448
	Saskatchewan	69	51	60	73	253
	Total	690	382	247	379	1,698
Total	Alberta	609	305	260	910	2,084
	Atlantic	612	388	479	326	1,805
	British Columbia	587	319	513	703	2,122
	Manitoba	2,039	2,410	2,351	3,028	9,828
	Northern	582	435	479	1,021	2,517
	Ontario	663	614	1,092	1,295	3,664
	Quebec	892	1,141	1,192	1,045	4,270
	Saskatchewan	678	643	827	826	2,974
	Total	6,662	6,255	7,193	9,154	29,264

Notes:

- (1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.
- (2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.
- (3) Excludes requests with unknown categories.
- (4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.
- (5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.
- (6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.
- (7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 76: Compliance rate by request type, category, and quarter of sufficient information, fiscal year (FY) 2021-22

Request Type	Category	FY 2021-22				
		Q1	Q2	Q3	Q4	Total
Individual	Medications/Nutritional Supplements	72%	65%	67%	67%	67%
	Medical Transportation	66%	74%	64%	66%	67%
	Travel	60%	63%	62%	77%	66%
	Oral Health	58%	61%	55%	54%	57%
	Mental Wellness	50%	41%	43%	51%	47%
	Vision Care	38%	38%	51%	53%	47%
	Allied Health	38%	33%	40%	39%	38%
	Medical Equipment and Supplies	39%	35%	42%	42%	40%
	Healthy Child Development	41%	33%	33%	42%	38%
	Social	40%	22%	37%	41%	34%
	Education	34%	28%	35%	40%	34%
	Respite	35%	33%	32%	23%	30%
	Orthodontics	27%	29%	23%	45%	30%
	Infrastructure	20%	23%	24%	28%	23%
	Total		45%	44%	45%	49%
Group	Medications/Nutritional Supplements	0%	-	-	-	0%
	Medical Transportation	45%	59%	79%	70%	65%
	Travel	40%	50%	8%	56%	38%
	Oral Health	0%	-	100%	-	17%
	Mental Wellness	73%	46%	70%	60%	62%
	Vision Care	0%	-	100%	-	50%
	Allied Health	64%	60%	74%	58%	63%
	Medical Equipment and Supplies	45%	63%	25%	46%	48%
	Healthy Child Development	71%	28%	26%	55%	53%
	Social	48%	58%	41%	59%	53%
	Education	65%	54%	45%	55%	55%
	Respite	88%	13%	60%	42%	60%
	Orthodontics	-	-	-	-	-
	Infrastructure	24%	20%	20%	41%	26%
	Total		64%	47%	48%	56%
Total	Medications/Nutritional Supplements	72%	65%	67%	67%	67%
	Medical Transportation	65%	73%	64%	66%	67%
	Travel	60%	63%	61%	77%	65%
	Oral Health	57%	61%	55%	54%	57%
	Mental Wellness	54%	42%	45%	52%	49%
	Vision Care	37%	38%	52%	53%	47%
	Allied Health	42%	36%	42%	41%	40%
	Medical Equipment and Supplies	39%	36%	42%	42%	40%
	Healthy Child Development	45%	32%	33%	43%	38%
	Social	41%	29%	38%	44%	38%
	Education	36%	30%	35%	40%	36%
	Respite	38%	32%	32%	24%	31%
	Orthodontics	27%	29%	23%	45%	30%
	Infrastructure	20%	23%	24%	31%	24%
	Total		47%	45%	46%	49%

- Notes:**
- (1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.
 - (2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.
 - (3) Excludes requests with unknown categories.
 - (4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.
 - (5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.
 - (6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.
 - (7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 77: Compliant requests by request type, category, and quarter of sufficient information, fiscal year (FY) 2021-22

Request Type	Category	FY 2021-22				
		Q1	Q2	Q3	Q4	Total
Individual	Medical Transportation	1,298	1,507	1,739	1,924	6,468
	Education	992	773	908	1,351	4,024
	Travel	580	1,037	923	1,061	3,601
	Healthy Child Development	606	535	891	1,236	3,268
	Medications/Nutritional Supplements	377	385	445	673	1,880
	Mental Wellness	391	215	399	550	1,555
	Allied Health	331	277	370	487	1,465
	Oral Health	392	413	373	442	1,620
	Respite	408	232	242	324	1,206
	Medical Equipment and Supplies	243	208	315	296	1,062
	Social	139	101	116	174	530
	Infrastructure	90	96	112	77	375
	Orthodontics	75	66	46	77	264
	Vision Care	42	26	67	89	224
	Total		5,964	5,871	6,946	8,761
Group	Medical Transportation	14	13	30	30	87
	Education	92	121	68	81	362
	Travel	6	6	1	5	18
	Healthy Child Development	146	21	18	36	221
	Medications/Nutritional Supplements	0	0	0	0	0
	Mental Wellness	133	65	46	76	320
	Allied Health	114	53	45	57	269
	Oral Health	0	0	1	0	1
	Respite	64	4	3	11	82
	Medical Equipment and Supplies	5	10	2	6	23
	Social	32	71	21	47	171
	Infrastructure	12	17	8	25	62
	Orthodontics	0	0	0	0	0
	Vision Care	0	0	2	0	2
	Total		618	381	245	374
Total	Medical Transportation	1,312	1,520	1,769	1,954	6,555
	Education	1,084	894	976	1,432	4,386
	Travel	586	1,043	924	1,066	3,619
	Healthy Child Development	752	556	909	1,272	3,489
	Medications/Nutritional Supplements	377	385	445	673	1,880
	Mental Wellness	524	280	445	626	1,875
	Allied Health	445	330	415	544	1,734
	Oral Health	392	413	374	442	1,621
	Respite	472	236	245	335	1,288
	Medical Equipment and Supplies	248	218	317	302	1,085
	Social	171	172	137	221	701
	Infrastructure	102	113	120	102	437
	Orthodontics	75	66	46	77	264
	Vision Care	42	26	69	89	226
	Total		6,582	6,252	7,191	9,135

- Notes:**
- (1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region.
 - (2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports.
 - (3) Excludes requests with unknown categories.
 - (4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information.
 - (5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days.
 - (6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.
 - (7) Requests collected through the Jordan's Principle Case Management System (extracted April 13, 2022) and may not align with other analyses.

Table 78: Proportion of all **approved requests** related to **CHRT 36** by **region** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Region	FY 2020-21			FY 2021-22				
	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Alberta	6%	12%	9%	16%	26%	25%	20%	21%
Atlantic	5%	8%	7%	15%	18%	15%	22%	17%
British Columbia	13%	32%	24%	25%	19%	20%	17%	20%
Manitoba	17%	26%	22%	18%	30%	27%	40%	29%
Northern	20%	20%	20%	22%	24%	28%	25%	25%
Ontario	17%	30%	24%	31%	37%	39%	34%	35%
Quebec	0%	1%	1%	2%	3%	1%	3%	2%
Saskatchewan	15%	20%	18%	35%	40%	51%	35%	39%
Total	12%	20%	17%	21%	27%	28%	29%	27%

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "CHRT-36" if the request itself was recorded as eligible through CHRT 36 or if it was associated with a child who was ever eligible for Jordan's Principle through CHRT 36.

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through Jordan's Principle, Indigenous Services Canada and GCcase (2020-21, extracted on May 3, 2021; 2021-22, extracted April 13, 2022; Q1 2022-23, extracted July 20, 2022) and may not align with other analyses.

Table 79: Proportion of all **approved requests** related to **CHRT 36** by **category** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Category	FY 2020-21			FY 2021-22				
	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Medical Transportation	25%	41%	33%	39%	47%	51%	57%	50%
Oral Health (excluding orthodontics)	24%	50%	40%	43%	45%	44%	48%	45%
Medications/Nutritional Supplements	26%	36%	32%	33%	42%	35%	37%	37%
Travel	20%	35%	31%	26%	30%	35%	38%	32%
Healthy Child Development	15%	27%	21%	24%	33%	28%	30%	29%
Vision Care	3%	22%	14%	27%	28%	19%	35%	28%
Medical Equipment and Supplies	11%	19%	15%	17%	22%	18%	26%	21%
Mental Wellness	9%	18%	14%	17%	17%	20%	18%	18%
Respite	9%	10%	9%	11%	20%	20%	17%	16%
Allied Health	5%	14%	11%	13%	15%	15%	15%	15%
Infrastructure	7%	14%	10%	12%	11%	13%	21%	14%
Social	9%	11%	10%	11%	15%	14%	15%	14%
Education	6%	8%	7%	10%	14%	12%	13%	12%
Orthodontics	7%	5%	5%	7%	8%	5%	5%	6%
Total	12%	20%	17%	21%	27%	28%	29%	27%

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "CHRT-36" if the request itself was recorded as eligible through CHRT 36 or if it was associated with a child who was ever eligible for Jordan's Principle through CHRT 36.

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through Jordan's Principle, Indigenous Services Canada and GCcase (2020-21, extracted on May 3, 2021; 2021-22, extracted April 13, 2022; Q1 2022-23, extracted July 20, 2022) and may not align with other analyses.

Table 80: **Approved requests** related to **CHRT 36** by **region** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Region	FY 2020-21			FY 2021-22				
	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Alberta	#	#	155	214	236	224	384	1,058
Atlantic	60	123	183	258	261	222	239	980
British Columbia	79	288	367	202	117	203	277	799
Manitoba	323	670	993	525	864	923	1,434	3,746
Northern	62	103	165	102	103	151	223	579
Ontario	264	567	831	469	693	897	1,011	3,070
Quebec	#	#	13	19	39	16	29	103
Saskatchewan	229	564	793	624	617	857	1,156	3,254
Total	1,062	2,438	3,500	2,413	2,930	3,493	4,753	13,589

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

- (1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.
- (2) Requests were flagged as "CHRT-36" if the request itself was recorded as eligible through CHRT 36 or if it was associated with a child who was ever eligible for Jordan's Principle through CHRT 36.
- (3) Inuit requests are excluded.
- (4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.
- (5) Excludes service coordination requests.
- (6) Requests collected through Jordan's Principle, Indigenous Services Canada and GCcase (2020-21, extracted on May 3, 2021; 2021-22, extracted April 13, 2022; Q1 2022-23, extracted July 20, 2022) and may not align with other analyses.

Table 81: **Approved requests** related to **CHRT 36** by **category** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Category	FY 2020-21			FY 2021-22				
	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Allied Health	38	145	183	128	136	151	221	636
Education	148	229	377	261	355	297	476	1,389
Healthy Child Development	97	205	302	192	225	330	430	1,177
Infrastructure	14	23	37	24	25	32	44	125
Medical Equipment and Supplies	61	126	187	93	122	136	197	548
Medical Transportation	291	525	816	734	950	1,379	1,717	4,780
Medications/Nutritional Supplements	110	235	345	171	240	225	378	1,014
Mental Wellness	65	153	218	141	105	164	207	617
Oral Health (excluding orthodontics)	80	254	334	307	298	294	402	1,301
Orthodontics	#	#	11	11	9	6	9	35
Respite	52	156	208	133	117	110	224	584
Social	24	42	66	29	55	38	63	185
Travel	77	319	396	162	273	308	323	1,066
Vision Care	#	#	22	27	20	23	62	132
Total	1,062	2,438	3,500	2,413	2,930	3,493	4,753	13,589

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "CHRT-36" if the request itself was recorded as eligible through CHRT 36 or if it was associated with a child who was ever eligible for Jordan's Principle through CHRT 36.

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through Jordan's Principle, Indigenous Services Canada and GCcase (2020-21, extracted on May 3, 2021; 2021-22, extracted April 13, 2022; Q1 2022-23, extracted July 20, 2022) and may not align with other analyses.

Table 82: Approved funds (in millions \$) related to CHRT 36 by region and fiscal year (FY) quarters, FY 2020-21 and FY 2021-22

Region	FY 2020-21			FY 2021-22				
	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Alberta	0.08	0.20	0.28	0.56	0.71	0.54	0.97	2.77
Atlantic	0.34	0.61	0.95	1.05	1.68	1.26	0.76	4.74
British Columbia	0.11	0.33	0.45	0.29	0.26	0.32	0.67	1.54
Manitoba	0.58	1.29	1.87	1.45	2.24	2.27	3.58	9.55
Northern	0.39	0.30	0.69	0.45	0.30	0.35	0.84	1.94
Ontario	2.54	3.52	6.05	2.39	3.96	4.49	6.49	17.34
Quebec	0.05	0.01	0.06	0.07	0.10	0.01	0.07	0.25
Saskatchewan	0.32	0.85	1.17	0.99	1.69	1.32	2.32	6.32
Total	4.41	7.11	11.52	7.25	10.93	10.57	15.69	44.44

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "CHRT-36" if the request itself was recorded as eligible through CHRT 36 or if it was associated with a child who was ever eligible for Jordan's Principle through CHRT 36.

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through Jordan's Principle, Indigenous Services Canada and GCcase (2020-21, extracted on May 3, 2021; 2021-22, extracted April 13, 2022; Q1 2022-23, extracted July 20, 2022) and may not align with other analyses.

Table 83: Approved funds (in millions \$) related to **CHRT 36** by **category** and fiscal year (FY) **quarters**, FY 2020-21 and FY 2021-22

Category	FY 2020-21			FY 2021-22				
	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Allied Health	0.13	0.49	0.62	0.39	0.74	0.45	0.89	2.46
Education	1.50	0.87	2.37	1.25	4.70	2.66	3.15	11.75
Healthy Child Development	0.19	0.32	0.50	0.53	0.68	1.33	2.20	4.74
Infrastructure	0.11	0.19	0.29	0.19	0.15	0.41	0.49	1.25
Medical Equipment and Supplies	0.08	0.15	0.23	0.14	0.12	0.17	0.28	0.71
Medical Transportation	0.41	0.59	1.00	0.76	1.04	1.30	1.40	4.51
Medications/Nutritional Supplements	0.09	0.23	0.32	0.24	0.28	0.18	0.43	1.12
Mental Wellness	0.99	1.95	2.94	1.65	0.80	1.61	3.02	7.08
Oral Health (excluding orthodontics)	0.21	0.59	0.80	0.76	0.88	0.86	1.22	3.73
Orthodontics	0.02	0.02	0.04	0.05	0.05	0.03	0.05	0.19
Respite	0.33	0.67	1.00	0.64	0.51	0.64	1.26	3.05
Social	0.23	0.73	0.95	0.23	0.41	0.22	0.50	1.36
Travel	0.13	0.31	0.44	0.41	0.55	0.71	0.78	2.44
Vision Care	0.00	0.01	0.01	0.01	0.01	0.01	0.02	0.06
Total	4.41	7.11	11.52	7.25	10.93	10.57	15.69	44.44

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "CHRT-36" if the request itself was recorded as eligible through CHRT 36 or if it was associated with a child who was ever eligible for Jordan's Principle through CHRT 36.

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through Jordan's Principle, Indigenous Services Canada and GCcase (2020-21, extracted on May 3, 2021; 2021-22, extracted April 13, 2022; Q1 2022-23, extracted July 20, 2022) and may not align with other analyses.

Table 84: Proportion of all **approved requests** related to **COVID-19** by **region** and fiscal year (FY) **quarters**, FY 2019-20, FY 2020-21 and FY 2021-22

Region	FY 2019-20	FY 2020-21					FY 2021-22				
	Q4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Alberta	0.1%	26%	1%	7%	6%	9%	6%	1%	4%	1%	3%
Atlantic	0%	5%	1%	1%	1%	1%	0%	0%	0%	0%	0%
British Columbia	0%	8%	2%	2%	1%	3%	0%	1%	0%	0%	0%
Manitoba	0%	7%	4%	15%	13%	11%	9%	1%	0%	1%	2%
Northern	0%	18%	2%	2%	1%	6%	3%	3%	1%	1%	2%
Ontario	1%	24%	9%	7%	6%	10%	2%	1%	0%	0%	1%
Quebec	0%	1%	0%	1%	0%	1%	0%	0%	0%	0%	0%
Saskatchewan	0%	13%	4%	14%	13%	12%	13%	5%	2%	2%	5%
Total	0.2%	13%	4%	8%	8%	8%	5%	1%	1%	1%	2%

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "COVID-19" if the item name or needs field included "COVID-19".

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 85: Proportion of all **approved requests** related to **COVID-19** by **category** and fiscal year (FY) **quarters**, FY 2019-20, FY 2020-21 and FY 2021-22

Category	FY 2019-20	FY 2020-21					FY 2021-22				
	Q4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Allied Health	0%	0.4%	0.5%	0.3%	0.4%	0%	0.3%	0.3%	0.2%	0.1%	0.2%
Education	0.5%	32%	9%	22%	26%	23%	21%	4%	2%	3%	7%
Healthy Child Development	2%	22%	7%	7%	5%	10%	3%	1%	2%	1%	2%
Infrastructure	0%	7%	5%	2%	0%	3%	0%	0%	0%	0.5%	0.1%
Medical Equipment and Supplies	0%	9%	2%	8%	10%	8%	1%	0%	0.4%	0.3%	0.4%
Medical Transportation	0%	1%	1%	1%	1%	1%	1%	1%	0.3%	0.2%	0.5%
Medications/Nutritional Supplements	0.2%	3%	0%	0%	0.5%	1%	1%	0.2%	0.5%	0.1%	0.3%
Mental Wellness	0%	2%	1%	1%	1%	1%	0.1%	0%	0%	0%	0%
Oral Health (excluding orthodontics)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Orthodontics	0%	0%	0%	1%	0%	0.3%	1%	0%	0%	0%	0.2%
Respite	0.1%	4%	3%	2%	0%	2%	1%	1%	0%	0.2%	1%
Social	0%	10%	1%	1%	1%	3%	0%	0%	1%	0.2%	0.2%
Travel	0%	3%	0.4%	4%	1%	2%	0%	0%	0%	0.1%	0.1%
Vision Care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	0.2%	13%	4%	8%	8%	8%	5%	1%	1%	1%	2%

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "COVID-19" if the item name or needs field included "COVID-19".

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 86: **Approved requests** related to **COVID-19** by **region** and fiscal year (FY) **quarters**, FY 2019-20, FY 2020-21 and FY 2021-22

Region	FY 2019-20	FY 2020-21				FY 2021-22					
	Q4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Alberta	#	129	7	53	60	249	80	8	33	18	139
Atlantic	0	38	9	7	12	66	#	0	0	#	5
British Columbia	0	39	11	14	7	71	0	8	0	0	8
Manitoba	0	73	70	293	336	772	244	18	10	19	291
Northern	0	68	8	6	6	88	16	13	6	9	44
Ontario	#	271	124	109	108	612	36	14	6	7	63
Quebec	0	6	1	5	3	15	#	0	0	#	5
Saskatchewan	0	204	47	211	363	825	233	85	31	70	419
Total	18	828	277	698	895	2,698	616	146	86	126	974

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "COVID-19" if the item name or needs field included "COVID-19".

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 87: **Approved requests** related to **COVID-19** by **category** and fiscal year (FY) **quarters**, FY 2019-20, FY 2020-21 and FY 2021-22

Category	FY 2019-20	FY 2020-21				FY 2021-22					
	Q4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Allied Health	0	#	#	#	4	#	#	#	#	#	9
Education	#	573	178	556	745	2,052	547	110	45	101	803
Healthy Child Development	10	119	36	48	42	245	27	10	23	11	71
Infrastructure	0	9	10	5	0	24	0	#	0	#	#
Medical Equipment and Supplies	0	36	8	43	66	153	5	0	3	2	10
Medical Transportation	0	6	16	12	8	42	19	13	8	5	45
Medications/Nutritional Supplements	#	9	#	0	#	12	#	#	#	#	#
Mental Wellness	0	10	6	5	6	27	#	0	0	0	#
Oral Health (excluding orthodontics)	0	0	0	0	0	0	0	0	0	0	0
Orthodontics	0	0	0	#	0	#	#	0	0	0	#
Respite	#	34	15	13	7	69	#	8	0	#	19
Social	0	26	#	#	#	37	0	0	2	#	3
Travel	0	#	#	17	9	31	1	#	0	#	#
Vision Care	0	0	0	0	0	0	0	0	0	0	0
Total	18	828	277	698	895	2,698	616	146	86	126	974

Suppressed where number of products and services is greater than 0 and less than 5, or can be used to calculate suppressed value.

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "COVID-19" if the item name or needs field included "COVID-19".

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 88: Approved funds (in millions \$) related to COVID-19 by region and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22

Region	FY 2019-20	FY 2020-21					FY 2021-22				
	Q4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Alberta	0.00	0.08	0.01	0.03	0.03	0.15	0.06	0.00	0.02	0.03	0.11
Atlantic	0.00	0.10	0.03	0.01	0.01	0.15	0.01	0.00	0.00	0.00	0.01
British Columbia	0.00	0.05	0.01	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.00
Manitoba	0.00	0.04	0.06	0.28	0.18	0.57	0.16	0.02	0.06	0.02	0.26
Northern	0.00	0.15	0.04	0.02	0.08	0.29	0.02	0.01	0.01	0.01	0.05
Ontario	0.14	1.39	0.58	0.58	0.76	3.31	0.14	0.08	0.01	0.07	0.31
Quebec	0.00	0.24	0.00	0.01	0.00	0.26	0.00	0.00	0.00	0.27	0.27
Saskatchewan	0.00	0.80	0.24	0.44	0.18	1.65	0.14	0.06	0.09	0.08	0.37
Total	0.14	2.85	0.96	1.37	1.26	6.44	0.53	0.18	0.18	0.48	1.37

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "COVID-19" if the item name or needs field included "COVID-19".

(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

Table 89: Approved funds (in millions \$) related to COVID-19 by category and fiscal year (FY) quarters, FY 2019-20, FY 2020-21 and FY 2021-22

Category	FY 2019-20	FY 2020-21					FY 2021-22				
	Q4	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Allied Health	0.00	0.00	0.08	0.00	0.05	0.14	0.00	0.00	0.00	0.02	0.02
Education	0.04	1.46	0.50	0.92	0.52	3.41	0.34	0.09	0.10	0.10	0.63
Healthy Child Development	0.01	0.39	0.20	0.18	0.40	1.16	0.04	0.00	0.02	0.01	0.07
Infrastructure	0.00	0.07	0.01	0.07	0.00	0.15	0.00	0.00	0.00	0.07	0.07
Medical Equipment and Supplies	0.00	0.03	0.00	0.01	0.01	0.06	0.00	0.00	0.00	0.27	0.28
Medical Transportation	0.00	0.02	0.03	0.02	0.00	0.07	0.03	0.01	0.01	0.00	0.06
Medications/Nutritional Supplements	0.09	0.18	0.00	0.00	0.00	0.18	0.00	0.00	0.00	0.00	0.01
Mental Wellness	0.00	0.21	0.03	0.04	0.07	0.35	0.04	0.00	0.00	0.00	0.04
Oral Health (excluding orthodontics)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Orthodontics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Respite	0.01	0.24	0.05	0.08	0.11	0.48	0.06	0.08	0.00	0.00	0.14
Social	0.00	0.23	0.05	0.00	0.07	0.35	0.00	0.00	0.04	0.00	0.04
Travel	0.00	0.00	0.00	0.05	0.02	0.08	0.00	0.00	0.00	0.00	0.00
Vision Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.14	2.85	0.96	1.37	1.26	6.44	0.53	0.18	0.18	0.48	1.37

Notes:

(1) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded.

(2) Requests were flagged as "COVID-19" if the item name or needs field included "COVID-19".

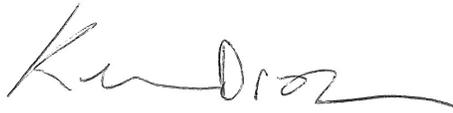
(3) Inuit requests are excluded.

(4) Group requests from Nunavut are excluded for requests prior to fiscal year 2022-23.

(5) Excludes service coordination requests.

(6) Requests collected through the Jordan's Principle Case Management System (FY 2019-20, extracted April 3, 2020; FY 2020-21, extracted May 3, 2021; FY 2021-22, extracted April 13, 2022) and may not align with other analyses.

This is **Exhibit "4"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Jordan's Principle August 2023 Monthly Report

Requests for services, products and supports under Jordan's Principle can be submitted for review, determination and funding in two ways: either through individual requests or group requests. An individual request may be submitted by a parent or authorized representative for a single child or children from the same family and the requests are managed by ISC. A group request may be submitted by a community service coordination organization, for example, for a group of children seeking services; these requests are managed by partners through contribution agreements. Partners are funded by ISC and provide an estimated number of children requiring products or services in the submission. Following the end of the funding cycle, partners report on the actual number of children served and products and services provided.

Table 1 is the summary of the reach of approved requests (products and services) for First Nations children by region from July 1, 2016 to August 31, 2023. From July 1, 2016 to August 31, 2023, the Government of Canada had a reach of 3,554,647 products and services for First Nations children. Between April 1 and August 31, 2023, 855,370 approved products and services reached First Nations children. This is a 28% increase compared to the same period in Fiscal Year 2022-2023 (April 1, 2022 to August 31, 2022) and represents approximately 67% of all approved products and services for Fiscal Year 2022-2023. Of the total number of products and services approved, 72,704 products and services were through individual requests and 782,666 were through group requests.

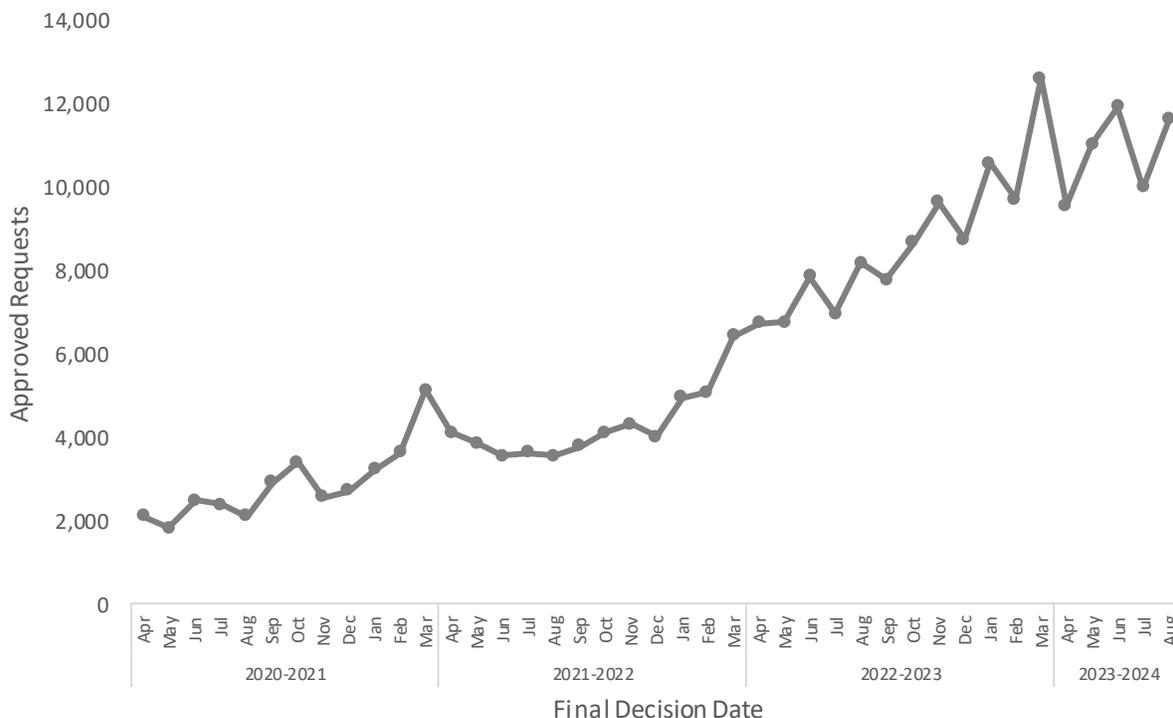
Table 1: Total Reach (Approved Products and Services) of Individual and Group requests through Jordan's Principle, July 1, 2016 – August 31, 2023

Region	Fiscal Year								Total (July 1, 2016 – August 31, 2023)
	2016-17 to 2018-19	2019-20	2020-21	2021-22	2022-23	2023-24 (April 1 – August 31, 2023)			
						Individual	Group	Total	
AB	12,616	24,483	32,159	25,460	87,214	7,534	48,426	55,960	237,892
AR	11,182	12,745	9,975	12,738	67,075	7,694	7,422	15,116	128,831
BC	7,137	3,568	3,102	4,550	12,339	7,872	4,423	12,295	42,991
MB	46,153	198,818	73,823	69,453	134,550	13,144	43,387	56,531	579,328
NR	4,828	11,867	30,037	16,089	44,870	2,904	26,028	28,932	136,623
ON	94,881	44,420	53,470	280,021	715,305	17,421	551,377	568,798	1,756,895
QC	18,256	29,125	60,568	57,291	73,840	4,444	33,750	38,194	277,274
SK	27,110	25,052	76,520	47,640	138,947	11,691	67,853	79,544	394,813
Total	222,163	350,078	339,654	513,242	1,274,140	72,704	782,666	855,370	3,554,647

Notes: 1) The reach of a request is calculated based on the number of individuals the request is intended to serve. Where submissions contain multiple requests for a set number of individuals, the reach is calculated by multiplying the number of requests by the number of individuals. For example, a submission containing five requests for three children would be counted as a reach of 15 products and services; 2) The reach in Community managed requests is an estimate provided by partner organizations and communities; 3) The number of products and services requested by partner organizations and communities in 2023-2024, reported above, may include a continuation of products and services that were previously requested and approved in prior fiscal years for multiple years; 4) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded; 5) Approved Inuit requests are not included in the report; 6) Community managed requests from Nunavut are not included for requests prior to fiscal year 2022-23; 7) Approved service coordination requests are not included in the report; 8) National Office (HQ) approvals are counted in the region where the request originated.

Figure 1 and table 2 represent the summary of approved requests for First Nations children by region from April 1, 2020 to August 31, 2023. From April 1, 2020 to August 31, 2023, the Government of Canada approved 243,582 requests for First Nations children. Between April 1 and August 31, 2023, 54,041 requests were approved for First Nations children. This is a 48% increase compared to the same period in Fiscal Year 2022-2023 (April 1, 2022 to August 31, 2022) and represents approximately 52% of all requests for Fiscal Year 2022-2023. Of the total number of requests approved, 50,051 were individual requests and 3,990 were group requests.

Figure 1: Approved Requests through Jordan's Principle, April 1, 2020 – August 31, 2023



Notes: 1) The number of approved requests is unavailable prior to fiscal year 2020-21; 2) The number of approved requests by partner organizations and communities in 2023-2024, reported above, may include a continuation of requests previously approved in prior fiscal years for multiple years; 3) Retrospective data validation activities have resulted in some individual requests in 2020-21 and 2021-22 being reclassified as group requests and vice-versa. These changes were made in a consistent manner across regions; 4) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded; 5) Approved Inuit requests are not included in the report; 6) Community managed requests from Nunavut are not included for requests prior to fiscal year 2022-23; 7) Approved service coordination requests are not included in the report.

Table 2: Approved Requests through Jordan's Principle, April 1, 2020 – August 31, 2023

Region	Fiscal Year						Total (April 1, 2020 – August 31, 2023)
	2020-21	2021-22	2022-23	2023-24 (April 1 – August 31, 2023)			
				Individual	Group	Total	
AB	2,656	5,030	11,105	4,457	326	4,783	23,574
AR	4,538	5,772	10,826	6,422	332	6,754	27,890
BC	2,439	4,068	7,742	4,975	117	5,092	19,341
MB	7,199	12,712	24,369	10,224	152	10,376	54,656
NR	1,545	2,328	3,932	1,685	200	1,885	9,690
ON	6,003	8,651	22,949	11,741	1,978	13,719	51,322
QC	2,979	4,307	8,985	3,370	495	3,865	20,136
SK	6,951	8,324	14,131	7,177	390	7,567	36,973
Total	34,310	51,192	104,039	50,051	3,990	54,041	243,582

Notes: 1) The number of approved requests is unavailable prior to fiscal year 2020-21; 2) The number of approved requests by partner organizations and communities in 2023-2024, reported above, may include a continuation of requests previously approved in prior fiscal years for multiple years; 3) Retrospective data validation activities have resulted in some individual requests in 2020-21 and 2021-22 being reclassified as group requests and vice-versa. These changes were made in a consistent manner across regions; 4) Limited to original adjudications. Appeals and re-reviews of past decisions are excluded; 5) Approved Inuit requests are not included in the report; 6) Community managed requests from Nunavut are not included for requests prior to fiscal year 2022-23; 7) Approved service coordination requests are not included in the report; 8) National Office (HQ) approvals are counted in the region where the request originated.

Tables 3 and 4 summarize the expenditures and hard commitments for Operations and Maintenance (O&M) and Contributions for Jordan's Principle.

From April 1, 2017 to August 31, 2023, a total of \$4.18B was expended and committed under Jordan's Principle. Of this total, \$390.46M was expended and committed for O&M, and \$3.79B was expended and committed for Contributions.

Between April 1 and August 31, 2023 \$1.01B was expended and committed under Jordan's Principle. Of this total, \$87.68M was expended and committed for O&M, and \$919.25M was expended and committed for Contributions.

Table 3: Summary of Expenditures & Hard Commitments (in Millions) for O&M through Jordan's Principle for August 31, 2023

Region	Expenditures & Hard Commitments (\$ Millions) for O&M								
	Fiscal Year								
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24 (April 1 - August 31, 2023)		
							Actuals	Commitments (Hard)	Total
AB	0.71	2.09	1.61	1.32	1.96	2.39	0.94	0.02	0.96
AR	1.27	0.86	1.97	3.03	5.43	6.04	2.04	2.69	4.73
BC	0.01	1.04	5.48	3.76	5.07	8.74	4.93	2.40	7.33
MB	0.17	1.19	3.87	7.21	17.85	45.27	20.95	6.41	27.37
NR	0.02	1.30	3.26	4.31	4.16	6.54	3.26	1.59	4.85
ON	1.28	7.86	14.63	20.40	25.45	28.61	18.70	7.51	26.21
QC	0.43	1.72	2.46	3.84	9.01	13.49	3.94	1.08	5.01
SK	0.43	1.95	3.77	4.70	5.84	8.90	6.46	4.76	11.22
HQ	0.01	0.00	0.01	0.00	-	0.05	-	-	-
Total	4.33	18.03	37.06	48.57	74.77	120.03	61.24	26.44	87.68

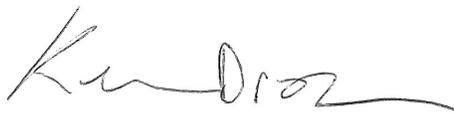
Notes: 1) Service coordination funding is included in expenditures and commitments; 2) Child First Initiative expenditures and hard commitments are disaggregated from Jordan's Principle expenditures and hard commitments; 3) Values within the table are rounded and may not add up to the total.

Table 4: Summary of Expenditures & Hard Commitments (in Millions) for Contributions through Jordan's Principle for August 31, 2023

Region	Expenditures & Hard Commitments (\$ Millions) for Contributions								
	Fiscal Year								
	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24 (April 1 - August 31, 2023)		
							Actuals	Commitments (Hard)	Total
AB	11.61	38.86	83.00	48.83	38.83	73.04	48.94	55.73	104.67
AR	6.62	29.42	38.46	30.49	31.48	56.57	29.11	14.03	43.14
BC	1.63	27.28	2.20	2.42	4.51	11.52	6.66	4.95	11.61
MB	57.66	77.12	120.77	126.31	127.82	189.09	117.14	137.48	254.61
NR	0.22	7.86	18.52	34.52	49.79	58.41	39.44	39.84	79.28
ON	58.51	126.64	162.12	167.02	194.17	316.58	192.69	98.56	291.25
QC	2.83	15.15	22.43	29.64	29.25	54.10	25.59	23.16	48.76
SK	9.26	40.97	52.61	49.67	55.99	65.71	82.93	2.08	85.01
HQ	2.16	3.12	2.96	1.84	0.44	-	-	0.92	0.92
TOTAL	150.51	366.41	503.08	490.74	532.28	825.03	542.50	376.75	919.25

Notes: 1) Service coordination funding is included in expenditures and commitments; 2) Child First Initiative expenditures and hard commitments are disaggregated from Jordan's Principle expenditures and hard commitments; 3) Values within the table are rounded and may not add up to the total.

This is **Exhibit "5"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Government
of Canada

Gouvernement
du Canada

[Canada.ca](#) › [Indigenous Services Canada](#) › [Transparency](#)

› [Departmental Plans and Results for Indigenous Services Canada](#)

› [2023-24 Departmental Plan](#)

Indigenous Services Canada: 2023-24 Departmental Plan

↓ [PDF Format \(980 KB \(Kilobyte\), 93 pages\)](#)

ISSN: 2561-6153

Table of contents

- [From the Minister](#)
- [Plans at a Glance](#)
- [Core Responsibility: Planned Results, Resources, and Key Risks](#)
- [Internal services: planned results](#)
- [Planned Spending and Human Resources](#)
 - [Planned Spending](#)
 - [Planned Human Resources](#)
 - [Estimates by vote](#)
 - [Future-oriented condensed statement of operations](#)
- [Corporate information](#)
 - [Organizational profile](#)
 - [Raison d'être, mandate and role: who we are and what we do](#)
 - [Operating context](#)
 - [Reporting Frameworks](#)

- Supporting information on the program inventory.
- Supplementary information tables
- Federal tax expenditures
- Organizational contact information
- Appendix: definitions

From the Minister



As Minister of Indigenous Services, I am pleased to present the 2023–24 Departmental Plan for Indigenous Services Canada.

The department uses the principles of honesty, equity and transparency in our work to support service delivery and community development with First Nations, Inuit and Métis. The department strives to ensure that Indigenous individuals, families and communities have access to high quality, timely, and culturally-safe services and supports the hard work of communities as they work to close the infrastructure gaps that exist across the country.

As communities recover from the disruption of COVID-19, the department continues to work with Indigenous partners to support the health and safety of Indigenous Peoples. We support Indigenous leaders as they implement self-determined approaches to keep their members and communities safe. The focus remains to eliminate anti-Indigenous racism in Canada's health systems; co-develop distinctions-based health legislation; and support culturally appropriate and effective mental wellness and harm reduction.

We also remain focused on supporting the safety and well-being of Indigenous children. We will compensate those harmed by the discriminatory underfunding found in the First Nations Child and Family Services program and the narrow definition of Jordan's Principle, and will continue to work together with partners on long-term reform of the First Nations Child and Family Services program. We must all commit to a better future for this generation, as well as generations to come. We continue to work with Indigenous partners in exercising their inherent jurisdiction under the *Act respecting First Nations, Inuit and Métis children, youth and families*, ending the colonial and harmful policies that created tremendous intergenerational suffering and loss of connection to family and culture.

We are advancing self-determined approaches to education with First Nations partners. To date, we have signed nine Regional Education Agreements. These agreements are designed jointly with First Nations to support their vision and priorities, so that students living in their communities have access to a high-quality education rooted in culture and tradition.

Sustainable, climate-resilient infrastructure is also a key focus of the department. Communities need quality infrastructure to foster healthy families and close socio-economic gaps. As part of the First Nations Drinking Water Settlement concluded in 2022, Canada committed at least \$6 billion to continue our joint work to ensure reliable access to safe drinking water on reserve. Ending boil water advisories and preventing short term advisories from becoming long term ones is a key priority for the federal government. Canada repealed the *2013 Safe Drinking Water for First Nations Act* in June 2022 and will continue to work with First Nations and their representative organizations to create replacement legislation that better ensures safe drinking water and wastewater services in First Nations.

We are committed to the administration of the department's statutory and Treaty obligations, while providing governance capacity supports to Indigenous communities for the advancement of self-determination and service transfer.

To continue advancing reform of the *Indian Act*, the Government of Canada introduced a new bill outlining four significant legislative amendments to help affected individuals regain eligibility lost due to various methods of enfranchisement.

The Government of Canada remains committed to economic reconciliation to address the many ways a colonial system undermined Indigenous economic prosperity. We will seek and improve ways to support Indigenous businesses and communities to thrive through economic levers and advocate with other federal departments and agencies, provinces and territories and the private sector. Economic reconciliation is a critical ingredient in growing the prosperity of our nations and addressing the many challenges we collectively face.

This year, the work of Indigenous Services Canada included enhancing and updating the Departmental Results Framework. As the department's mandate and service areas have stabilized, it has begun the work to streamline bureaucratic processes, draw from Indigenous-led results and data frameworks, strengthen horizontal reporting with other departments, improve the overall quality of data and metrics, and be more proactive in service delivery and transfer.

The success and health of Indigenous Peoples requires a whole of government approach and the end of siloed services. ISC is doing the important work of reframing its core responsibilities, and changing the way the Government of Canada operates across departments. Indeed the department is also an advocate within the federal sphere to incorporate Indigenous worldviews, inclusive policy making and opportunities including through tangible targets on procurement.

With a renewed Departmental Results Framework in place, service transfer and support for the self-determination of Indigenous Peoples will be strengthened, and the federal government will be transparently accountable based on self-determined outcomes and priorities, something Indigenous partners have requested repeatedly.

Reconciliation is not a destination, it is truly a journey. But what is clear is the benefits to Indigenous Peoples, provinces, territories and all communities is tremendous when we focus on ensuring every person, every child sees themselves as valuable and important to the success of our nations. I look forward to another productive year of working with partners to advance the priorities of Indigenous Peoples and deliver high-quality services.

The Honourable Patty Hajdu, P.C., M.P.
Minister of Indigenous Services

Plans at a Glance

Indigenous Services Canada (ISC) was created in November 2017, bringing First Nations and Inuit health services (formerly with Health Canada) together with education, essential social services, child and family services programs, lands and economic development, housing and infrastructure programs from the Department of Indian Affairs and Northern Development. ISC was established through the *Department of Indigenous Services Act*, which came into force in July 2019. The department was mandated to:

- Ensure that First Nations, Inuit and Métis individuals have access to services for which those individuals are eligible.
- Take into account socio-economic gaps that persist between Indigenous individuals and other Canadians with respect to a range of matters as well as social factors having an impact on health and well-being.
- Recognize and promote Indigenous ways of knowing, being and doing.

- Collaborate and cooperate with Indigenous Peoples and with the provinces and territories.
- Implement the gradual transfer of services to Indigenous organizations.

To meet these goals, ISC developed its first Departmental Results Framework (DRF) in 2019-20 structured around the department's service delivery programs, with the overarching purpose to implement the gradual transfer of these services to Indigenous organizations in support of self-determination.

Over the past few years, the Government of Canada's policy agenda and programming with respect to recognizing and advancing priorities of First Nations, Inuit, and Métis has maintained momentum involving most federal departments/agencies and other jurisdictions. ISC's programming is diverse and often complements services for Indigenous Peoples that are offered by other organizations. The DRF structure being introduced in 2023-24 supports this evolution by moving to a single Core Responsibility that focuses on Indigenous Well-Being and Self-Determination. This change shifts the organization of the department's programs from service delivery types into those that support outcomes for Indigenous Peoples and communities—aligning with the department's mandate and vision to support and empower Indigenous Peoples to independently deliver services and address socio-economic conditions in their communities.

The new DRF will demonstrate interdependencies across Service Areas that influence socio-economic outcomes (e.g. the social determinants of health). It will provide better alignment for programs that share common objectives, outputs, and recipients (e.g. home and long-term care, infrastructure programs, etc.), improved performance measurement, and a coordinated approach to departmental engagement by Service Area. It will

also simplify engagement with the goal of facilitating greater co-development and direction from partners. Although the structure may have changed, the focus on core services, or Service Areas, remains the priority to ensure that service transfer can be achieved through the many forms it may take both at the community and regional, and at times, national level.

For the upcoming year, priorities are linked to six Service Areas: Health, Children and Families, Education, Infrastructure and Environments, Economic Development, and Governance. These priorities are guided by the overarching commitments of honesty, equity, and autonomy. Examples of how these principles are applied are briefly described below.

Honesty

ISC will work to support culturally-appropriate, safe, equitable, and inclusive health services, and develop a longer-term national approach for eliminating racism and discrimination in Canada's health systems. The department will also co-develop distinctions-based Indigenous health legislation and ensure the work is guided by Joyce's Principle. These approaches will be supported by measures outlined in Budget 2022, ongoing national and regional dialogues, and the renewal of Canada's Anti-Racism Strategy led federally by Heritage Canada.

For children and families, ISC will work with partners to identify targets and ensure measures are in place to support better outcomes in the best interests of the child. This includes the long-term reform of the First Nations Child and Family Services Program and Jordan's Principle.

Equity

As part of supporting strong and healthy Indigenous communities, ISC brings together diverse health programming that supports mental health and wellness, as well as cultural and physical well-being programs that

contribute to improved health outcomes. The department will prioritize the health and well-being of Indigenous Peoples through distinctions-based approaches for developing a Mental Health and Wellness Strategy and Indigenous Long-term and Continuing Care Framework.

ISC will also continue to collaborate with Indigenous partners to ensure important sustainable infrastructure is in place to support Indigenous communities and their people. This includes working with First Nations partners to eliminate all remaining long-term drinking water advisories on reserve and closing infrastructure gaps with a particular focus on investments in housing.

Autonomy

ISC is working to advance self-determination and prosperity for Indigenous Peoples by supporting First Nations, Inuit and Métis communities, groups and governing bodies who seek to assert full jurisdiction in the areas that matter to them, such as child and family services, education, lands, and health care.

For children and families, this includes the ongoing implementation of *An Act respecting First Nations, Inuit, and Métis children, youth and families*, which supports First Nations, Inuit and Métis governing bodies in the development and implementation of laws related to child and family services.

Elementary, secondary and post-secondary education programs will bring together programming to support culturally-appropriate education as well as regional education agreements and forthcoming regional post-secondary education models that respond to First Nations education goals and priorities. Co-developed distinctions-based post-secondary education is framed by the principle of Indigenous control of Indigenous education.

Inclusive economic programs will advance self-determination through strong economic recovery and growth, including ensuring accessibility of Indigenous business supports. ISC will look to invest in capacity building initiatives and co-develop approaches with Indigenous partners that advance self-determination, including transfer of departmental responsibilities, and transition away from the *Indian Act*.

For more information on Indigenous Services Canada's plans, see the "Core responsibilities: planned results and resources, and key risks" section of this plan.

Core Responsibility: Planned Results, Resources, and Key Risks

This section contains information on the department's planned results and resources for its core responsibility. It also contains information on key risks related to achieving those results.

Indigenous Well-Being and Self-Determination

ISC provides well-being services support of First Nations, Inuit, and Métis individuals, children and families throughout their life from childhood to elder years.

These services are informed by the social determinants of health and are intended to fulfill the departmental mandate to close socio-economic gaps through services that include culturally appropriate physical and mental health; safety and social wellness; and education.

Community well-being is part of a continuum that extends to the environment and the land. These services work to create sustainable infrastructure and environments; and economic prosperity.

Support for governance capacity advances self-determination and enable opportunities for service transfer. Service transfer in partnership with Indigenous Peoples can extend across all service areas to support Indigenous self-determination in alignment with the departmental mandate.

As noted in the 2022 Report to Parliament, the department intends to engage with partners on the co-development of a Service Transfer Policy Framework. The purpose of the Framework will be to transparently lay out the objectives, processes, resources and other core aspects of service transfer, taking into account lessons learned from the past and current initiatives. The transfer of departmental responsibilities takes many forms and is highly dependent on the priorities and public sector skills and resources at the community and regional levels; however, it is equally dependent on ISC securing authorities and funding.

Once the framework is developed, ISC will also look to co-develop strategic tools and mechanisms to provide a clear path to transferring responsibilities to Indigenous organizations, including predictable and sustainable funding to support transfer agreements across service areas. In order for partners to be able to hold the department accountable to commitments, a results strategy and concrete milestones will also be co-developed.

ISC's Core Responsibility in the Context of Broader Government of Canada Commitments

ISC is committed to honouring the duty to consult with Indigenous Peoples and actively supporting the implementation of the Calls to Action of the Truth and Reconciliation Commission (TRC), the Calls for Justice for Missing and Murdered Indigenous Women Girls (MMIWG), and the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP) in the design

and delivery of all programs and policies both now and in the future. Existing programs within each service area are actively contributing to these commitments.

1. Health

As recognized by the TRC and MMIWG Inquiry, the current state of Indigenous health in Canada is a direct result of past and enduring colonial policies. ISC programming in the area of health aims to positively contribute towards the calls to action and to justice, while also recognizing the need identified in the UNDRIP to uphold equal rights of Indigenous individuals to the enjoyment of the highest attainable standard of physical and mental health. Examples of these contributions include: community-based funding for Public Health Promotion and Disease Prevention, the Non-Insured Health Benefits Program and mental wellness initiatives. To strengthen ISC's efforts, the Department is exploring with First Nations, Inuit and Métis partners the co-development of distinctions-based Indigenous health legislation that will foster a healthcare system free from racism in the spirit of Joyce's Principle. Budget 2021 announced \$126.7 million over 3 years to addressing anti-Indigenous racism in Canada's health systems. To date, Indigenous Services Canada has funded over 50 proposals that address anti-Indigenous racism in health systems through Budget 2021. Following the co-development of legislative options with First Nations, Inuit, Métis partners as well as provinces and territories (where relevant), in 2023-24, Indigenous Services Canada will work with the Department of Justice to draft the bill(s). Introduction of the bill or multiple bills will follow in Winter 2024.

The Jordan's Principle and the Inuit Child First Initiative are available for all eligible First Nation and Inuit individuals regardless of where they live. These initiatives contribute to closing gaps in health and social outcomes

and address distinct needs and jurisdictional disputes. Jordan's Principle and the Inuit Child First Initiative also contribute to fulfilling calls to action specific to ensuring better support for families and resources for communities to keep children in their family homes and close the gaps in health outcomes between Indigenous and non-Indigenous communities, specifically with infant and child health issues.

ISC's work with federal and Indigenous partners to promote the healthy development of children and implement a co-developed Indigenous Early Learning and Child Care Framework simultaneously contributes towards fulfilling the TRC's Calls to Action by offering culturally appropriate parenting programs for Indigenous families, as well as the MMIWG Calls for Justice by providing adequate, stable, equitable, and ongoing funding for Indigenous-centered and community-based health and wellness services that are accessible and culturally appropriate for Indigenous women, girls, and 2SLGBTQQIA+ people.

Long-term and continuing care allows community members to stay together and creates environments that are more conducive to the preservation, revitalization and passing on of traditional knowledge and healing practices and enables these to be better incorporated into methods of care. This upholds and honours vitally important aspects of Indigenous culture which supports the TRC's Calls to Action, recognizing the value of Indigenous healing practices and the MMIWG Calls to provide support to revitalize Indigenous health and wellness. Offering in-community programs fosters an atmosphere that is culturally-relevant and safe, thus supporting UNDRIP's call for Indigenous Peoples to have the right to access all social and health services without any discrimination.

The ongoing implementation of the comprehensive Nursing Health Human Resources framework and the Nursing Recruitment and Retention Strategy that include cultural safety and humility training in nursing schools is a humble contribution to TRC's calls to provide cultural competency education to healthcare professionals and other calls to action from Indigenous partners.

2. Children and Families

ISC Programs in the service area of Children and Families contribute to upholding the UNDRIP call to ensure that Indigenous women and children enjoy full protection and guarantees against all forms of violence and discrimination. Through safety and prevention services, and the support for the construction of emergency and second-stage shelters, ISC is working, on a federal level, to uphold the MMIWG Call for governments to support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second stage housing, and services for Indigenous women, girls, and 2SLGBTQQIA+ people. In 2021, the Government of Canada announced \$724.1 million to launch a Comprehensive Violence Prevention Strategy. As part of the Strategy, in 2023-2024, ISC will continue to work with the Canadian Mortgage and Housing Corporation to support the construction of new emergency and second-stage shelters, as well as funding to support culturally appropriate enhanced services and violence prevention activities. It is anticipated that applications will be accepted until March 2024. This will be determined on the number of projects selected in each phase and the available funding.

Child and Family Service programs are working with partners to make immediate and long-term reform to child and family services on reserve and in the Yukon, and implement the *Act respecting First Nations, Inuit and Métis children, youth and families*.

3. Education

ISC is working to transform elementary and secondary education programming for First Nations students to support education that respects First Nations' methods of teaching and learning. An example of education transformation is the extension of the British Columbia Tripartite Education Agreement for two years starting June 30, 2023 (2023–2025) while work begins to renegotiate for 2024-25. Agreements such as this provides funding for First Nation children to have access to an education that is rooted in their own culture and provided in their own language, thereby helping to ensure students receive both a high quality and culturally appropriate education that responds to their needs.

As ISC concludes more regional education agreements and establishes a framework based on First Nations-led funding formulae, progress is being made towards increasing First Nations control over First Nations education. This upholds the UNDRIP call for Indigenous Peoples right to establish and control their educational systems and institutions, providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.

Through distinctions-based Post-Secondary Education programming, ISC is working toward increasing the number of post-secondary Indigenous students. The department is also collaborating with Employment and Social Development Canada and other federal departments to support program expansion for the First Nations and Inuit Youth Employment Strategy.

4. Infrastructure and Environments

ISC is answering the UNDRIP and MMIWG Calls to uphold the right of Indigenous Peoples to the improvement of economic and social conditions through support of community infrastructure. This contributes to Indigenous Peoples, including elders, persons with disabilities, Indigenous

women, girls, and 2SLGBTQQIA+ people, having access to services and infrastructure that meet their social and economic needs such as safe housing and clean drinking water that supports sanitation, health and social security. Through initiatives for capacity building and procurement pilots, ISC is actively working to support water and wastewater infrastructure projects and ensure sustainable access to safe drinking water in First Nations communities with the goal of lifting remaining Long-Term Drinking Water Advisories. Investments to improve housing conditions help support the integrity of First Nations families and communities. Suitable housing options and safe shelters can become available for First Nations women, girls and 2SLGBTQQIA+ people who are at risk for targeted physical, sexual and emotional violence and domestic abuse.

Funding and support to build, renovate, and maintain education facilities in First Nations communities contribute towards advancing the UNDRIP call to honor the right to administer social programs through their own institutions. First Nations and Inuit health infrastructure projects contribute towards fulfilling UNDRIP call to support health outcomes, and the TRC's and MMIWG Calls to provide Indigenous healing centres for in-community access to culturally-appropriate health and wellness services. Other general community infrastructure projects help to answer the MMIWG Inquiry Call to improve the quality of life and the environment for Indigenous communities such as improving connectivity and access to high speed internet.

Enabling First Nations to reassert jurisdiction over their land, environment and natural resources, contributes towards fulfilling UNDRIP and the TRC's Calls to Action by honoring and affirming Treaties and Indigenous rights, Indigenous law, and Indigenous–Crown relations. This includes land

management and land-use planning, environmental reviews and addressing concerns associated with waste management and contaminated sites.

The advancement of governance and service delivery for First Nations emergency preparedness supports the UNDRIP call to recognize the right to autonomy or self-government in matters relating to self-determination.

5. Economic Development

The principles of UNDRIP speak to self-determination in economic development and that government has the responsibility to support these activities and ensure continuing improvement of economic and social conditions. Indigenous Financial Institutions and Métis Capital Corporations who deliver programs have strong on-the-ground presence and reach communities they serve. They are governed by investment committees with representatives of different communities they serve, enabling Indigenous Peoples to participate in decision making with respect to economic development.

ISC's economic development funding respects the right to self-determination by Indigenous partners and uses a distinctions-based, inclusive approach. For example, the Indigenous Women Entrepreneurship initiative increases accessible supports for women and improves social and economic security for Indigenous women entrepreneurs.

Advancing work with First Nations on their assertion of jurisdiction and the modernization of Indian Oil and Gas Regulations helps to support the UNDRIP and MMIWG Calls to uphold the right of Indigenous Peoples to self-determination and freely pursue their economic, social and cultural development. Strategies and initiatives that fall under the Indigenous Entrepreneurship and Business Development program also uphold these

calls, such as investing in building capacity for local, economically-sustainable clean energy projects in First Nations, Inuit, and Métis communities, and funding Indigenous organizations that support and increase Indigenous entrepreneurship.

6. Governance

ISC invests in First Nation-led processes that transition away from the *Indian Act* and capacity building initiatives that strengthen the fabric of Indigenous governments across Canada. These actions contribute to bringing conformity to several UNDRIP articles and the right of Indigenous Peoples to freely pursue and strengthen their distinct economic, social and cultural development; and self-govern in matters relating to them. Funding initiatives such as the New Fiscal Relationship Grant is aligned with UNDRIP as it seeks to provide First Nations with autonomy in the design and delivery of services.

Helping First Nations convert to election systems and ensuring First Nations governments have core management and administrative capabilities contribute to fulfilling UNDRIP calls to uphold the right of Indigenous Peoples to participate in decision-making matters which would affect their rights through representatives chosen by themselves in accordance with their own procedures, determine their own identity or membership in accordance with their customs and traditions, and promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices, juridical systems or customs in accordance with international human rights standards.

While recognizing that there is more work to do on reform, the department will pursue proposed amendments to the *Indian Act* as an additional step forward on the path of reconciliation. These amendments contribute to recognizing, protecting and supporting the MMIWG Calls, specifically by

seeking to uphold the right of Indigenous Peoples to informed consent to all decision-making processes that affect them and by eliminating gender discrimination in the *Indian Act* to ensure rights are guaranteed equally to men, women, girls, and 2SLGBTQQIA+ people.

For more information on the specific references to the TRC's Calls to Action, the MMIWG Calls for Justice, or UNDRIP Articles, see the "Corporate Information - Reporting Framework" section of this plan.

Gender-Based Analysis (GBA) Plus

ISC's approach to GBA Plus endeavors to be culturally competent and is informed by the GBA Plus frameworks from Indigenous Women's organizations and expertise from Indigenous communities, individuals and knowledge. ISC's GBA Plus approach encourages the use of Indigenous social determinants of health and co-development in decision making, policy and program design, service delivery and when measuring impacts. Together, these frameworks support all pillars and goals of the Gender Results Framework, and help to advance key government priorities, including the transfer of departmental responsibilities for services, the MMIWG Calls to Justice, the TRC's Calls to Action, United Nations Declaration on the Rights of Indigenous Peoples, and the Federal 2SLGBTQQIA+ Action Plan.

The renewal of the DRF provides ISC the opportunity to strengthen the alignment of its structure to help ensure inclusive outcomes for Indigenous Peoples. A GBA Plus lens was used to help design the DRF and the Service Area approach, which supports intersectional and holistic reporting. The development of these groupings reflect the changing realities and inequalities of the diverse populations that ISC serves.

ISC, with the leadership of its GBA Plus Responsibility Centre, will continue to work with Indigenous Partners, the Indigenous Women's Well-Being Advisory Committee ¹, Women and Gender Equality Canada, Crown Indigenous Relations and Northern Affairs Canada (CIRNAC), and other partners and stakeholders to ensure further integration of GBA Plus considerations for policy and program design, service delivery, and performance measurement at the departmental and Program level.

Where available, Departmental Results will report gender disaggregated data (e.g. health, educational attainment, safety, and economic well-being). As ISC works to further co-develop indicators with Indigenous Partners and advance the transfer of departmental responsibilities for services, the department will continue to give preference to distinctions-based Indigenous-led data strategies that foster aggregate-level, outcomes-based reporting that support Indigenous communities' ownership of their own data and story-telling.

Indigenous Service Canada's programs and initiatives are distributed across gender, income levels, ages, Indigenous distinction groups (i.e. First Nation, Inuit and Métis) and geography. ISC will continue to work to close socioeconomic gaps for other sub-populations of such as 2SLGBTQQIA+ individuals, women, persons with disabilities and physical or mental health issues, and youth.

With these findings in mind, ISC will use GBA Plus in 2023-24 to ensure positive outcomes for the Indigenous Peoples and communities it supports. This is detailed by Service Area under the Planning Highlights section below.

GBA Plus considerations will also be implemented at the Program level. Where data gaps exist, recommendations will be made to internal and external stakeholders to collect disaggregated data by gender, age,

geography and other identity factors that speak to the realities faced by the populations ISC serves.

The department will continue to strengthen its application of GBA Plus internally by supporting department specific training and by building enhanced governance structures. ISC will also work with CIRNAC and Indigenous partners to create distinctions-based culturally-competent GBA Plus approaches and tools. Additionally, the department will continue its work with CIRNAC, Women and Gender Equality Canada and the Canada School of Public Service to include Indigenous considerations in GBA Plus training and tools for all public servants.

Innovation

The process of renewing ISC's Departmental Results Framework enables the strengthening of performance measurement and provides an opportunity to implement quality and relevant data and performance indicators and targets by service area that will be more reflective of outcomes to which ISC's Programs and services contribute. Budget 2021 announced \$81.5 million for the Transformational Approach to Indigenous Data, which focuses on the development and implementation of First Nations, Inuit, and Métis led data strategies to enhance their data capacity. In the long term, this capacity will help ensure that ISC's Departmental Results Framework reflects a shared understanding with Indigenous Partners of how to measure success in a culturally relevant way. In the meantime, ISC will continue the work to enhance the availability of the Indigenous-led disaggregated data required to effectively support the department's commitment to advancing substantive equality and the closure of socio-economic gaps.

The new DRF and Program Inventory will also allow for service transfer considerations (including interdepartmental, multi-jurisdictional, and legislative considerations) to be identified by service area. The renewed DRF will also facilitate better coordination among programs to address the considerations being identified. As ISC works to further co-develop indicators with Indigenous Partners and advance service transfer through grant, block or flexible agreements, ISC will continue to give preference to Indigenous-led data strategies that foster aggregate-level, outcomes-based reporting and outcomes-based reporting that supports Indigenous communities' ownership of their own data, story-telling and reporting back to their own citizens.

To improve the quality and relevance of methodologies and frameworks, the ISC Evaluation Directorate has invested in a partnership with the *Indigenomics Institute* on a project entitled *Centering Indigenous Worldviews within Evaluation Frameworks*. The project aims to generate a set of practical co-designed tools and methods for evaluation processes to be piloted in an upcoming evaluation. Commonly used methodologies for program evaluations are often rooted in Westernized, positivist perspectives that do not incorporate the diversity and vibrancy of Indigenous nations, peoples, cultures, worldviews and knowledge systems. As Indigenous nations are moving towards self-determination, evaluation is a critical collaborative tool to strengthen relationships, expand language, philosophy, and methods, and advance Indigenous-led evaluation criteria.

Planning Highlights by Service Area

ISC has a single Core Responsibility in order to demonstrate how various programs contribute to an overall objective; however, the department continues to track and report on expenditures and results related to six key

service areas: Health, Children and Families, Education, Infrastructure and Environments, Economic Development, and Governance.

Health

Seeking to fulfill the Core Responsibility of Indigenous well-being from a health perspective requires taking a holistic approach to improving health outcomes for Indigenous Peoples. This means considering all aspects of health and its determinants, including mental, economic, cultural, and social factors, rather than just symptoms of diseases. The Health Service Area brings together health programs that support mental, cultural and physical well-being including Public Health Promotion and Disease Prevention, Home and Long-Term Care, Primary Health Care, Health Systems Support, Supplementary Health Benefits, Jordan's Principle and the Inuit Child First Initiative.

There are three departmental results in this Service Area that work together to ensure Indigenous Peoples are physically and mentally well, and have access to quality federally-funded health services. These departmental results are aligned with the TRC's Call To Action that calls upon the federal government to establish measurable goals that identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities.

Departmental Result 1: Indigenous Peoples are physically well

ISC is committed to improving health outcomes for Indigenous Peoples to ensure they are physically well. The department will work toward this result by breaking down program siloes to provide communities with more flexibility to implement integrated and holistic health services. This

alignment of health programming will also leverage existing synergies to support the transfer of health-related services to First Nations and Inuit communities.

In 2023-24, ISC will continue to:

- Ensure eligible First Nation and Inuit individuals have improved access to the range of medically necessary health benefits through the Supplementary Health Benefits Program (also known as Non-Insured Health Benefits).
- Engage with the Assembly of First Nations on a multi-year joint review of the Supplementary Health Benefits program to identify and implement actions that enhance client access to benefits, and with Inuit Tapiriit Kanatami and the National Inuit Committee on Health to find ways of improving the delivery of benefits to Inuit clients.
- Ensure First Nations and Inuit children have access to the products, services and supports they need, when they need them, regardless of where they live in Canada through the Jordan's Principle and the Inuit Child First Initiative program.
- Work with First Nations partners on reforming the First Nations Child and Family Services and renewing the approach to Jordan's Principle while also implementing immediate and ongoing measures as ordered by Canadian Human Rights Tribunal.
- Support Inuit partners to establish an Inuit-specific approach that better meets the needs of Inuit children in the long-term and collaborate with Inuit Tapiriit Kanatami to raise awareness of the Inuit Child First Initiative.

As a key contributor to supporting SDG 10 - Reduced inequality and SDG 16 - Peace, justice and strong institutions, ISC is committed to continuing to work with First Nations, Inuit, Métis and Intersectional

partners guided by **Joyce's Principle**, towards the development and implementation of distinctions-based legislation that will foster health systems that will respect and ensure the safety and well-being of Indigenous Peoples health care services regardless of where they live.

ISC will also continue in its commitment to fostering a health system free from discrimination where Indigenous Peoples are respected and safe. In 2023-24, ISC will:

- Fully implement Joyce's Principle.
- Continue to hold National Dialogues and regional and themed roundtables to prompt further action by health system partners and measure progress for eliminating anti-Indigenous racism in Canada's health systems.
- Co-develop distinctions-based Indigenous health legislative options with First Nations, Inuit, Métis and Intersectional partners as well as provinces and territories (where relevant).
- Implement Budget 2021 funding for Anti-Indigenous Racism in health systems.
- Bolster Indigenous Health System navigators to provide culturally sensitive access to services and support for Indigenous Peoples and their families.

The department will measure distinctions-specific progress towards ensuring positive health outcomes through self-reported health status. Studies have demonstrated that it is a reliable and valid measure that can be more effective than clinical measures for the prediction of help-seeking behaviours and health service use.

Departmental Result 2: Indigenous Peoples are mentally well

Mental health is linked to the overall health status of Indigenous individuals and communities. Inequities in mental wellness being experienced by Indigenous populations are linked to intergenerational trauma, current day racism and discrimination, access to mental wellness services, and other gaps relating to the social determinants of health. ISC's efforts to address these inequities are strongly guided by Indigenous-led frameworks such as the First Nations Mental Wellness Continuum Framework, "Honouring Our Strengths", and the National Inuit Suicide Prevention Strategy.

ISC's suite of community-based, culturally relevant health promotion programs and services will contribute to SDG 3 – Good health and well-being and support the Federal Implementation Plan for the 2030 Agenda by focusing on healthy living, healthy child development, and social and mental wellness. This includes improving **Indigenous health outcomes** through supporting the elimination of tuberculosis across Inuit Nunangat by 2030 and supporting distinctions-based approaches to mental wellness for Indigenous communities.

In 2023-24, ISC will:

- Implement distinctions-based mental wellness initiatives linked to a three-year investment of \$597 million from Budget 2021.
- Continue to provide trauma-informed health and cultural supports for Indian Residential School survivors, and funding for mental health and traditional healing support services with a call center component for individuals who have been affected by Indian Residential School, Indian Day School, or MMIWG.

The department will measure distinctions-specific progress towards increasing positive outcomes through self-reported mental health surveys that ask respondents to rate their mental health. This is a recognized metric that closely aligns with other measures of mental health and well-being.

Departmental Result 3: Indigenous Peoples have access to quality federally-funded health services

ISC recognizes that accessibility of quality federally-funded health services is key to achieving physical and mental wellness for Indigenous Peoples. Barriers to accessibility can occur due to many factors such as living in remote locations where there is a lack of available resources, a distrust of the health care system due to historical trauma, systemic racism or a lack of cultural safety, or poverty that limits access to transportation options.

In 2023-24, ISC will:

- Continue to provide multiple in-community programs to help remove these kinds of barriers and support access to a wide range of health services.
- Continue to advance culturally-grounded public health surveillance, health protection and promotion and disease prevention.
- Support community-directed services related to promoting healthy living including improved access to healthy foods, increased physical activity, and reducing commercial tobacco use. Specific efforts will include working closely with Inuit Tapiriit Kanatami and Inuit partners to provide secretariat services for the Inuit Crown Food Security Working Group, supporting the implementation of the work plan, and collaborating with other departments to support the Inuit Nunangat Food Security Strategy.

ISC's continued support of **Nutrition North Canada** contributes to advancing SDG 2: Zero hunger by ensuring community-based nutrition education activities are available in isolated northern communities to increase knowledge of healthy eating and skill development in selecting and preparing healthy store-bought and traditional or country foods, and to improve healthy food access.

ISC will continue working with federal and Indigenous partners to promote healthy development of children by implementing the co-developed Indigenous Early Learning and Child Care Framework. In 2023-24, ISC will support expanded availability of Indigenous Early Learning and Child Care for children and services for youth and 2SLGBTQIA+ in communities, as determined by Indigenous partners.

As part of its mandate to deliver distinctions-based support in response to COVID-19, ISC will:

- Continue to work closely with the Public Health Agency of Canada, other federal departments, and provincial and territorial governments as well as Indigenous leadership, organizations and communities as the pandemic continues to evolve to protect the health and safety of Indigenous Peoples. This includes supporting Indigenous organizations and communities in responding to ongoing and emerging public health threats and emergencies.
- Provide sustained funding for community-driven and community-designed health emergency management preparedness and mitigation activities.
- Support Indigenous communities' responses to other communicable disease concerns, such as tuberculosis, and sexually transmitted and

blood-borne infections (i.e., syphilis, HIV and hepatitis C), as well as other vaccine-preventable diseases (i.e., influenza and pneumococcal infections) or any other emerging health emergencies as they arise (i.e., monkeypox).

- Strengthen the delivery of core environmental public health programming designed to identify and prevent public health risks on-reserve that could adversely impact the health of community residents.
- Expand the scope of project proposals submitted under the First Nations Environmental Contaminants Program to include risk factors with clear impact on human health such as exposure to radon.

Through **environmental public health services**, ISC is contributing to SDG 3 – Good health and well-being. To help facilitate the delivery of these core services, a strategy to support the recruitment and retention of on-reserve Environmental Public Health Officers will be implemented.

Environmental Public Health Services also support SDG 13 – Climate action via the **Climate Change and Health Adaptation Program** which is designed to build capacity for climate change and health adaptation by funding First Nations and Inuit communities' efforts to identify, assess, and respond to the health impacts of climate change.

Long-term and continuing care programs allow community members of all ages to receive the care they need in their homes and remain in their community while maintaining as much independence as possible. When community members are kept together, a vitally important aspect of

Indigenous culture is upheld and honored. Traditional knowledge and healing practices are more likely to be preserved, revitalized and passed on to others, and incorporated into methods of care. In 2023-24, ISC will:

- Co-develop a new and more holistic distinctions-based Indigenous Long-term and Continuing Care Framework in collaboration with First Nations and Inuit partners.
- Advance culturally-grounded home and community care services inclusive of comprehensive nursing assessment, clinical nursing treatments in the home, personal care, care coordination and case management, access to medical supplies and equipment and facilitating linkages with other services.

Additional important components to ensuring access to in-community health services involves continuously exploring new and innovative retention and recruitment strategies to secure a stable health workforce and improving the efficiency of health care delivery. In 2023-24, ISC will:

- Address nursing shortages through the ongoing implementation of the comprehensive Nursing Health Human Resources framework and the Nursing Recruitment and Retention Strategy. This includes support for nurses working in Indigenous communities and improvements to cultural safety and humility training in nursing schools.
- Promote improved access to innovative healthcare technologies, especially in light of the pandemic, to help virtually connect First Nations individuals, families and communities in remote areas with general practitioners, specialists, diagnostic testing and follow-up appointments (i.e. electronic medical records and virtual care).
- Continue engaging with digital health organizations and First Nations partners including the Assembly of First Nations, Canada Health

Infoway and provincial governments (i.e., connectivity and interoperability).

Administering programs and supports that work to achieve wellness for Indigenous Peoples is only one half of ISC's core responsibility and is incomplete without also working to advance self-determination; reclaiming jurisdiction in the area of health is a key priority for Indigenous communities and a key part of ISC's mandate. In 2023-24, ISC will:

- Advance First Nations, Inuit, and Métis data governance and data capacity by increasing the collection access and use of health data, and facilitating devolution through the development of a robust Indigenous data network.
- Continue collaborative engagement and negotiation processes between Canada, First Nations partners, and provinces and territories to develop new First Nations-led health models or entities to assume greater control of the design, administration, management, and delivery of federally administered health services and programs.
- Explore approaches to support the ongoing work of Health Transformation, including the onboarding of new projects. This will focus on health planning and administrative solutions to build capacity for First Nations, as well as Inuit partners at various stages in the service transfer process.

ISC will measure progress on access to quality federally-funded health services by tracking self-reports on the quality of clinical and client care service delivery in remote and isolated First Nations communities. Self-reports on experiences of clients are an important measure to assess the quality of health services, as positive health care experiences are known to

be related to follow up of recommended prevention actions and treatments, better clinical outcomes, improved patient safety and reduced health care use.

The department will also measure progress on the transfer of health services to First Nations control through the annual percentage of First Nations under Block or Flex funding agreements or in the 10-year New Fiscal Relationship Grant. First Nations under these funding agreements develop plans for the delivery of community-based health programming, and receive health governance funding to increase capacity for service delivery and management. The flexibility to move funds supports this increased control by allowing recipients to plan out their health priorities and deliver programming in those areas, as designed by them.

Gender-based Analysis Plus for the Health Service Area

The Health Service area uses gender-based analysis plus in various ways to ensure inclusive outcomes, mitigate negative impacts, remove barriers to access, or address disparities for possible sub-populations who may be differentially impacted by an issue being addressed.

Mental wellness supports are strongly guided by Indigenous-led frameworks such as the First Nations Mental Wellness Continuum Framework, Honouring Our Strengths, and the National Inuit Suicide Prevention Strategy. Each of these frameworks outline a comprehensive, strengths-based approach that identifies the need for specific supports for populations at risk, including across genders and for individuals who identify as 2SLGBTQQIA+. By highlighting key Indigenous social determinants of health, including self-determination, equity, and collaboration across all sectors both nationally and internationally, these frameworks not only support all pillars and goals of the Gender Results

Framework, but also are designed to address the gendered impacts and experience of trauma and violence. A few demonstrations of this work are described below.

Starting in 2022-23, the data collection instrument for the Nutrition North Canada Nutrition Education Initiatives gathers some details on gender, including whether participants who attended community activities were male, female or another gender. This information will help determine if Nutrition Education Initiatives activities are reaching specific genders.

In recognition of the need to ensure the voices and perspectives of Indigenous women in departmental policy and decision-making processes, and as part of the response to reports of forced and coerced sterilization of Indigenous women in Canadian hospitals, ISC established an Advisory Committee on Indigenous Women's Wellbeing with Indigenous partners and other federal departments. This committee provides gender and distinctions-based advice and guidance on issues across the social determinants of health. Going forward, work will continue with Indigenous partners, including the Advisory Committee on Indigenous Women's Wellbeing, and the Indigenous Early Learning and Child Care Transformation Initiative. This will ensure new GBA Plus approaches are designed and guided by Indigenous Peoples.

With respect to Communicable Disease Control and Management, GBA Plus is integrated in program design and management activities to ensure that Indigenous partners receive supports that are equitable and accommodating to the needs of diverse populations. In practice, this is accomplished by creating flexibility in the variety of supports offered to communities to ensure that they respond to the unique needs of various populations within communities. Furthermore, within program policy

design, GBA Plus considerations are integrated to create equity in understanding specific risk factors for various populations and then determine how to best support them.

Environmental Public Health services positively impact all members of the community to advance the Poverty Reduction, Health and Well-being goal of Canada's Gender Results Framework. In addition, Environmental Public Health Officers and Community Based Drinking Water Quality Monitors are working to improve access to safe water to positively impact the health of all individuals, with a special focus on facilities that house those that are the most vulnerable, such as the inspection of schools and long-term care facilities. Another example is incorporating youth and elders by design within proposal-based programs by requiring that funded projects reflect the impact of climate change on them, and include them in the development and implementation of adaptation plans.

An engagement process with Indigenous partners focusing on services and systems to build a new and more holistic long-term and continuing care framework is providing an opportunity to learn from Indigenous partners about how best to improve long-term and continuing care while applying a gender-based analysis lens. Mitigation strategies for topics such as considering the impacts on Indigenous women who tend to be responsible for the majority of unpaid care are being considered and built into the new framework as it is developed. Furthermore, the engagement also provides an opportunity for Indigenous partners to help inform the development of its GBA Plus reporting strategy on topics such as the inequalities between women and men in their contributions to the delivery of informal caregiving on reserve.

During the COVID-19 pandemic, ISC has focused on providing essential supports, supplies and equipment to Indigenous communities and organizations. As part of this work, ISC secured funding of \$186.8 million over two years (2020 – 2022), for a new Supportive Care Initiative; this was to address the immediate and supportive health and social service needs of Indigenous communities related to the COVID-19 pandemic in areas such as home care and long-term and continuing care services. This initiative provided support to Indigenous seniors, adults with disabilities, and their caregivers, including women who make up the vast majority of personal support workers. As in-home care and support for caregivers is expanded, this will create paid jobs for personal support workers and homemaking services, which are predominantly female.

Recognizing the recruitment and retention challenges for Environmental Public Health Officers, ISC is working on a recruitment and retention strategy with a focus on Indigenous Peoples, including exploring opportunities for establishing scholarships and bursaries to support accreditation in the field. A gender-based lens will be applied to this strategy to increase the number of women recruited and retained.

Clinical and client care as point of care in nursing stations and other health facilities is focused on care and treatment, often in urgent and acute care settings, that is provided irrespective of gender and other intersectionalities. However, when a client presents themselves to a nursing station or other health facility for treatment, data is collected to record the medical history of that client. In the development of clinical content for new guidelines, sex and gender, including gender identity and sexual orientation, are considered in relation to health conditions, outcomes, assessment and management needs. Other intersectional issues are also identified such as age. Geographic location is a major factor in

influencing access to clinical and client care with remote communities experiencing much more significant challenges and highly reliant on medical transportation.

Given the high incidence of suicide attempts and suicides in the First Nations amongst men, women, and 2SLGBTQQIA+ community members, youth mental wellness counselling specific to gender diversity or suicide prevention is provided through e-health Infostructure. This treatment is provided using virtual technologies, including remote-presence robotics for education, ongoing treatment, and acute care emergency preparation for medical transportation in life-threatening situations

Community Oral Health Services are available within First Nations and Inuit communities with the aim to bridge the gap in oral health between Indigenous and non-Indigenous Canadians. They offer a wide variety of primary and secondary preventive oral health services that are delivered with a trauma informed approach, often directly at the community-level. The department collects data on sex, age, geography and region; this data allows for the development of strategies to minimize differences in oral health outcomes and utilization of oral health services amongst clients with diverse identities and intersectional factors.

In the MMIWG Final Inquiry report, the inability to access adequate or culturally safe health services was a key cause of violence particularly in more remote communities. Inadequate health care can place people in even more vulnerable situations, making them targets for predators. The reports identify the need for sustainable and long-term funding for services that are holistic and Indigenous-led to narrow health gaps between Indigenous and non-Indigenous Peoples in Canada. Accreditation increases the quality and safety of health services while building capacity among First Nations health organizations. The Accreditation and Quality Improvement

program has worked closely with First Nations and accrediting bodies to ensure that the standards in place are culturally relevant, trauma-informed and based on Indigenous beliefs and values. GBA Plus has been considered in the funding formula that captures rural and remote communities as an indicator for vulnerable and diverse populations.

The First Nations Health Authority is a successful example of service transfer as an institution that designs and delivers First Nations self-determined health programs and services that support overall better health outcomes for First Nations communities in British Columbia, including First Nations women and gender-diverse people. It encourages advancement of general equality goals through the administration of their health systems. Their decision-making is intended to reflect the interests of all First Nations in British Columbia, leading to just and equitable treatment. The First Nations Health Authority states that they are "committed to making room for everyone, and are inclusive in their communications, information-sharing, and discussions." Furthermore, the Authority's Draft Multi-Year Health Plan 2022-23 to 2026-27 indicates that its vision and seven Directives support the traditions of their matriarchs, as well as lift up their 2SLGBTQQIA+ leaders working to decolonize gender and reclaim the important roles they hold in many First Nations cultures.

The Non-Insured Health Benefits Program continues to identify and implement interventions which take into consideration and are designed to address differential impacts experienced by First Nations and Inuit women, men, gender diverse, and individuals of varying ages and residing in differing geographic locations in terms of access to health care systems and health status. Examples of specific policy and program interventions designed to address differential impacts and needs include coverage of over-the-counter products predominantly used by women (e.g., coverage of emergency contraception, prenatal vitamins); coverage of gender-

affirming medications and medical supplies and equipment; coverage of travel escorts for prenatal clients who must travel out of community for labour and delivery; and coverage of travel escorts for clients who require assistance with activities of daily living, interpretation or as an alternate decision maker. These interventions are designed based on robust data, clinical evidence, and continuous policy development.

Jordan's Principle and Inuit Child First initiatives currently conduct stratification by sex to explore sex based differences in usage patterns. However, to enhance gender based analyses, Jordan's Principle will engage with Indigenous partners to develop data-informed decision-making tools to minimize barriers and fill products/service gaps for eligible First Nation and Inuit children in Canada. These tools will be used to monitor and track items and services by identified gender as a means to better cater to the needs of a child's identity. There is also differing age stratification and tracking trends based on various geographic locations.

Key Risks for the Health Service Area

ISC is working to ensure that Indigenous Peoples are physically and mentally well, and that they have access to quality federally-funded health services.

There is a risk that the Health Human Resources shortage continues to exist considering ongoing national and even global shortages being reported. In response, ISC will continue to implement the comprehensive Nursing Human Health Resources Framework, focusing on the retention and recruitment of nursing personnel through 5 core commitments aimed at: optimal talent acquisition and management; modernized and safer practice environments including diversifying the model of primary care delivery to include new skill sets, such as Paramedicine; enhanced wellness and resiliency; influencing the health care system and implementing agile

surge response. Further, ISC will continue to work towards the development and implementation of recruitment and retention strategy for additional health professionals such as Environmental Public Health Officers and oral health providers, and create safer working conditions for front line health professionals by enhancing physical security at nursing stations and other worksites, updating policies and directives on safety and security.

In addition, there is a risk that the increasing need for mental wellness services, including related to overdoses from the acute opioid and crystal meth crises, has exceeded existing Indigenous and provincial/territorial capacity to respond. To mitigate this risk, ISC will continue regular communication with partners to innovate and expand access where possible. Recent time-limited investments will continue to increase reach of services. Where feasible, ISC will explore or promote the use of information and communication technologies to also improve access to services through remote service delivery and other virtual tools and platforms, especially during the pandemic when access to treatments may be restricted or limited.

Finally, there is also a risk that the increase in volume of incoming requests for health and social programs may affect the department's ability to process them and make decisions within the compliance timelines for Jordan's Principle ordered by the Canadian Human Rights Tribunal in 2017. To mitigate this, continuous monitoring and assessment of request trends is being conducted to increase efficiency and effectiveness of service provision and seek off-cycle resources when needed to meet our legal obligations.

Planned Results for the Health Service Area

The following table shows the planned results, the result indicators, the targets and the target dates for 2023-24, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Departmental Result 1: Indigenous Peoples are physically well					
Percentage of First Nations individuals who reported being in "excellent" or "very good" health	44%	March 2028	37.8%	37.8%	37.8% ¹
Percentage of Inuit adults who reported being in "excellent" or "very good" health	44%	March 2028	36.9%	36.9%	36.9% ²
Departmental Result 2: Indigenous Peoples are mentally well					
Percentage of First Nations individuals who reported "excellent" or "very good" mental health	55%	March 2028	50.5%	50.5%	50.5% ¹
Percentage of Inuit adults who reported "excellent" or "very good" mental health	50%	March 2028	42.5%	42.5%	42.5% ²
<p>¹ Last available data for First Nations (on reserve) is from the 2015-16 Regional Health Survey.</p> <p>² Last available data for Inuit Nunangat is from the 2017 Aboriginal Peoples Survey.</p> <p>³ New indicator introduced in 2023-24.</p>					

Departmental result indicator	Target	Date to achieve target	2019–20 actual result	2020–21 actual result	2021–22 actual result
Departmental Result 3: Indigenous Peoples have access to quality federally-funded health services					
Percentage of First Nations on-reserve adults who rate the quality of health care services delivered in their community as "good" or "excellent"	57%	March 2028	55.2%	55.2%	55.2% ¹
Percentage of First Nations with an Indigenous-led plan for health service delivery	94%	March 2024	Not applicable ³	Not applicable ³	Not applicable ³
<p>¹ Last available data for First Nations (on reserve) is from the 2015-16 Regional Health Survey.</p> <p>² Last available data for Inuit Nunangat is from the 2017 Aboriginal Peoples Survey.</p> <p>³ New indicator introduced in 2023-24.</p>					

Performance information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Budgetary Spending for the Health Service Area

The following table shows budgetary spending for the Health Service Area for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023–24 budgetary spending (as indicated in Main Estimates)	2023–24 planned spending	2024–25 planned spending	2025–26 planned spending
5,415,826,211	5,415,826,211	4,645,441,154	4,139,955,207

Financial information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Human Resources for the Health Service Area

The following table shows, in full-time equivalents, the human resources the department will need for the Health Service Area for 2023-24 and for each of the next two fiscal years.

2023–24 planned full-time equivalents	2024–25 planned full-time equivalents	2025–26 planned full-time equivalents
2,740	2,322	2,322

Human resources information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Children and Families

The Children and Families Service Area brings together programming related to community safety, family violence prevention, and programming for children, youth and families. It includes social programming such as income assistance, urban programming, and First Nations, Inuit, and Métis jurisdiction over Child and Family Services, supports better outcomes in the best interests of the child, and the integration of future safety and prevention programming (e.g. Pathways Initiative and co-development of policing legislation).

Departmental Result 4: Indigenous Peoples are culturally safe and socially well

ISC works in partnership with Indigenous Peoples, provincial and territorial governments, other federal departments and agencies, and other stakeholders to address issues of family violence by providing funding to support access to emergency shelters, transition homes, second stage housing and violence prevention programming for Indigenous women, children, 2SLGBTQQIA+ persons, and families.

ISC supports SDG 5 – Gender Equality as a key contributor through the **Indigenous Shelter and Transitional Housing Initiative** which develops and funds shelters and transitional housing for those escaping gender-based violence including Indigenous women and their children and 2SLGBTQQIA+ people.

In 2023-24, ISC will:

- Continue supporting the initiative to realize at least 38 new emergency shelters and at least 50 new second-stage housing facilities with the Canadian Mortgage and Housing Corporation.
- Fund culturally-appropriate enhanced services and violence prevention activities.
- Strengthen relationships with Indigenous partners, including Indigenous women's and 2SLGBTQQIA+ organizations, to better provide support that meets their needs and aligns with their respective traditional ways of knowing and being.
- Continue work with Indigenous partners to redevelop the national funding formula for allocation of operational funding for emergency shelters and second-stage housing facilities.

- Support the Pathways to Safe Indigenous Communities Initiative through Indigenous designed interventions and Indigenous definitions of safe, secure and resilient communities which allow for greater community control, innovation and alternative approaches that recognize the importance of traditional knowledge and practices, as well as a role for professionals, other than law enforcement, in contributing to greater community safety and well-being.

Through the **Pathways to Safe Indigenous Communities Program**, ISC contributes towards fulfilling SDG 16 – Peace, justice and strong institutions by taking a holistic approach that includes complementary, Indigenous-led initiatives to proactively support community protection and well-being and offer a broad spectrum of community support.

The department is mindful that Family Violence Prevention operations must remain independent from child and family services agencies, as women may not seek shelter due to fear of agency involvement.

The Children and Families Service Area helps ensure the continuity of family, community and cultural connections. Initiatives in this area support the safety and well-being of Indigenous children, youth, and families including long-term reform of the First Nations child and family services program and the implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families*. Although they are distinct, the reform of the First Nations Child and Family Services program and the ongoing implementation of the Act have a common goal of supporting the development and implementation of a more responsive child welfare system for First Nations. The Act has put in place what First Nations, Inuit, and Métis across the country have been asking of governments for

decades: that their rights and jurisdiction over child and family services be recognized and affirmed so that they can decide what is best for their children, families, and communities. The Act also establishes national principles (best interests of the child, cultural continuity and substantive equality) for child and family services provided to Indigenous children and families.

Pursuant to the 2016 Canadian Human Rights Tribunal (CHRT) Merit Decision that found Canada had discriminated against First Nations children by underfunding child and family services and narrowly applying Jordan's Principle, ISC has been working with Parties to the complaint to fund immediate and long-term reform measures delivered to First Nations children, youth, and families ordinarily resident on reserve and in the Yukon.

In February 2022, ISC began funding the purchase or construction of capital that supports the implementation of the First Nation Child and Family Services Program and Jordan's Principle, as required by the Canadian Human Rights order, 2021 CHRT 41.

In April 2022, with the signing of an Agreement in Principle on December 31, 2021, ISC began funding First Nations and First Nation Child and Family Services agencies for prevention in a per capita amount of \$2,500 based on a First Nations' registered on-reserve and on crown land population, or in the Yukon. ISC also expanded funding for First Nations Representative Services to assist families who encounter the child welfare system. This new funding was provided in all provinces and in the Yukon based in a per capita amount of \$283 (outside Ontario) based on a First Nations' registered on-reserve and on crown land population, or in the Yukon. Funding for post-majority care also began to support young adults aging out of care and formerly in care up to the time they turn 26 years of age

and transition to adulthood. Services, products and support complements provincial legislated services and includes, but are not limited to, life skills training and assistance, housing assistance, education, community and cultural reconnection, food security, transportation, health and wellness and financial management. This funding is being provided at actual cost to service providers and First Nations.

Through the ongoing reform of the First Nations Child and Family Services Program, the department supports children, youth, and their families by providing services and activities such as:

- Keeping children safe and in their homes.
- Providing supports to mitigate the risks of separating a child from their family/community.
- Addressing risks so that children in care can be reunified with their families as quickly as possible.
- Providing culturally appropriate mental health supports.
- Addressing the impacts of physical and sexual abuse.

In 2023-24, ISC will:

- Continue working with First Nations partners in reforming the First Nations Child and Family Services Program and renewing the approach to Jordan's Principle.
- Continue working towards a final agreement to compensate First Nations persons who were harmed by the discriminatory underfunding of child and family services on reserve and those impacted by the narrow interpretation of Jordan's Principle.
- Continue implementing immediate and ongoing measures as ordered by the Canadian Human Rights Tribunal.
- Support Indigenous communities through distinctions-based governance engagement mechanisms, capacity-building, coordination

agreement discussions, and operationalization of Indigenous child and family services models under the Act.

- Address the over-representation of Indigenous children in care through co-development with the Métis National Council and Inuit Tapiriit Kanatami, and the Assembly of First Nations under the Joint National Working Group and the signed Assembly of First Nations-Canada Protocol, along with all provinces and territories.
- Work with partners and the Public Health Agency of Canada to determine if information related to Indigenous children, disaggregated by sex and gender, can be included in the development of the Canadian Child Welfare Information System.
- Continue co-developing performance targets with First Nations partners to monitor the proportion of First Nations children ordinarily resident on reserve or in the Yukon in care and to advance child and family well-being by keeping children together with their families.

An Act respecting First Nations, Inuit and Métis children, youth and families contributes to SDG 3 - Good Health and Well-being by collaborating with partners to implement measures to address systemic discrimination, in particular supporting Indigenous children and families with culturally safe connections with relevant communities/nations, and providing capacity building funding to Indigenous groups, communities and Peoples in developing their child and family services laws and models.

To advance child and family well-being, the department will monitor the proportion of First Nations children on reserve in care, a group that is over represented in the child welfare system. ISC will also measure the proportion of First Nations communities offering community-driven

prevention services to help children and families at risk to stay together and to allow communities to assert greater control over the well-being of their children and families.

The department will also measure distinctions-specific numbers of group, communities and Peoples who are exercising their jurisdiction under the Act.

Social programs such as **On Reserve Income Assistance** contribute to advancing SDG 1 – No poverty by providing continued financial support to individuals and families that are faced with challenging circumstances.

Income security is integral to subsidize costs of living and costs related to taking care of children. Between 2005 and 2015, the proportion of individuals whose main source of income was from government transfers was higher for women (both Indigenous and non-Indigenous) than men, and higher for Indigenous populations than for the non-Indigenous population. Income Assistance ensures that eligible individuals and families residing on reserve and in Yukon receive funds to cover the basic expenses of daily living, as well as pre-employment services designed to help them transition to education or the workforce. Income Assistance is an important part of Canada's social safety net.

In 2023-24, ISC will:

- Provide financial assistance to individuals and families who have no other means to support their essential needs.
- Reduce the impacts of poverty and provide financial assistance to support the essential needs of low-income individuals and families residing on-reserve and Status Indians in Yukon.

- Work with First Nations partners to reform the program to better meet the needs of individuals and families residing on-reserve and in Yukon.

ISC will monitor the level of income assistance being delivered on reserve to support community needs. This will help the department compare ISC's program performance to programs delivered by the provinces and territories, and will provide information regarding labour force gaps and community self-sufficiency.

Urban Programming for Indigenous Peoples assists First Nations, Inuit and Métis peoples by providing financial support to a wide range of urban Indigenous organizations offering culturally appropriate programs and services that support vulnerable and at risk urban Indigenous populations (women and girls, seniors, persons with disabilities, and youth). The Program also invests in local stakeholder coalitions across Canada and supports research and data projects to better understand the urban Indigenous context. In 2023-24, ISC will:

- Provide \$60.5 million in financial support to urban First Nation, Inuit and Métis partners including: the National Association of Friendship Centres; the Ontario Federation of Indigenous Friendship Centres; Métis Governing Members; the Manitoba Métis Federation; urban Inuit organizations; coalitions; and, other urban Indigenous services delivery organizations.
- Conduct an evaluation of Urban Programming for Indigenous Peoples, which includes assembling a Technical Advisory Committee to advise, guide, and provide feedback on the evaluation design and process.
- Establish a performance framework that is co-developed with Indigenous partners and grounded in Indigenous methodologies and measures of success.

The department is also working to improve horizontal liaison with federal departments that deliver urban Indigenous programming, through an interdepartmental working group. This working group brings together senior management of other government departments to discuss urban programming needs including longer term objectives, strategic opportunities across departments and improve collaboration and coordination of urban Indigenous services on a federal level. Through its targeted support, the Urban Programming for Indigenous Peoples will directly contribute to the improvement of the socio-economic opportunities for Indigenous Peoples living in urban areas.

Gender-Based Analysis for the Children and Families Service Area

ISC's Children and Families programming supports GBA Plus and the development of Indigenous-led and community-driven laws, approaches, and initiatives that would further foster family and community unity, cultural continuity, and substantive equality in ways that meet their specific needs and priorities.

By providing operational funding to emergency shelters and transition homes to Indigenous communities and organizations, the Family Violence Prevention Program assists Indigenous women, children, families, and 2SLGBTQQIA+ people facing gender-based violence. The Comprehensive Violence Prevention strategy will support new shelters and transitional housing for First Nations, Inuit, and Métis across the country, including on reserve, in the North and in urban areas. As a part of the Shelter and Transitional Housing Initiative, the Family Violence Prevention Program has been collaborating with various Indigenous Women's Organizations and Shelter Operators, including Pauktuutit Inuit Women of Canada.

The Child and Family Services program implements GBA Plus through national principles (cultural continuity, best interests of the child, and substantive equality) and minimum standards. These will consequently help reduce the negative impacts that western and colonial approaches to child and family services have had on Indigenous children, families and communities.

The Income Assistance program is considering GBA Plus as it reforms to ensure that the needs of clients and dependents are considered in policy development and program implementation. Income Assistance clients are low-income and many experience several intersecting marginalizing factors that result in their need for support to meet their essential needs. In general, they are more likely to have low-educational attainment, low employment rates, and are likely to be at greater risk of having a disability (including mental health and substance use challenges), which may impact their ability to participate in the labour force. There is an overrepresentation of single males and single mothers accessing Income Assistance compared to the total on-reserve population.

The Urban Programming for Indigenous Peoples program will monitor and evaluate its GBA Plus impacts. This will be done through a Data Collection Instrument in the final reports submitted at the end of funding agreements with recipients. The Data Collection Instrument includes demographic variables such as age group, gender, Indigenous identity, and the location where services were accessed to capture the GBA Plus impacts of the initiative. In addition, Friendship Centres and other Indigenous service provider facilities play a key role in primary data collection. This data will be used to meet departmental reporting requirements as well as to help inform potential program reforms to remove barriers and ensure inclusive outcomes.

Key Risks for the Children and Families Service Area

ISC is working to ensure that Indigenous Peoples are culturally safe and socially well.

The urban Indigenous population is a fast growing population, with 801,045 Indigenous People living in urban centers according to the 2021 census data which is a 12.5% increase since 2016 census data. Federal responsibility for the management of programs and services for Indigenous Peoples primarily focuses on on-reserve populations and their needs. However, transitional and multi-jurisdictional programs and services between the federal government and provincial governments is lacking when it comes to culturally relevant services and programs. Urban Indigenous populations have a higher risk of homelessness, have a higher rates on unemployment and poverty, and are impacted heavily by a lack of cultural services to aid in mental health, addiction services, and community support. Almost half (46.2%) of this population is under the age of 25, making this population young and vulnerable in the critical ages where employment and education opportunities are increasingly vital for survival.

There is a risk that the department's social programs may not be adequate to meet future needs as inflation rates remain high and the cost of living continues to increase. To mitigate this risk, the department is continuing to work with Indigenous partners and other stakeholders to closely monitor community needs, and review and update funding allocations to reflect current costs.

In addition, there is a risk that communities' long-term planning abilities may be inhibited without access to predictable, sufficient, and sustainable funding. ISC's goal is to address the structural drivers that place children, youth and families at risk of child maltreatment and to leverage intergenerational cultural child caring approaches. The department is in the

process of co-developing a new First Nations led funding methodology, which entails a shift away from payment on actual costs to stable and flexible funding based on long-term needs.

Relatedly, there is a risk that ISC is not able to reach Final Settlement Agreements with the parties to the Canadian Human Rights Tribunal complaint related to the First Nations Child and Family Services Program and Jordan's Principle. An inability to settle compensation would delay the flow of compensation to those harmed by past underfunding of the First Nations Child and Family Services Program and Canada's prior narrow interpretation of Jordan's Principle. The absence of agreement on long-term reform of the Program could delay improved, stable funding for services to First Nations children and families living on-reserve and in the Yukon. ISC will continue to work closely with the parties to seek agreement and to find solutions that continue the momentum toward a reformed First Nations Child and Family Services Program and a long-term approach to Jordan's Principle.

Finally, there is a risk that uncertainty on the interpretation and expectations related to *An Act respecting First Nations, Inuit and Métis children, youth and families* might generate frustration and compromise relationships with Indigenous partners, provinces, and territories. This risk can be mitigated by encouraging early engagement, and fostering collaboration with Indigenous governing bodies, provinces and territories while various approaches for consulting and cooperating with other Indigenous partners, provinces and territories for the development of policies related to the implementation of the Act are explored and implemented. This uncertainty can be further mitigated by the department by continuing to take decisive action in the Act's implementation, while planning appropriate policy responses for the possibility the Supreme Court rules aspects of the Act unconstitutional.

Planned Results for the Children and Families Service Area

The following table shows the planned results, the result indicators, the targets and the target dates for 2023-24, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental Result 4: Indigenous Peoples are culturally safe and socially well

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Percentage of Indigenous women who report being a victim of intimate partner violence in the previous 12 months	To be determined ¹	To be determined ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹
Percentage of requests for overnight residence in ISC-funded shelters by women, children, and 2SLGBTQQIA+ people that are met	To be determined ¹	To be determined ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹

Departmental result indicator	Target	Date to achieve target	2019–20 actual result	2020–21 actual result	2021–22 actual result
Percentage of residents living on reserve who are supported through Income Assistance	To be determined by March 2024 ²	To be determined by March 2024 ²	Not available ³	Not available ³	Not available ³
Percentage of First Nations children on-reserve in care	To be determined by March 2024 ⁴	To be determined by March 2024 ⁴	5.89% ⁵	Not available ⁶	Not available ⁶
Percentage of children in care who are placed with a family member (kinship care)	To be determined by March 2024 ⁴	To be determined by March 2024 ⁴	25.12% ⁵	Not available ⁶	Not available ⁶
Percentage of First Nations communities offering family support services aimed at keeping families together	To be determined by March 2024 ⁴	To be determined by March 2024 ⁴	51%	Not available ⁶	Not available ⁶

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Number of First Nations Groups, Communities and Peoples exercising their jurisdiction under the <i>Act respecting First Nations, Inuit and Métis children, youth and families</i>	38	March 2024	Not applicable ⁷	Not applicable ⁷	Not applicable ⁷
Number of Inuit Groups, Communities and Peoples exercising their jurisdiction under the <i>Act respecting First Nations, Inuit and Métis children, youth and families</i>	1	March 2024	Not applicable ⁷	Not applicable ⁷	Not applicable ⁷

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Number of Métis Nation Groups, Communities and Peoples exercising their jurisdiction under the <i>Act respecting First Nations, Inuit and Métis children, youth and families</i>	1	March 2024	Not applicable ⁷	Not applicable ⁷	Not applicable ⁷

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
<p>¹New indicator introduced in 2023-24. The program is working with partners and shelter service providers to co-develop targets.</p> <p>²Target and date to achieve to be established with First Nations partners by March 2024 as part of program reform.</p> <p>³Data compilation and reporting for this program is typically at least one year behind the year it covers. COVID-19 continued to impact the collection of past reports and has further delayed reporting of these results, which are expected September 2023. It is also anticipated that COVID-19 has also impacted the department's ability to decrease the percentage of residents living on reserve who are supported by Income Assistance.</p> <p>⁴Targets and dates to achieve will be co-developed with First Nations partners by March 2024.</p> <p>⁵The actual results for 2019-20 have been calculated. These results were previously not available as recipient reporting and data submissions were not finalized at the time of reporting.</p> <p>⁶Data collection was delayed due to COVID-19. It is anticipated that the data collection related to reporting results will begin to return to normal in 2023-24.</p> <p>⁷New indicator introduced in 2023-24.</p>					

Performance information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Budgetary Spending for the Children and Families Service Area

The following table shows budgetary spending for the Children and Families Service Area for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023–24 budgetary spending (as indicated in Main Estimates)	2023–24 planned spending	2024–25 planned spending*	2025–26 planned spending
25,447,735,022	25,447,735,022	4,004,306,113	3,814,760,425

* The decrease in planned spending is related to an out of court settlement. Approximately \$21 billion is earmarked for the settlement including related administration and legal costs.

Financial information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Human Resources for the Children and Families Service Area

The following table shows, in full-time equivalents, the human resources the department will need for the Children and Families Service Area for 2023-24 and for each of the next two fiscal years.

2023–24 planned full-time equivalents	2024–25 planned full-time equivalents	2025–26 planned full-time equivalents
403	388	223

Human resources information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Education

The Education Service Area brings together education programming at ISC including regional education agreements. It distinguishes between Elementary and Secondary Education and Post-Secondary Education to allow for distinct outcomes to be reported by Indigenous identity and residence on or off-reserve.

Departmental Result 5: Indigenous students are progressing in their education

Elementary and Secondary Education supports the delivery of kindergarten to grade 12 education for First Nations students, schools, and communities. By working in partnership, on a nation-to-nation basis, First Nations and First Nations-mandated organizations are supported to establish education systems over which they will exercise control.

Elementary and Secondary Education systems are intended to provide for the delivery of education services to First Nations students in a manner that respects First Nations approaches to teaching and learning. Core funding for elementary and secondary education is provided through interim regional funding formulas to First Nations and is intended to support elementary and secondary instruction, culturally-appropriate education programming, language and culture programming, full-day kindergarten programming (if desired), and before- and after-school programming. ISC also provides funding for targeted programs: First Nations and Inuit Cultural Education Centres, High-Cost Special Education, Innovation in Education, Research and Learning and Education Partnerships Program.

Graduation from secondary school is an internationally-recognized measure of Kindergarten to Grade 12 success. Measurement of graduation rates will help understand whether the secondary school graduation rate gaps among First Nations students and non-Indigenous students are closing.

A large number of on-reserve First Nations students do not follow a linear education pathway and take more years to complete secondary education. It is therefore more useful to report both on-time and extended-time graduation rates in order to more accurately measure educational attainment. ISC will use a Grade 10 cohort methodology which is in line

with the methodology developed by Canadian Education Statistics Council and published by Statistics Canada, as recommended by the Office of the Auditor General of Canada.

ISC will also look to measure the number of First Nations under a regional education agreement or a transformative education model as an indicator of First Nations control of First Nations education.

In 2023-24, ISC will work with First Nations partners to further transform First Nation elementary and secondary education on reserve by:

- Implementing year three of before- and after-school programming and Budget 2021 initiatives to refine interim regional funding formulas in critical areas.
- Ensuring funding for First Nations administered schools remains predictable from year-to-year and refine the current funding methodology with partners for elementary and secondary First Nations on reserve to ensure that funding remains comparable to provincial investments.
- Developing a framework for the development, renewal and negotiation of regional education agreements, including fiscal and policy parameters for future agreement negotiations, and an approach to regional education agreements based on First Nations-developed funding formulas.
- Expanding access to adult education for First Nations on reserve.
- Determining the path forward for the High-Cost Special Education program with First Nations partners and the Assembly of First Nations.
- Continuing the review of the Education Partnerships Program, including the regional education agreements component.
- Implementing the regional education agreement with the First Nations Education Council in Quebec.

- Supporting a Canada-wide early learning and childcare system for before- and after- school programming, including First Nations children on reserve.

The continued support of First Nations control of **First Nations elementary and secondary education** programs contributes to SDG 4 – Quality education by ensuring that students living on reserves receive a high-quality and culturally relevant education, including by co-developing and implementing transformative models with First Nations, such as regional education agreements.

Distinctions-based Post-Secondary Education (PSE) strategies aim to help increase access to and enable success in post-secondary education for eligible First Nations, Inuit, and Métis Nation students. Through these strategies, which include programs such as the First Nations Post-Secondary Student Support Program, the University and College Entrance Preparation Program, and the Post-Secondary Partnerships Program, the department is working toward increasing the number of students and contributing to closing the education attainment gap. Graduation of funded post-secondary First Nations students is a key measure of post-secondary student success, and it impacts labour force participation. ISC will use distinctions-specific data to demonstrate the number of First Nations, Inuit and Métis Nation post-secondary students supported from year to year.

Indigenous post-secondary programs contribute to SDG 4 – Quality education by providing distinctions-based **post-secondary education** funding to increase access to and enable success in post-secondary

education for First Nations, Inuit, and Métis Nation students.

In 2023-24, ISC will:

- Continue to implement co-developed distinctions-based post-secondary education strategies for eligible First Nations, Inuit and Métis Nation students.
- Increase access to, and enable greater success in, PSE for Indigenous students by providing funding and wrap around services by strengthening governance capacity.
- Work with First Nations to receive all the First-Nations-led PSE engagement reports and explore funding options.
- Conduct analysis of engagement reports with First Nations partners to develop long-term regional PSE models.
- Develop and begin implementing long-term Regional PSE models with First Nations partners within existing funding levels or until additional funding is secured.
- Modernize the First Nations and Inuit Youth Employment Strategy based on recommendations stemming from engagement completed in 2022-23.
- Collaborate with Employment and Social Development Canada and internal partners to support program expansion for the First Nations and Inuit Youth Employment Strategy and explore the creation of new programming that supports more youth in accessing employment and job readiness opportunities.

At the time of publishing of this report, the targets for education performance indicators were under development with partners and will appear in the next published report.

Gender-Based Analysis Plus for the Education Service Area

ISC's Education programming supports GBA Plus and equality of opportunities and diversified paths in educations and skills development, equal and full participation in the economy, and reduced poverty and improved health outcomes.

Through the Education Information System, the department measures performance indicators related to GBA Plus to inform ongoing program design considerations. The collection of indicator data provides insight into intersecting factors such as the provision of culturally and linguistically relevant programming and education attainment of diverse First Nations population groups, disaggregated by age, gender, and region.

The indicators for Elementary and Secondary levels are disaggregated by gender and other identifying factors (graduation rates, special education professional assessments and learning plans, number of children attending school). The Education Reports and Analysis Solution provides the ability to report on data, by student gender, through funding recipient reporting.

Using these systems, the department can also collect and measure the activities undertaken and results achieved through the respective First Nations, Inuit and Métis Nation Post-Secondary Education Strategies, including: the number of students (by gender) who receive funding, and the number of funded students who graduate with a post-secondary certificate, diploma or degree.

Conducting GBA Plus assessments will continue for all proposed initiatives related to the distinctions-based post-secondary education strategies. The findings of GBA Plus have revealed that while educational achievement in Canada has increased in recent years, including for Indigenous Peoples, the post-secondary education attainment gap between Indigenous populations and non-Indigenous Canadians persists. This longstanding gap in post-

secondary education attainment is due to a variety of complex factors, including the legacy of residential schools, discrimination in the schools systems, as well as other barriers faced by people with intersecting identity factors (gender, sexual orientation, early parenthood, disability, location, etc.), all of which impact an individual's ability to equally access and succeed in post-secondary education. GBA Plus assessments will inform recommendations and options for initiatives with the aim of addressing these factors by advancing Indigenous control of Indigenous education. In doing so, First Nations, Inuit and Métis Nation funding recipients will continue to have the flexibility to direct funds where they are needed most in order to meet the post-secondary education needs and priorities of their students and communities.

Key Risks for the Education Service Area

The future uptake by First Nations of regional education agreements is difficult to gauge. Since ISC has now funded the first needs-based regional education agreement, it is anticipated that an increasing number of First Nations will seek to advance their needs-based regional education agreements. Due to the scope and volume of work of the needs-based developmental process, and in light of the limited current departmental resources to undertake this work with partners, this presents a risk for the department in advancing its mandate effectively. The pace of development and implementation of regional education agreements is being closely monitored. Resources will be aligned to support this work as required.

There is a risk that with pressures from both an increasing Indigenous population and inflation increasing the costs of living and other expenses related to post-secondary education (e.g., significant rise in tuition fees, academic materials, etc.), current Indigenous post-secondary education program funding will have a decreasing ability to support existing and

prospective Indigenous post-secondary students. This also presents a risk that the Indigenous post-secondary education attainment gap will continue to grow. This will be mitigated by the department continuing to work with partners and supporting eligible Indigenous students in their pursuit of post-secondary education through its post-secondary education programming.

Planned Results for the Education Service Area

The following table shows the planned results, the result indicators, the targets and the target dates for 2023-24, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental Result 5: Indigenous students are progressing in their education

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result
Percentage of First Nations on reserve students who graduate from secondary school	To be determined ¹	To be determined ¹	Not applicable ²	Not applicable ²
Number of First Nations under a transformative education model	To be determined ¹	To be determined ¹	177	180
Number of funded First Nations students who graduate with a post-secondary degree/diploma/certificate	Between 4,110- 4,494	March 2025	3,602	1,434 ³
Number of funded Inuit students who graduate with a post-secondary degree/diploma/certificate	To be determined ⁴	To be determined ⁴	Not applicable ⁵	Not applicable ⁵

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result
Number of funded Métis students who graduate with a post-secondary degree/diploma/certificate	To be determined ⁴	To be determined ⁴	Not applicable ⁵	Not applicable ⁵

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result
-------------------------------	--------	------------------------	-----------------------	-----------------------

¹Targets and date to achieve will be set through engagements with partners following publication of this report. Once targets have been established, they will be published in an available report. First Nations have indicated a preference to develop regional results that better reflect and respond to their education goals and priorities, through the development of regional education agreements; this has created challenges in developing a national framework and setting targets at the national level with partners. Furthermore, engagement efforts with partners were impacted and delayed due to the COVID-19 pandemic.

²For this indicator, a new graduation rate methodology is being introduced in 2023-24. The new methodology, which uses a grade 10 cohort-based approach, was developed by the Canadian Education Statistics Council and published by Statistics Canada, as recommended by the Auditor General of Canada. Given that the timing of a school's academic year does not align with the government's fiscal year, data for this indicator is reported one year behind, i.e., graduates from one academic year will be reported in the following fiscal year. The department has previously measured graduation rates under a different methodology (see previous Departmental Results Reports - 2019-20: 39.9%; 2020-21: 36.8%; 2021-22: 34.19%). In 2023-24, this indicator was replaced by two distinct graduation rate indicators reflecting students who graduate "on time" (3 years after beginning Grade 10) or over an "extended term" (5 years after beginning Grade 10).

³This indicator is based on the data from the First Nations Annual Register of Post-Secondary Education Students Report. Only reports in Accepted (Final) state have been used for this indicator. At time of reporting 2020-21 results, 42.5% of reports were in Accepted (Final) state. At time of reporting 2021-22 results, 40.39% of reports were in Accepted (Final) state. The data include students funded to attend a program as part of the University and College Entrance Preparation Program.

⁴Targets and date to achieve will be set through engagement with partners, following publication of this report. Once targets have been established, they will be published in an available report. Engagement efforts with partners were impacted and delayed during the COVID-19 pandemic.

⁵Data only became available in 2021-22. Due to the program reporting cycle, which is based on the school year, data is reported in the year after it is received. Therefore, data for 2022-23 is based on the number of graduates from 2020-21.

Performance information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Budgetary Spending for the Education Service Area

The following table shows budgetary spending for the Education Service Area for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023-24 budgetary spending (as indicated in Main Estimates)	2023-24 planned spending	2024-25 planned spending	2025-26 planned spending
3,518,395,834	3,518,395,834	3,462,935,429	3,467,302,331

Financial information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Human Resources for the Education Service Area

The following table shows, in full-time equivalents, the human resources the department will need for the Education Service Area for 2023-24 and for each of the next two fiscal years.

2023-24 planned full-time equivalents	2024-25 planned full-time equivalents	2025-26 planned full-time equivalents
348	349	340

Human resources information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Infrastructure and Environments

The Infrastructure and Environments Service Area brings together all infrastructure, land, and environmental management programming to reflect the interlinkages between land, environment and natural resource management, resilient infrastructure, climate change related adaptation and mitigation, and emergency management and preparedness. It also reinforces the importance of these interrelated program areas as the underpinnings of improved health and well-being and socio-economic outcomes. It includes supports for land and environmental management capacity building, specialized training, and land use planning. These supports help enable First Nation communities to effectively manage their own reserve lands, to realize community socio-economic objectives at the pace and level of control of their choosing, and strengthen land governance over reserve lands and natural resources.

ISC supports SDG 9 – Industry, innovation and infrastructure, SDG 11 – Sustainable cities and communities and SDG 13 – Climate action through the **First Nation Infrastructure Fund** and **Capital Facilities and Maintenance Program**, which seeks to upgrade and increase public infrastructure to improve the quality of life and the environment in First Nations communities. A wide variety of infrastructure projects are eligible, ranging from maintaining roads and bridges to improving connectivity to structural mitigation projects that protect communities from natural disasters.

Departmental Result 6: Indigenous communities have sustainable land management and infrastructure

ISC supports First Nation on-reserve communities in their efforts to have reliable and sustainable infrastructure such as housing, education facilities, health infrastructure, water and wastewater, and other community

infrastructure. The program also enhances the development and delivery of other social and economic programs and services, which are primarily delivered through this infrastructure, and demonstrates the interlinkages between resilient infrastructure, climate change related adaptation and mitigation and emergency management and preparedness.

Community Infrastructure supports First Nation communities in their efforts to have reliable and sustainable infrastructure such as on-reserve housing, education facilities, health infrastructure, water and wastewater, and other community infrastructure. The program also enhances the development and delivery of other social and economic programs and services through the provision of funding for infrastructure. This report includes details of the Community Infrastructure program as the funding in this area is sufficiently diverse.

Housing

The department will continue to work towards the Government of Canada's goal to close the infrastructure gap by 2030 through investments in housing. Access to adequate housing is essential to developing healthier and more sustainable Indigenous communities. ISC will assess housing needs on reserves by measuring the percentage of First Nations households living in overcrowded housing, as well as percentages of reported adequate housing to determine the effectiveness of investments made. In 2023-24, ISC will:

- Support First Nations and First Nations-led institutions to build and maintain housing and infrastructure through targeted funding and advancement of service delivery transfer initiatives.
- Support the construction of housing on-reserve with First Nations, industry, national, provincial and municipal partners including the Canada Mortgage and Housing Corporation.

- Continue to support the disbursement of Budgets 2021 and 2022 funding for housing.
- Support the establishment of dedicated housing management within First Nations communities.
- Work with partners towards the establishment of a national network of Indigenous housing lenders.

2023-24 Budgetary Spending	2023-24 Planned Spending	2024-25 Planned Spending	2025-26 Planned Spending
652,411,484	652,411,484	740,013,948	804,827,362

ISC supports SDG 11 – Sustainable cities and communities through the **First Nation On-Reserve Housing Program**, which provides funds to build and renovate houses, and contributes towards costs such as maintenance and the planning and management of a housing portfolio.

Education Facilities

Quality school buildings are an important factor to educational success and a component of reliable and sustainable infrastructure in First Nations communities. ISC will continue to provide funding and support to build, renovate, and maintain education facilities in First Nations communities. Improved educational facilities will benefit school-aged First Nation children by supporting the creation of quality learning environments that are safe and healthy, promoting better educational outcomes for students living on reserve. This can translate into future socio-economic benefits for these individuals as they enter the workforce.

ISC will continue to oversee the progress of targeted funding to support school expansions and new school construction projects in First Nation communities across Canada.

The department will also continue to help advance CIRNAC's mandate by maintaining oversight of activities in support of addressing the legacy of former Indian residential school buildings and sites.

To determine if these investments in education infrastructure result in quality physical learning environments for First Nations students, ISC will measure the percentage of ISC-funded inspected schools that have a "good" or "new" condition rating.

2023-24 Budgetary Spending	2023-24 Planned Spending	2024-25 Planned Spending	2025-26 Planned Spending
296,501,244	296,501,244	145,697,709	95,696,509

Health Facilities

ISC enhances the development and delivery of health programs and services through health facility infrastructure by providing funding to eligible recipients for the design, construction, acquisition, leasing, expansion, and renovation of health facilities, including residences for health professionals. These activities provide First Nations and Inuit with the space required to safely and efficiently deliver and receive health care services in First Nations and Inuit communities.

In 2023-24, ISC will:

- Support First Nation health infrastructure projects, such as the construction of mercury care facilities for the Asubpeeschoseewagong Netum Anishinabek First Nation and Wabaseemoong Independent Nations.

- Enhance Inuit mental wellness services through the Nunavut Recovery Centre.
- Complete the Cross Lake Health Centre and continue work on the and Norway House Health Centre of Excellence.
- Support First Nations health infrastructure through multi-year capital projects and high priority repairs and renovations. This includes continued funding and implementation of the Social Infrastructure Fund (Budget 2017), substance use treatment and prevention services (Budget 2018), Indigenous Community Infrastructure Fund and other initiatives (Budget 2021), and Ventilation Improvement Initiative in relation to COVID-19 mitigation.
- Work with partners on a service delivery model for a multi-purpose health facility to be hosted on Keeseekoose First Nation, Saskatchewan.

First Nation community health infrastructure is often the primary point where First Nation individuals receive health care. Quality health infrastructure enhances the development and delivery of health programs and services and is a component of reliable and sustainable infrastructure in Indigenous communities. In support of positive health outcomes, ISC will measure the condition of inspected health infrastructure.

2023-24 Budgetary Spending	2023-24 Planned Spending	2024-25 Planned Spending	2025-26 Planned Spending
308,279,448	308,279,448	269,300,075	162,813,241

Other Community Infrastructure and Activities

ISC provides targeted funding for other community infrastructure projects on reserve to improve the quality of life and the environment for First Nation communities. The program supports First Nation communities in their efforts to have reliable and sustainable infrastructure by providing funding to plan, design, construct, acquire, operate and maintain

community infrastructure assets and facilities, as well as coordinate training and undertake capacity-building activities in this area. The department funds infrastructure projects including: roads and bridges, connectivity, culture and recreational facilities, fire protection, energy systems, planning and skills, structural mitigation and administrative buildings.

Other Community Infrastructure is central to the development, protection and connection of people, services and buildings that support the well-being of First Nations communities. The department will measure the percentage of ISC-funded inspected assets that have a "good" or "new" condition rating to indicate if investments are resulting in quality physical environments that address long-standing needs on reserve.

Among other activities, ISC will:

- Complete the design of the Lubicon Lake Band Community Buildout.
- Advance the National Indigenous Fire Safety Council Implementation Plan.

2023-24 Budgetary Spending	2023-24 Planned Spending	2024-25 Planned Spending	2025-26 Planned Spending
1,118,236,118	1,118,236,118	1,772,159,982	1,851,997,627

Water and Wastewater

The provision of safe drinking water for First Nations on reserves is a shared responsibility among First Nations communities and the Government of Canada. While First Nations own and operate their water and wastewater systems and design and construct facilities, the department provides advice and financial support to First Nation communities for their public water and wastewater systems and ensures that drinking water quality monitoring programs are in place.

In 2023-24, ISC will:

- Continue to work towards its mandate to eliminate all remaining long-term drinking water advisories on reserve and make sure that long-term investments and resources are in place to prevent future ones by investing \$247 million, over two years (2022-24) towards water and wastewater infrastructure to support communities on projects focused on lifting remaining Long-Term Drinking Water Advisories.
- Continue to ensure sustainable access to clean water in First Nations communities by delivering \$1.043 billion, over two years (2022-24), under the First Nation Water and Wastewater Enhanced Program. It is anticipated that by March 2024, 175 water and wastewater infrastructure projects will be supported, and 32 initiatives for capacity building along with a number of procurement pilots will be funded.
- Increase support for wastewater projects and support communities in meeting environmental objectives, including reporting against and compliance with Wastewater Systems Effluent Regulations.
- Support implementation of the Safe Drinking Water for First Nations Class Action Settlement Agreement by working with First Nations to co-develop new proposed First Nations drinking water and wastewater legislation to replace the repealed 2013 *Safe Drinking Water for First Nations Act*.

ISC will measure whether First Nations communities have reliable and sustainable infrastructure by identifying the percentage of systems with a low risk rating. An increase in the percentage of low-risk water systems will indicate that First Nation communities have more reliable and sustainable water infrastructure year over year.

2023-24 Budgetary Spending	2023-24 Planned Spending	2024-25 Planned Spending	2025-26 Planned Spending
1,250,288,163	1,250,288,163	510,923,496	515,544,788

As the vertical lead in the Federal Implementation Plan for the 2030 Agenda, ISC supports SDG 6 – Clean water and sanitation. The work carried out by the department aims to meet the Canadian ambition of ensuring Canadians have access to drinking water and targets that **long-term drinking water advisories** on public systems are resolved. The department works in partnership with communities and remains committed to ending all long-term drinking water advisories on public systems on reserve.

The Land and Environmental Management component of the Infrastructure and Environments Service Area contributes towards achieving ISC's mandate to enable First Nations to reassert jurisdiction over their land, environment and natural resources by supporting sustainable management of land, environment and natural resources. Land is a critical economic asset for Indigenous Peoples, yet land, in and of itself does not generate economic returns; it must be actively managed for highest and best use.

To ensure that lands on-reserve are available to support economic and community development, the Contaminated Sites On-Reserve Program provides support to identify, assess and remediate contaminated sites on-reserve. The First Nations Waste Management Initiative provides support to First Nations to develop sustainable waste management systems through

modern infrastructure, operations, training and partnerships. The Infrastructure and Environments Service Area also aims to reduce the impacts on communities due to natural disasters and emergencies.

ISC supports SDG 7 – Affordable and clean energy and SDG 11 – Sustainable cities and communities as a key contributor through **First Nation Community Infrastructure** to transition communities from fossil fuel to clean, reliable and affordable energy systems in partnership with First Nations and reduce dependence on diesel-powered electricity on reserve.

In 2023-24, ISC will:

- Continue to support the development of land use plans and First Nation communities in building land management capacity on reserve through the Reserve Land and Environment Management Program.
- Work with the Lands Advisory Board and Resource Centre to support new First Nations signatories to the Framework Agreement on First Nation Land Management, as funding allows.
- Support the service transfer of capacity development programming to national Indigenous Institutions such as the First Nation Land Management Resource Centre and the National Aboriginal Lands Managers Association.
- Continue to promote the establishment and growth of regional hubs to support First Nations with land management capacity building efforts, namely the Regional Lands Associations.
- Support communities through the First Nations Waste Management Initiative.

- Support the continued assessment and remediation of contaminated sites on-reserve that are determined to be a federal responsibility.
- Continue to modernize land administration policies, tools and systems for First Nations operating under the *Indian Act*.
- Address legal obligations, community growth and economic development through the additions of lands to reserve.
- Register close to 10,000 land instruments in the Indian Lands Registry.

ISC supports SDG 12 - Sustainable consumption and SDG 13 – Climate action as a key contributor through two programs: **Contaminated Sites On-Reserve Program** which strives to reduce environmental impacts, make previously unusable land available for community or economic development, and provide economic benefits and opportunities for First Nations.

The **First Nations Waste Management Initiative** provides support to First Nations to develop sustainable waste management systems through modern infrastructure, operations, training and partnerships.

ISC will measure the support provided to First Nation communities in maintaining and improving environmentally sustainable waste management systems. Improved solid waste management helps protect the environment, safeguard human health and safety, and improves land management in communities.

Contaminated sites also present the highest risk to human health and safety. The department will also track the completion of remediation and containment activities at contaminated sites with imminent concerns for public health and safety.

The Infrastructure and Environments Service Area also helps First Nation communities access emergency assistance services and provides funding so they can prepare for natural hazards and emergencies and respond to them using the four pillars of emergency management: mitigation, preparedness, response and recovery. The advancement of governance and service delivery for First Nation emergency preparedness recognizes the right of Indigenous Peoples to autonomy or self-government in matters relating to their internal and local affairs, and means for financing their autonomous functions as they exercise self-determination.

In 2023-24, ISC will:

- Work with First Nation communities and organizations, and provincial and territorial government, and third-party organizations to strengthen the governance and service delivery for First Nations emergency preparedness, management and recovery.
- Support First Nations communities in building resiliency, preventing and preparing for wildland fires through the FireSmart funding stream.
- Ensure the continued delivery of emergency management services to First Nation communities while advancing service transfer strategies.
- Facilitate the development of multilateral emergency management service agreements and moving towards the co-development and co-decision-making of regional emergency management agreements.

Through the **Emergency Management Assistance Program**, ISC supports SDG 11 – Sustainable cities and communities and SDG 13 – Climate action by significantly reducing the number of people affected by disasters and by implementing policies and plans that support holistic disaster risk reduction at all levels. The department will

continue to improve emergency management systems, especially as emergencies become more frequent and intense due to the cumulative effects of climate change.

Gender-Based Analysis Plus for the Infrastructure and Environments Service Area

ISC supports First Nation communities in their efforts to have reliable and sustainable infrastructure by providing funding to plan, design, construct, acquire, operate and maintain infrastructure assets and facilities, and undertake capacity-building activities in this area. Infrastructure assets supported by the department include on-reserve housing, education facilities, health infrastructure, water and wastewater, and other community infrastructure. These assets enhance the development and delivery of other social and economic programs and services through the provision of funding for infrastructure, supporting the social determinants of health for all Indigenous Peoples.

- Access to adequate and safe housing has a significant potential impact to improve health and safety, and provide the necessary structure and support to First Nations women, girls and 2SLGBTQQIA+ people, who are at a higher risk for targeted physical, sexual and emotional violence and domestic abuse.
- Improved educational facilities benefits school-aged First Nation children by supporting the creation of quality learning environments that are safe and healthy, promoting better educational outcomes for students living on reserve.
- Investments in health infrastructure helps to increase access to health care programs and services. Across all demographics, upgraded health facilities will enable First Nations communities to provide enhanced

health programs and services to its members, thus reducing the necessity for individuals to leave their community in search of care. Many First Nations communities suffer from disproportionately high rates of chronic disease, and other factors, such as overcrowding, can exacerbate the spread of diseases such as COVID-19. Investments in health facility infrastructure are crucial to mitigating against the effect of chronic disease and the pandemic.

- Access to clean water and appropriate wastewater treatment affects all members of a First Nations community. Inequities in the provision and access to reliable and sustainable sources of drinking water leave First Nations communities vulnerable to disproportionately high exposure to waterborne diseases, potential exposures to chemical contaminants and associated health effects. At-risk populations (e.g. children, elderly, pregnant people, persons with disabilities, persons with chronic illness, single parents, persons who are displaced, etc.) are at higher risk for health-related water issues and may disproportionately feel the negative health impacts of inadequate water and wastewater infrastructure. The department is advancing work to better quantify and qualify the direct and indirect impacts (both positive and/or negative) of clean water on specific members of First Nations communities on reserves through the development of a framework to establish a plan to monitor performance from a GBA Plus perspective going forward.
- Establishing cultural spaces that are inclusive of the perspectives of Indigenous women, girls, and 2SLGBTQQIA+ communities is a critical factor in ensuring that these populations are safe and included in decisions that affect them. Investments in community infrastructure that support the construction of culture and recreation facilities will help to ensure Indigenous women, girls and 2SLGBTQQIA+ have safe,

no-barrier, permanent, and meaningful access to their cultures and languages. Investments support community gathering places and cultural infrastructure that contribute to building identities and vibrant cultures.

- Responding to challenges related to systemic inequity between populations living on-reserve and those living off reserve by offering land management capacity building opportunities can lead to improved socio-economic conditions on reserve. This benefits on-reserve First Nations community members by supporting capacity building and the transfer of services for land and environment management and helps facilitate readiness to leverage economic development opportunities. This ensures increased community control and management of reserve lands, environment, and natural resources to support culturally relevant economic development opportunities and self-determination.

Infrastructure and Environments programming also supports communities on a compassionate basis through the continuation of search and recovery activities associated with lost persons who are disproportionately Indigenous women.

Key Risks for the Infrastructure and Environments Service Area

ISC is working to ensure that Indigenous communities have sustainable land management and infrastructure.

There is a risk that shortage for supplies, equipment and labour, and potentially pandemic measures, if still in place, may cause delays to the implementation of various infrastructure projects and might have a significant impact on forecasted costs. In addition, other factors such as seasonal transportation challenges and capacity/ability to deliver multiple projects over a short period of time with time-limited funds may result in

the department and First Nations facing project implementation challenges. This will be mitigated by: monitoring and challenging project costs and reporting cost escalations to senior management; re-scoping projects; capacity building for the repair and maintenance of existing infrastructure; and internal controls to reallocate funds as necessary within and between fiscal years, in support of First Nation communities' cash flow needs.

There is a risk that there will not be predictable, sustainable and sufficient funding to support departmental objectives. This will be mitigated by: working within existing spending authorities; using First Nations Infrastructure Investment Plans framework and project approval processes that place emphasis on projects of highest need/value; a reallocation process for surplus targeted funds that looks to ensure allocation to priority projects; following the protocol for ISC-funded Infrastructure and Program Control Framework; and conducting technical reviews of project submissions.

There is also a risk that partners will not have adequate capacity to support co-development opportunities and/or transfer of care control of services and/or authorities. The department will look to mitigate this by: internal reforms for engagement and communication, both at the internal and strategic level; investments in capacity and innovative approaches to provide opportunities for Indigenous partners to strengthen their skills and capacity; coupling engagements or implementation of alternative approaches to reduce engagement fatigue; and co-development and strengthening of partnerships with Indigenous Peoples.

Finally, there is a risk of not having timely and sufficient data and information to support decision-making and reporting. This will be mitigated by continuing efforts to improve the consistency and accuracy of

project data for reporting purposes and to ensure a thorough understanding of the importance of the information being reported. Additionally, the department will also develop formalized performance measures and reporting.

Planned Results for the Infrastructure and Environments Service Area

The following table shows the planned results, the result indicators, the targets and the target dates for 2023-24, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental Result 6: Indigenous communities have sustainable land management and infrastructure

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Percentage of on-reserve public water systems financially supported by Indigenous Services Canada that have low risk ratings	70%	March 2026	48%	48%	Not available ¹

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Percentage of on-reserve public wastewater systems financially supported by Indigenous Services Canada that have low risk ratings	69%	March 2026	48%	48%	Not available ¹
Percentage of First Nations households living in a dwelling that contains more than one person per room	To be determined by March 2024 ²	To be determined by March 2024 ²	Not applicable ³	Not applicable ³	Not applicable ³
Percentage of First Nations housing that is adequate as assessed and reported by First Nations	75%	March 2024	75%	72.7%	72.6%

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Percentage of on-reserve Indigenous Services Canada-funded other community infrastructure assets with a condition rating of "good" or "new"	45%	March 2026	Not applicable ³	Not applicable ³	Not applicable ³
Percentage of on-reserve education facilities with a condition rating of "good" or "new"	60%	March 2026	59%	53%	54% ⁴
Percentage of on-reserve health facilities with a condition rating of "good" or "new"	75%	March 2024	87%	84%	84% ⁵

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Percentage of First Nations communities with adequate solid waste management systems	65%	March 2028	23%	37.3%	34.6% ⁶
Percentage of high-risk contaminated sites on-reserve where remediation activities are being undertaken	29%	March 2024	41%	29%	34.9% ⁷

Departmental result indicator	Target	Date to achieve target	2019–20 actual result	2020–21 actual result	2021–22 actual result
<p>¹ As a result of the COVID-19 pandemic, Annual Performance Inspections were delayed and updated data will become available in 2023-24.</p> <p>² Target and date to achieved to be co-developed with partners by March 2024.</p> <p>³ New indicator introduced in 2023-24.</p> <p>⁴Results include all ISC-supported band-operated, federal, private, and self-governing schools. It does not include provincial schools. A large clean-up of all school asset data was completed at the beginning of 2021 to correct classifications of school assets. As a result, the baseline for 2020-21 was changed slightly. The new methodology, combined with the data cleanup, explains the apparent drop in the results from 59% to 53% in 2020-21 and 54% in 2021-22.</p> <p>⁵ The 3-year timeframe covered for this reporting period includes inspections completed between 2019-20 to 2021-22 (207 inspections) through the Asset Condition Reporting System process.</p> <p>⁶ Through consultation with regional offices and analysis of available data, the numbers used to calculate this indicator have been adjusted. A number of communities were added to the calculation to take into account First Nations that have several sites that require separate waste management systems. This explains the apparent drop in results.</p> <p>⁷ In 2021-22, due to a recent change expanding the Federal Contaminated Sites Action Plan eligibility guidelines, which now supports multiple sites in a community (low, medium and high risk) being addressed, the Contaminated Sites On Reserve Program was unable to concentrate all efforts and resources towards the remediation of only high-risk contaminated sites.</p>					

Performance information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Budgetary Spending for the Infrastructure and Environments Service Area

The following table shows budgetary spending for the Infrastructure and Environments Service Area for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023-24 budgetary spending (as indicated in Main Estimates)	2023-24 planned spending	2024-25 planned spending	2025-26 planned spending
4,149,690,259	4,149,690,259	3,945,437,610	3,810,737,666

Financial information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned human resources for the Infrastructure and Environments Service Area

The following table shows, in full-time equivalents, the human resources the department will need for the Infrastructure and Environments Service Area for 2023-24 and for each of the next two fiscal years.

2023-24 planned full-time equivalents	2024-25 planned full-time equivalents	2025-26 planned full-time equivalents
876	660	607

Human resources information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Economic Development

The Economic Development Service Area recognizes that governance is enabled not only by programs, but also by supporting Indigenous institutions. Data generated through exercising statutory and Treaty obligations represents some of the most rich data sets within ISC which has implications for First Nations data governance and sovereignty.

Departmental Result 7: Indigenous communities are progressing in their business and economic growth

Effective and sustainable use of lands and natural resources is critical for Indigenous economic development. ISC supports economic potential of Indigenous Peoples, their communities and their businesses by promoting Indigenous partnerships with the provinces and territories and the private sector. Community Economic Development supports First Nation and Inuit communities in the provinces in advancing their business development, economic growth and opportunity readiness. Indigenous Entrepreneurship and Business Development supports Indigenous entrepreneurs who would otherwise have difficulty accessing capital to create and expand a business due to legislative and market-based barriers. By providing access to capital, support services, and business/procurement opportunities including federal contracts, ISC contributes to higher levels of economic prosperity for Indigenous Peoples. Economic Development and Capacity Readiness provides a broad range of supports to assist First Nation, Inuit, and Métis communities as they actively pursue economic and business opportunities.

The **Aboriginal Entrepreneurship Program** lowers barriers to access to affordable capital for First Nations, Inuit and Métis entrepreneurs by providing them with equity and business support services when they apply for business financing, and the **Strategic Partnership Initiative** helps Indigenous communities participate in complex economic

opportunities while promoting Indigenous procurement; both of these programs contribute towards SDG 8 – Decent work and economic growth.

In 2023-24, ISC will:

- Continue to support the implementation of the 5% target for federal procurement with Indigenous businesses by 2026.
- Conduct meaningful engagement to support the co-development of the Transformative Indigenous Procurement Strategy.
- Provide support to Inuit firms to reduce barriers of access they face in competing for government contracts.
- Implement \$34 million in new funding from Budget 2022 for Lands and Economic Development Services Program and Community Opportunity Readiness Program project funding, and economic development supports for First Nations and Inuit community economic development and stimulus for their businesses.
- Co-redesign and expand access to equity capital through the Aboriginal Entrepreneurship Program to increase the establishment and expansion of Indigenous firms to expand, grow and prosper.
- Support the development of a reporting framework for a transformative approach to the Aboriginal Entrepreneurship Program.
- Fund Indigenous organizations that support and increase the number of viable businesses in Canada owned and controlled by Indigenous businesses.
- Continue to modernize and stabilize economic development programs with a goal of program transfer through new and existing Strategic Partnerships Initiatives.

- Continue to build capacity for local, economically-sustainable clean energy projects in First Nations, Inuit, and Métis communities.
- Deliver pathfinding services through a navigator unit housed under the Strategic Partnerships Initiative to provide a single-window point of entry for all Indigenous entrepreneurs, businesses, and communities to access funding from across the federal family in all sectors of the economy.
- Advance modernization discussions of the *Indian Oil and Gas Regulations* and advance work with First Nations on their assertion of jurisdiction.
- Establish performance targets for assessing low income measures to determine levels of poverty in a population and to measure the economic health of the working age population. Comparing data across population groups is an important way of putting numbers in context to identify needs to address systemic barriers or enduring effects of past injustices.

ISC will also consider employment rates and median income as other ways of measuring a population's economic health.

The **National Aboriginal Capital Corporations Association's Indigenous Women's Entrepreneurship Program Initiative** supports Indigenous women in various stages of engagement with entrepreneurship and invests in their skills, employment, and leadership.

ISC also supports Indigenous, culturally-competent GBA Plus and the development of a Gender-Based Violence National Action Plan; this work is being led by Women and Gender Equality (WAGE) and includes developing a Federal Action Plan that will address inequities experienced by the 2SLGBTQQIA+ community.

Both of these programs and initiatives contribute towards SDG 5 – Gender Equality and SDG 10 - Reduced inequality.

Gender-Based Analysis Plus for the Economic Development Service Area

There are significant gaps between Indigenous and non-Indigenous populations in Canada that prevent Indigenous economic participation, including shortage of jobs; lack of quality education and inequitable funding for education; lack of training; work inexperience; remoteness; lack of transportation; lack of digital infrastructure; and shortage of employer willingness to hire Indigenous employees, especially youth. Given these gaps, self-employment and entrepreneurship is often seen by Indigenous Peoples as a solution for economic prosperity.

Indigenous entrepreneurs face barriers including: legislative barriers, lower average incomes, remote locations, infrastructure gaps, lack of digital access, lower accumulated wealth, incomplete credit histories and lower financial literacy. In addition, mainstream banks have a limited presence in or near Indigenous communities and there is a lack of access to, experience with, and confidence in many banks on the part of Indigenous communities. The benefits to Indigenous businesses' increased participation are not limited to immediate employment opportunities for community members, but have compounding positive impacts across the social determinants of health. A 2015 report from the C.D. Howe Institute found that "\$1,000 of additional per capita own-source revenue increases education and health spending by roughly \$100 per person," and that economic development programming expenditures likely include," funding for local development corporations as well as programs designed to enhance job skills."

Businesses across Inuit Nunangat face distinct regional barriers such as high costs for utilities, transportation and telecommunications, as well as shortages of available and affordable business spaces. Raising sufficient capital to survive the start-up phase and establish the business long enough to gain sufficient cash-flow remains a major challenge for all small businesses. Métis entrepreneurs face distinct economic barriers that differ from those faced by First Nations and Inuit entrepreneurs. Many Non-Status First Nations, Inuit and Métis are disproportionately impacted by Indian Status eligibility requirements within certain funding streams. Métis also face institutional barriers linked to federal, provincial laws and community level self-governance laws.

Additional GBA Plus considerations for the economic development of Indigenous communities include Indigenous women entrepreneurs who only make up 30% of Indigenous businesses. Compared to Indigenous men, they face additional barriers including lower average financial literacy, added family responsibilities and a lack of experience and confidence in dealing with lenders and financial institutions.

The establishment of the minimum 5% target for federal government contracts will encourage federal departments and agencies to include Indigenous-specific bid evaluation criteria in procurement, such as Indigenous employment training and skills development, ownership, or subcontracting, and should be targeted in such a way as to address some of these realities as appropriate. These actions may also serve as capacity-building measures to empower new and existing businesses. While federal procurement generally supports industries where Indigenous men are more represented, these types of incremental gains will have an overall positive effect to create work for Indigenous Peoples and their communities.

Key Risks for the Economic Development Service Area

ISC is working to ensure that Indigenous communities are progressing in their business and economic growth.

There is a risk that Indigenous business recovery may be delayed if support funding is not provided in a timely manner, and multiple applications are required to receive funding. To mitigate this, the department has been collaborating internally to identify program priorities and will be pursuing options to address funding gaps. Additionally, analysis is underway regarding the impact of community business needs during the pandemic, and how to position those businesses for further economic development.

There is also a risk that funding may be allocated to more populated and higher-capacity communities to ensure program success, rather than being allocated to less populated communities where relative impact could be significant, but program success less guaranteed. To mitigate this, the department will look to review the management control framework, and conduct an analysis of needs of lower capacity communities and potential options to address program gaps.

Finally, there is a risk that the current data gathering standards, outdated information and formulas, as well as many unusual concurrent events may affect the department's ability to measure outcomes or produce evidence needed for future program or policy objectives. To mitigate this risk, the department will: review Performance Information Profiles for all programs; develop engagement approaches with Indigenous partners for information and data gathering; develop policy requirements that provide direction to federal departments and agencies to implement and achieve a 5% Indigenous procurement target, as well as reporting and planning data requirements; establish an interim reporting framework for the current initiative that reports on contracts awarded to Indigenous businesses,

drafting reporting guidance, and developing business rules for updating the Open Government Portal; and support Public Services and Procurement Canada in the assessment and development of a training package for procurement officers.

Planned results for the Economic Development Service Area

The following table shows the planned results, the result indicators, the targets and the target dates for 2023-24, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental Result 7: Indigenous communities are progressing in their business and economic growth

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Percentage of the population that lived in a low income situation in the year preceding the Census	To be determined by March 2024 ¹	To be determined by March 2024 ¹	Not applicable ²	Not applicable ²	Not applicable ²
Employment rate of the working age population (25-64)	To be determined by March 2024 ¹	To be determined by March 2024 ¹	Not applicable ²	Not applicable ²	Not applicable ²

¹ Target and date to be achieved to be established by March 2024. Data for this indicator will be collected through the Statistics Canada Census of Population every five years and will be reported by population group.

² New indicator introduced in 2023-24.

Departmental result indicator	Target	Date to achieve target	2019–20 actual result	2020–21 actual result	2021–22 actual result
Median income of the working age population (25-64)	To be determined by March 2024 ¹	To be determined by March 2024 ¹	Not applicable ²	Not applicable ²	Not applicable ²

¹ Target and date to be achieved to be established by March 2024. Data for this indicator will be collected through the Statistics Canada Census of Population every five years and will be reported by population group.

² New indicator introduced in 2023-24.

Performance information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Budgetary Spending for the Economic Development Service Area

The following table shows budgetary spending for the Economic Development Service Area for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023–24 budgetary spending (as indicated in Main Estimates)	2023–24 planned spending	2024–25 planned spending	2025–26 planned spending
262,255,452	262,255,452	205,096,052	202,790,416

Financial information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Human Resources for the Economic Development Service Area

The following table shows, in full-time equivalents, the human resources the department will need for the Governance Service Area for 2023-24 and for each of the next two fiscal years.

2023-24 planned full-time equivalents	2024-25 planned full-time equivalents	2025-26 planned full-time equivalents
259	248	246

Human resources information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Governance

The Governance Service Area brings together governance capacity programming to provide a more comprehensive view of various governance capacity programs to allow for better coordination. It recognizes that governance is enabled not only by programs, but also by supporting Indigenous institutions, such as through the Transformational Approach to Indigenous Data and the co-development work of the New Fiscal Relationship. Data generated through exercising statutory and Treaty obligations represent some of the most rich data sets within ISC which has implications for First Nations data governance and sovereignty.

Departmental Result 8: Indigenous communities have governance capacity and support for self-determination

ISC is committed to supporting governance capacity and support for self-determination for Indigenous Peoples, communities, and governments to control the design, delivery, and management of services, including:

- Access to services, benefits, programs and payments to which Indigenous Peoples are entitled such as the [Indian Registry, Trust](#)

Moneys, Estates Management, and Treaty Annuities;

- Governance capacity initiatives that aim to help transition First Nations towards self-determination and data sovereignty;
- Support and investing in First Nation-led processes to transition away from the *Indian Act*.

The measure of certification of a First Nation's Financial Management System by the First Nations Financial Management Board indicates strong financial management practices and is a proxy measure of improved governance capacity. ISC will track the number of communities that are certified on an annual basis.

As a key contributor to supporting SDG 10 - Reduced inequality, ISC acknowledges that the best way to ensure inequality is eliminated for First Nations, Inuit and Métis is by upholding the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and working to integrate direction towards **service transfer and self-determination for all Indigenous communities.**

ISC will continue to work towards achieving its mandate to support First Nation-led processes to transition away from the *Indian Act* by helping First Nations convert to alternative election systems, particularly custom codes and the *First Nations Elections Act*, and ensuring First Nations governments have access to core management and administrative support. First Nations that move to holding their elections under the *First Nation Elections Act* or their own community election system are adopting a more autonomous electoral system than that under the *Indian Act*. These alternative systems do not afford a departmental role or decision making in the First

Nation's electoral process, allowing greater self-determination by First Nations. ISC will track progress towards this by measuring the percentage of First Nations that adopt alternatives to the *Indian Act* election system.

Legislation that addresses specific inequities in the registration and band membership provisions of the *Indian Act* was introduced in December 2022. If passed, Bill C-38 will address the legacy impacts of enfranchisement and help affected First Nations individuals gain entitlement to be registered under the *Indian Act*. A collaborative consultation process will be launched in early 2023 to seek options to address broader reform in registration and membership.

In addition, ISC will:

- Deliver and advance the modernization of the Indigenous Governance and Capacity Program through ongoing collaboration with expert organizations through the Governance Modernization Working Group.
- Engage with partners on a new interim funding model for Band Support Funding and Professional and Institutional Development Programs.
- Advance community development through funding initiatives, training and strategy implementation including monitoring the approach for the Indigenous Community Development National Strategy while establishing and facilitating discussions of the Community Development Wrap-Around Initiative Regional and National Tables to determine program alignment and modernization opportunities with partner programs.
- Ensure effective risk-based monitoring and responsive capacity supports are available in relation to ongoing eligibility for the New Fiscal Relationship Grant.

- Support uptake of the New Fiscal Relationship Grant through measures to expand eligibility and explore broadening the scope of funding streams available.
- Complete an evaluation of the New Fiscal Relationship Grant mechanism.
- Advance co-development and engagement on the National Outcome Based Framework, which will measure socio-economic gaps between First Nations and non-Indigenous Canadians, with the goal of securing consensus and completing engagements by Fall 2023.
- Advance co-development on the next phase of policy development on elements of the New Fiscal Relationship informed by the Joint Advisory Committee on Fiscal Relations to address funding sufficiency, funding transfer mechanisms, and the broader mutual accountability relationship.
- Co-develop a replacement to the Default Prevention and Management Policy with a new, proactive approach to capacity development.
- Advance the development and implementation of the Transformational Approach to Indigenous Data initiative to advance a coherent, Indigenous-led approach to addressing data gaps in order to effectively measure and help eliminate socioeconomic gaps between Indigenous and non-Indigenous Peoples in Canada, and to support First Nations, Inuit, and Métis Nation organizations to deliver effective services to their citizens. As this work advances, ISC will seek to work with Partners to align Program and Departmental performance measurement developed through these investments.

Gender-Based Analysis Plus for the Governance Service Area

The Indigenous Governance and Capacity program supports governance capacity in Indigenous communities as they see fit, and recognizes that Indigenous communities are the experts of their needs and priorities and know best how to address them. As governance supports are increased, barriers to diversity and inclusion are likely to decrease for women, girls, and 2SLGBTQQIA+ people. Based on existing data from self-government agreements, it is reasonable to assume that increases in governance funding results in fewer barriers to Indigenous community level consultation and engagement with diverse groups, greater investment in diversity and inclusion initiatives, positive social determinants of health outcomes for varied groups within communities, and greater overall access to programs and services offered by First Nations, Inuit and Métis governments. Those First Nations (inclusive of gender, age, disability, sexuality and other identity factors) who have already moved or will move to the New Fiscal Relationship Grant, area provided with predictable and flexible funding, and the autonomy to design and deliver services in a manner that reflects community priorities and mitigate colonial barriers to self-determination. This contributes to improved socio-outcomes where First Nations leverage flexibilities under the Grant in order to be more responsive to community needs and priorities, including with respect to being responsive to diversity within communities.

All relations with Indigenous Peoples need to be based on the recognition and implementation of their right to self-determination, including the inherent right of self-government. As such, the department is working with First Nation leadership to facilitate the transition away from the *Indian Act* with consideration of any measures that would negatively impact Charter rights. The traditional governance structures of many nations included women, elders, and youth in decision-making processes. For many communities, traditional leadership even followed a matriarchal line. With

the imposition of the *Indian Act*, the leadership roles of women, elders, and youth could have been undermined. Since the 1951 amendments to the *Indian Act* allowing women to participate within the governance structure, many legislative and regulatory initiatives have supported the restoration of women's roles in decision-making and greater diversity of voices in Indigenous governance.

ISC is also supporting Indigenous Peoples to build the data capacity they need to tell their own stories and to design and deliver programs, policies, and services that reflect their unique histories and multidimensional lived experiences. Although primarily oriented to supporting Indigenous self-determination, this will also support a stronger, more inclusive national statistical system, and improve the availability of Indigenous data, including data that can be disaggregated by key factors like gender and distinctions-group. The Census of Canada, which, despite its narrow scope, remains the cornerstone of distinctions-based data on Indigenous Peoples, demonstrates clearly the significant differences in outcomes among sub-groups of the broader Indigenous population, highlighting the need for disaggregated data.

- In 2015, the median income for non-Indigenous, working age Canadians was \$42,930, compared to \$32,553 for Registered Indians living off reserve and \$20,357 for Registered Indians living on reserve. Regional differences are stark, and gender differences are also apparent.
- The 2016 Census shows that the gender disparity in unemployment between non-Indigenous men and women is only 1 percentage point. The disparity is vastly larger among Inuit, where the unemployment rate among men is 25%, compared to 33% among women.
- While men in Canada typically have significantly higher incomes than women, Registered Indian women living on reserve and Inuit women

actually have a median income that is \$6,000 - \$7,000 higher than men.

Through the Transformational Approach to Indigenous Data, First Nations, Inuit, and Métis Nations are supported in developing in advancing distinctions-based data strategies to realize their respective visions for data sovereignty. This will facilitate data sharing with Indigenous partners as a first step towards the eventual transfer of departmental data assets to Indigenous control.

Key Risks for the Governance Service Area

ISC is working to ensure that Indigenous communities have governance capacity and support for self-determination.

There is a risk that a lack of predictable, sufficient and sustainable funding for Indigenous Governance and Capacity will limit the ability of Indigenous governments to maintain and advance their governance capacity. To mitigate this, the department will continue to explore avenues for increased supports through the modernization of the Indigenous Governance and Capacity Program, in particular the Band Support Funding program.

There is also a risk that government programming may not adequately respond to community development needs, as identified by Indigenous communities. To mitigate this, the department will continue its efforts to support community-led planning and holistic wrap-around approaches to community development, that put First Nations visions and priorities at the forefront.

Planned Results for the Governance Service Area

The following table shows the planned results, the result indicators, the targets and the target dates for 2023-24, and the actual results for the three most recent fiscal years for which actual results are available.

Departmental Result 8: Indigenous communities have governance capacity and support for self-determination

Departmental result indicator	Target	Date to achieve target	2019-20 actual result	2020-21 actual result	2021-22 actual result
Number of communities certified by the First Nations Financial Management Board	To be determined by March 2024 ¹	To be determined by March 2024 ¹	Not applicable ²	Not applicable ²	Not applicable ²
Percentage of First Nations adopting alternatives to the <i>Indian Act</i> election system	79%	March 2024	76.3%	77.1%	77.9%

¹Target and date to achieve to be established with partners by March 2024.

²New indicator introduced in 2023-24.

Performance information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Budgetary Spending for the Governance Service Area

The following table shows budgetary spending for the Governance Service Area for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023-24 budgetary spending (as indicated in Main Estimates)	2023-24 planned spending	2024-25 planned spending	2025-26 planned spending
584,643,016	584,643,016	491,619,491	460,835,892

Financial information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Planned Human Resources for the Governance Service Area

The following table shows, in full-time equivalents, the human resources the department will need for the Governance Service Area for 2023-24 and for each of the next two fiscal years.

2023-24 planned full-time equivalents	2024-25 planned full-time equivalents	2025-26 planned full-time equivalents
882	833	827

Human resources information for Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Internal services: planned results

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- management and oversight services
- communications services

- legal services
- human resources management services
- financial management services
- information management services
- information technology services
- real property management services
- materiel management services
- acquisition management services

Planning highlights

ISC will continue to ensure that all programs and regions are supported by high quality internal services that are continually evolving to better serve clients and to align with the departmental mandate, including the transfer of services to Indigenous partners.

In 2023-24, ISC will:

- Support service delivery to Indigenous Peoples through greater integrated planning to allow risks and results to guide decision-making and oversight.
- Promote increased and continued involvement of Indigenous partners in the strategic planning process and review of performance indicators to help the department improve its capacities in risk, results measurement, investment and project management to better align resources with key objectives.
- Promote greater accountability, transparency and oversight through internal audits and financial reviews to provide assurance of departmental governance and controls, and support appropriate use of human and financial resources.

- Provide First Nations, Inuit and Métis communities with timely and relevant information they need to access high quality programs and services.
- Provide strategic and timely communications services in support of ministerial, department and Government of Canada priorities including progress made in the implementation of the Federal Pathway to Address Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ People, the United Nations Declaration on the Rights of Indigenous People, and the response to the locating of unmarked graves near former Indian Residential Schools.
- Continue to lead work to implement a coordinated public communication campaign on key priorities, in partnership with Indigenous communities. This includes the continued development of a digital presence on reconciliation key themes that have been developed through engagement with Indigenous partners.
- Respond to the Clerk of the Privy Council's call for action on increasing diversity among employees and senior public service leaders while building a culture of inclusion that will combat racism and remove systemic barriers.
- Implement its first Accessibility Plan that identifies barriers to accessibility and actions to overcome them, enabling the full participation and development of our staff with disabilities and including accessibility concepts in our policies, programs and services.
- Infuse policies, resources, and tools with distinct Indigenous lenses to leverage the talents and strengths of Indigenous employees and support the recruitment, career paths, well-being, and retention of First Nations, Inuit and Métis employees.
- Continue to implement the 2021-2024 Well-being and Mental Health Strategy as the catalyst for change and the continued investment in a

psychologically healthier workplace.

- Assist the department in its transition to a modern workplace by considering the nationalization of talent and work and revisiting approaches to staffing and technical support.
- Support Enterprise Data Management and a Transformational Approach on Indigenous Data while modernizing Information Management, Data Management and Information Technology solutions.
- Improve departmental services, promote the Government of Canada's Policy on Service and Digital, plan business continuity processes, define and measure performance management metrics for Information Management services, and maintain the Enterprise Performance and Information Center to support the integration and development of planning and reporting processes.
- Enable an effective Fraud Risk Framework to help support exponential growth in programs such as Jordan's Principle while supporting the digital transformation of financial operations including modernizing the Treaty Payment System.
- Establish a horizontal process for the review of transfer payments within a standardized and common model across the regions while implementing synergy between various partners to foster effective reconciliation relationships in program design and implementation, definition of Terms and Conditions, and streamlining of business processes, along with developing a Centre of Excellence in Transfer Payment where experts from various fields of expertise provide guidance, support and advice to any departmental users.
- Continue to apply GBA Plus in the planning, decision making, and implementation of internal services described above to ensure that the department's internal services, policies, and activities are equitable,

and to better support the application of GBA Plus in policy and Programs.

Planning for Contracts Awarded to Indigenous Businesses

ISC is committed to reconciliation with Indigenous Peoples and will continue to explore all available avenues for increasing opportunities for Indigenous businesses to participate in federal procurement processes. The departmental programs in collaboration with procurement are working on establishing best practices and strengthening procurement policies and mechanisms in support of the Procurement Strategy for Indigenous Business and the mandatory minimum 5% Indigenous procurement requirement.

ISC has undertaken various communications activities to ensure procurement officials are well-versed and actively considering opportunities to incorporate Indigenous considerations into routine procurement requests.

ISC's Indigenous procurement target for 2022-23 was set at 15% and the target for 2023-24 has not yet been established. To assist in reaching and surpassing this target, procurement officials are working on developing a method to track and report on Indigenous subcontracting opportunities, which re embedded within some of ISC's contracts.

5% reporting field description	2021-22 actual % achieved	2022-23 forecasted % target	2023-24 planned % target
Total percentage of contracts with Indigenous businesses	Not applicable	15%	To be determined but not less than 5% ¹

¹ Targets for 2023-24 have not yet been established

Planned Budgetary Spending for Internal Services

The following table shows, for internal services, budgetary spending for 2023-24, as well as planned spending for that year and for each of the next two fiscal years.

2023-24 budgetary spending (as indicated in Main Estimates)	2023-24 planned spending	2024-25 planned spending	2025-26 planned spending
228,930,692	228,930,692	199,792,017	190,891,690

Planned Human Resources for Internal Services

The following table shows, in full-time equivalents, the human resources the department will need to carry out its internal services for 2023-24 and for each of the next two fiscal years.

2023-24 planned full-time equivalents	2024-25 planned full-time equivalents	2025-26 planned full-time equivalents
1,562	1,405	1,342

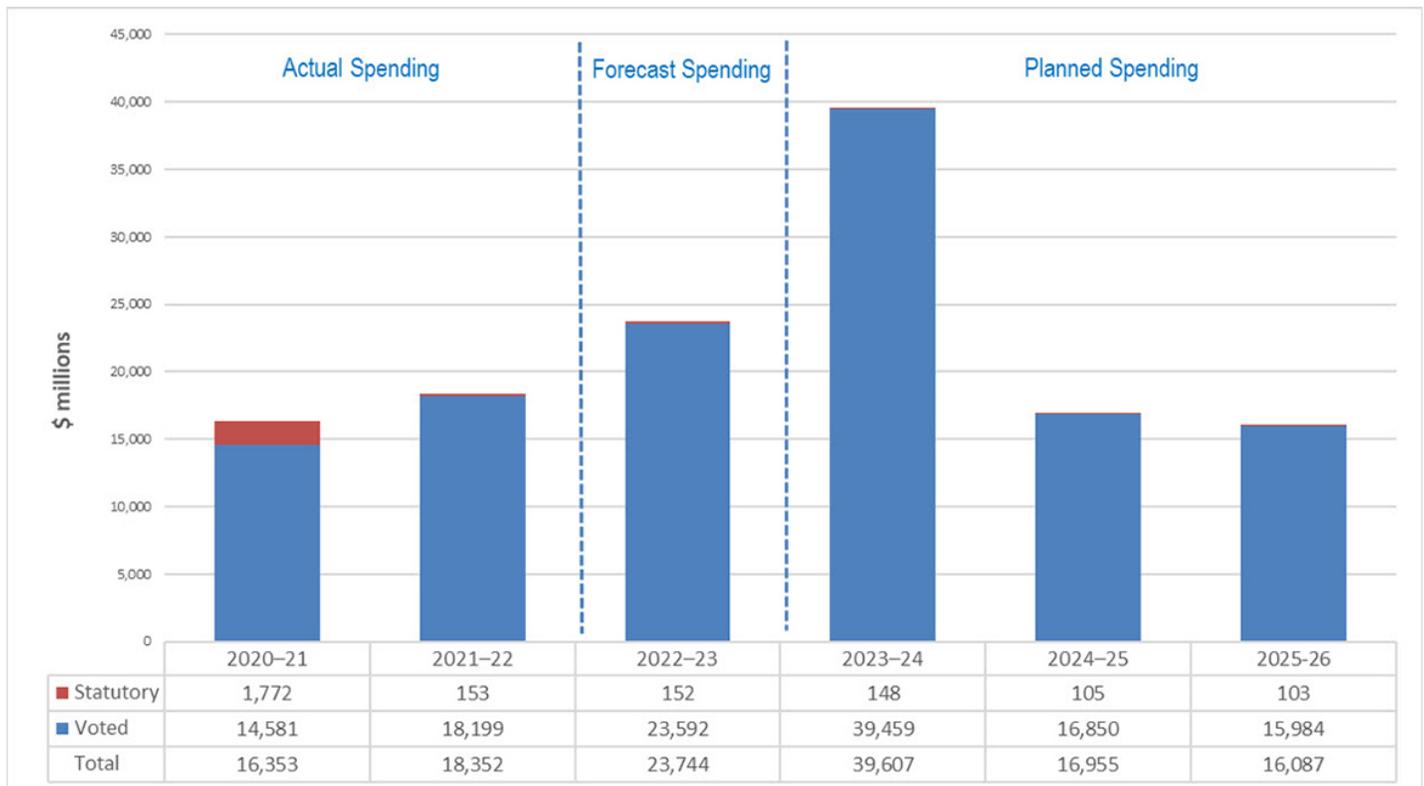
Planned Spending and Human Resources

This section provides an overview of the department's planned spending and human resources for the next three fiscal years and compares planned spending for 2023-24 with actual spending for the current year and the previous year.

Planned Spending

Departmental Spending 2020-21 to 2025-26

The following graph presents planned spending (voted and statutory expenditures) over time.



▼ Text alternative for Departmental Spending 2020-21 to 2025-26

This stacked bar graph depicts actual spending from 2020 to 2022, forecast spending from 2022 to 2023, and planned spending from 2023 to 2026.

- In 2020-21, total actual spending was \$16,353 million. Of this amount, \$14,581 million is voted spending and \$1,772 million is statutory spending.
- In 2021-22, total actual spending was \$18,352 million. Of this amount, \$18,199 million is voted spending and \$153 million is statutory spending.
- In 2022-23, total forecast spending is \$23,744 million. Of this amount, \$23,592 million is voted spending and \$152 million is statutory spending.

- In 2023-24, total planned spending is \$39,607 million. Of this amount, \$39,459 million is voted spending and \$148 million is statutory spending.
- In 2024-25, total planned spending is \$16,955 million. Of this amount, \$16,850 million is voted spending and \$105 million is statutory spending.
- In 2025-26, total planned spending is \$16,087 million. Of this amount, \$15,984 million is voted spending and \$103 million is statutory spending.

Budgetary Planning Summary for Core Responsibilities and Internal Services (dollars)

The following table shows information on spending for Indigenous Services Canada's Core Responsibility and Internal Services for 2023-24 and other relevant fiscal years.

In 2023-24, ISC restructured its Departmental Results Framework resulting in a change of its Core Responsibility. The table reflects the actual expenditures, forecast spending and planned spending under the associated Core Responsibility for the fiscal year reported.

Core responsibilities and internal services	2020-21 actual expenditures*	2021-22 actual expenditures*	2022-23 forecast spending*	2023-24 budgetary spending (as indicated in Main Estimates)
Indigenous Well-Being and Self-Determination	Not applicable	Not applicable	Not applicable	39,378,545,794
Services and Benefits to Individuals	2,042,963,939	2,256,640,551	2,615,055,918	Not applicable
Health and Social Services	7,800,965,093	8,671,955,198	11,302,743,690	Not applicable
Governance and Community Development Services	4,637,274,340	5,327,660,547	7,816,325,499	Not applicable
Indigenous Self-Determined Services	1,610,912,324	1,819,668,220	1,717,589,989	Not applicable
Subtotal	16,092,115,696	18,075,924,516	23,451,715,096	39,378,545,794
Internal Services	261,129,820	275,885,076	292,025,783	228,930,692
Total	16,353,245,516	18,351,809,592	23,743,740,879	39,607,476,486

Core responsibilities and internal services	2020-21 actual expenditures*	2021-22 actual expenditures*	2022-23 forecast spending*	2023-24 budgetary spending (as indicated in Main Estimates)
--	-------------------------------------	-------------------------------------	-----------------------------------	--

* The Core Responsibility totals for 2020-21 and 2021-22 actual expenditures and 2022- under the former Departmental Results Framework which consisted of four Core Resp Health and Social Services, Governance and Community Development Services, and In 24, ISC's Departmental Results Framework consists of one Core Responsibility – Indige

The 2021-22 expenditures were \$18,351.8 million, a net increase of approximately \$1,998.6 million over 2020-21. This is primarily due to:

- a net increase in funding for Indigenous community infrastructure;
- a net increase in funding related to the Income Assistance program;
- a net increase in funding for mental health and wellness;
- a net increase in funding for the elementary and secondary as well as post-secondary education programs;
- a net increase in funding for Child and Family Services;
- a net increase in funding for the non-insured health benefits for First Nations and Inuit;
- a net decrease in funding for COVID-19 initiatives, such as:
 - enhancing public health measures to COVID-19 in First Nations and Inuit communities;
 - Income Assistance;
 - Indigenous Community Support Fund;
 - supporting Indigenous businesses;
 - supporting a safe restart in Indigenous communities;
 - supporting Indigenous mental wellness;
 - urban and regional Indigenous organizations;

- supportive care in Indigenous communities;
- the continuation of public health responses in Indigenous communities; and
- Indigenous communities affected by disruptions to their revenues which are necessary to support programs and services.

Spending is expected to increase by \$5,391.9 million between 2021-22 expenditures and 2022-23 forecast spending. This is primarily due to:

- a net increase in funding for out-of-court settlements;
- a net increase in funding for costs related to compensation and for the reforms to the First Nations Child and Family Services and Jordan's Principle programs;
- a net increase in funding for Indigenous community infrastructure;
- a net increase in funding for the continued implementation of Jordan's Principle and supporting the Inuit Child First Initiative;
- a net increase in funding for Child and Family Services;
- a net increase in funding for the non-insured health benefits for First Nations and Inuit;
- a net increase in funding to support the implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families* and the ongoing reform of the Indigenous Child and Family Services Program; and
- a net decrease in funding for COVID-19 initiatives, such as:
 - Indigenous Community Support Fund;
 - the continuation of public health responses in Indigenous communities;
 - Indigenous communities affected by disruptions to their revenues which are necessary to support programs and services;
 - supporting Indigenous businesses;
 - supportive care in Indigenous communities; and

- supporting a safe restart in Indigenous communities.

Spending is expected to increase by \$15,863.7 million between 2022-23 forecast spending and 2023-24 planned spending. This is primarily due to:

- a net increase in funding for out-of-court settlements;
- a net decrease in funding for Indigenous community infrastructure;
- a net decrease in funding for emergency management;
- a sunset (at the end of 2022-23) in funding for implementation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance;
- a net decrease in funding for the continued implementation of Jordan's Principle and supporting the Inuit Child First Initiative;
- a net decrease in funding for Child and Family Services;
- a net decrease in funding for the non-insured health benefits for First Nations and Inuit;
- a net decrease in funding for COVID-19 initiatives, such as:
 - Indigenous Community Support Fund;
 - the continuation of public health responses in Indigenous communities; and
 - supporting students and youth.

Spending is expected to decrease by \$23,520.2 million between 2023-24 and 2025-26 planned spending. This is primarily due to:

- a decrease in funding for out-of-court settlements;
- a net decrease in funding for costs related to compensation and for the reforms to the First Nations Child and Family Services and Jordan's Principle programs;
- a net decrease in funding for Indigenous community infrastructure;
- a sunset of funding for the continued implementation of Jordan's Principle (at the end of 2024-25) and supporting the Inuit Child First

Initiative (at the end of 2023-24);

- a net decrease in funding to support the implementation of the Act respecting First Nations, Inuit and Métis children, youth and families and the ongoing reform of the Indigenous Child and Family Services Program; and
- a net increase in funding related to the Northern Ontario Grid Project.

Decisions on the renewal of the sunset initiatives will be taken in future budgets and reflected in future estimates.

2023–24 Budgetary Gross and Net Planned Spending Summary (dollars)

The following table reconciles gross planned spending with net planned spending for 2023-24.

Core responsibility and internal services	2023–24 gross planned spending	2023–24 planned revenues netted against spending	2023–24 planned net spending
Indigenous Well-Being and Self-Determination	39,383,995,794	(5,450,000)	39,378,545,794
Internal services	271,833,584	(42,902,892)	228,930,692
Total	39,655,829,378	(48,352,892)	39,607,476,486

Revenues mentioned above are for the provision of services or the sale of products related to health protection and medical services; and the provision of internal support services under section 29.2 of the *Financial Administration Act*.

Planned Human Resources

The following table shows information on human resources, in full-time equivalents (FTEs), for Indigenous Services Canada's core responsibility and its internal services for 2023-24 and the other relevant years.

Human Resources Planning Summary for the Core Responsibilities and Internal Services

Core responsibility and internal services	2020-21 actual full-time equivalents*	2021-22 actual full-time equivalents*	2022-23 forecast full-time equivalents*	2023-24 planned full-time equivalents	2024-25 planned full-time equivalents
Indigenous Well-Being and Self-Determination	Not applicable	Not applicable	Not applicable	5,508	
Services and Benefits to Individuals	1,741	1,818	1,994	Not applicable	applied
Health and Social Services	1,576	1,800	1,969	Not applicable	applied
Governance and Community Development Services	1,609	1,658	1,732	Not applicable	applied

* The Core Responsibility totals for 2020-21 and 2021-22 actual expenditures and 2022-23 spending are presented as reported under the former Departmental Results Framework of four Core Responsibilities: Services and Benefits to Individuals, Health and Social Services and Community Development Services, and Indigenous Self-Determined Services. As the current Departmental Results Framework consists of one Core Responsibility – Indigenous Well-Being and Self-Determination.

Core responsibility and internal services	2020-21 actual full-time equivalents*	2021-22 actual full-time equivalents*	2022-23 forecast full-time equivalents*	2023-24 planned full-time equivalents	2024-25 planned full-time equivalents
Indigenous Self-Determined Services	0	9	12	Not applicable	applied
Subtotal	4,926	5,285	5,707	5,508	
Internal services	1,445	1,560	1,574	1,562	
Total	6,371	6,845	7,281	7,070	

* The Core Responsibility totals for 2020-21 and 2021-22 actual expenditures and 2022-23 spending are presented as reported under the former Departmental Results Framework of four Core Responsibilities: Services and Benefits to Individuals, Health and Social Services and Community Development Services, and Indigenous Self-Determined Services. As the Departmental Results Framework consists of one Core Responsibility – Indigenous We Determination.

For the period from 2020-21 to 2021-22, the increase in FTEs is primarily due to:

- the department receiving additional resources throughout the year to address the Pandemic, to meet program needs and priorities, and to sustain the program's growing operations;
- additional staffing received to manage the Non-Compliance Motion and regular operations for First Nations Child and Family Services. It also factors in resources received to advance global resolution on compensation and additional resources to implement the C-92 Act.A29;
- funding received through supplementary estimates:

- to improve health outcomes in Indigenous communities (Budget 2021),
 - related to Sex-Based Inequities in Indian Status Registration (S3),
 - for the continued implementation of Jordan's Principle,
 - new Off-cycle Mental Wellness funding,
 - for infrastructure in Indigenous communities (Budget 2021), the operations and maintenance of infrastructure in First Nations communities on reserve (Budget 2021), infrastructure projects in Indigenous communities.
- the increase is partially offset by variance in FTEs due to timelines in staffing due to turnover, due diligence in hiring, and unexpected vacancies.

For the period from 2023-24 to 2025-26, the FTEs are expected to decrease primarily due to:

- sunset (at the end of 2023-24) of funding for mental health and wellness (Budget 2021);
- sunset (at the end of 2023-24) of funding to implement the federal framework to address the legacy of residential schools (Budget 2022);
- sunset (at the end of 2023-24) of Funding for the Continued Implementation of Jordan's Principle and Supporting Inuit Children (Budget 2019);
- sunset (at the end of 2023-24) of funding to support individual compensation, capital expenditures, and immediate reforms of First Nations Child and Family Services and Jordan's Principle;
- a decrease in funding for costs related to compensation and for the reforms to the First Nations Child and Family Services program;
- a net decrease to support the implementation an *Act respecting First Nations, Inuit and Métis children, youth and families*; and

- sunset (at the end of 2024-25) of funding to support the implementation of the *Act respecting First Nations, Inuit and Métis children, youth and families* and the ongoing reform of the Indigenous Child and Family Services Program;
- a decrease in funding for Indigenous Infrastructure Projects (Budget 2021);
- a decrease in funding for the Health and Safety of First Nations On-Reserve Housing, Water and Community Infrastructure (Budget 2022 and 2021 Fall Economic Statement);
- decrease in FTEs due to the sunsetting of FTEs funded for Additions to Reserve Land for First Nations Economic Recovery (Budget 2021) and the Federal Contaminated Site Action Plan: Phase IV;
- sunset (at the end of 2023-24) of funding for Improving *Indian Act* Registration Services;
- sunset (at the end of 2024-25) of funding to implement phase one of a transformational approach to Indigenous data (Budget 2021).

Decisions on the renewal of the sunset initiatives will be taken in future budgets and reflected in future estimates.

Estimates by vote

Information on Indigenous Services Canada's organizational appropriations is available in the [2023-24 Main Estimates](#).

Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of Indigenous Services Canada's operations for 2022-23 to 2023-24.

The amounts for forecast and planned results in this statement of operations were prepared on an accrual basis. The amounts for forecast and planned spending presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on [Indigenous Services Canada's website](#).

Future-oriented Condensed statement of operations (unaudited) for the year ending March 31, 2024 (dollars)

Financial information	2022-23 forecast results	2023-24 planned results	Difference (2023-24 planned results minus 2022-23 forecast results)
Total expenses	23,747,667,542	20,614,848,960	(3,132,818,582)
Total revenues	62,201,634	54,437,062	(7,764,572)
Net cost of operations before government funding and transfers	23,685,465,908	20,560,411,898	(3,125,054,010)

Expenses

Total expenses for 2023-24 are planned at \$20,615 million, representing a \$3,133 million decrease from the previous year's forecasted total expenses of \$23,748 million. Expenses by core responsibility are as follows:

- Indigenous Well-Being and Self-Determination \$20,315 million (99%);

- Internal Services \$300 million (1%).

The majority of the decrease in expenses from 2022-23 to 2023-24 is primarily due to the sunset of funding related to COVID-19 initiative, the sunset funding related to First Nation Health Governance and the decrease in funding for Child and Family Support and the Jordan's Principle program.

Revenues

Total revenues for 2023-24 are planned at \$54 million, representing a \$8 million decrease over the previous year's total revenues of \$62 million. Revenues from the provision of financial and administrative services represent \$43 million (79%), respendable revenues represent \$6 million (11%), and miscellaneous revenues represent the remaining \$5 million (10%).

Corporate information

Organizational profile

Appropriate minister: The Honourable Patty Hajdu, P.C., M.P., Minister of Indigenous Services and Minister responsible for the Federal Economic Development Agency for Northern Ontario

Ministerial portfolio: Department of Indigenous Services, Indian Oil and Gas Canada (special operating agency), and the National Indigenous Economic Development Board (advisory board)

Enabling instruments: *Department of Indigenous Services Act, S.C. 2019, c. 29, s.336; Indian Oil and Gas Act, S.C., 1985, c. I-7*

Year of incorporation / commencement: 2019

Raison d'être, mandate and role: who we are and what we do

Information on Indigenous Services Canada's raison d'être, mandate and role is available on the [Indigenous Services Canada website](#).

Information on Indigenous Services Canada's mandate letter commitments is available in [Minister Hajdu's mandate letter](#).

Operating context

Information on the operating context is available on the [Indigenous Services Canada website](#).

Reporting Frameworks

Indigenous Services Canada's approved departmental results framework and program inventory for 2023-24 are as follows. The table also references the specific government commitments that are supported by each Service Area and associated programs (see *Supporting Government Commitments* for details):

Core Responsibility: Indigenous Well-Being and Self-Determination

Well-being services support First Nations, Inuit, and Métis individuals, children and families throughout their life from childhood to elder years.

- These services are informed by the social determinants of health and are intended to fulfill the Departmental mandate to close socio-economic gaps through services that include culturally appropriate physical and mental health; safety and social wellness; and education.
- Community well-being is part of a continuum that extends to the environment and the land. These services work together to create sustainable infrastructure and environments; and economic prosperity.

- Support for governance capacity advances self-determination and enables opportunities for service transfer. Service transfer in partnership with Indigenous Peoples extends across all service areas to support Indigenous self-determination in alignment with the Departmental mandate.

Service Area: Health

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous Peoples are physically well	Percentage of First Nations individuals who reported being in "excellent" or "very good" health	Public Health Promotion and Disease Prevention	Truth and Reconciliation Calls to Action 3, 5, 18, 19, 20, 22, 23
	Percentage of Inuit adults who reported being in "excellent" or "very good" health	Home and Long-Term Care Primary Health Care	Murdered and Missing Indigenous Women and Girls Calls for Justice 3.1, 3.2, 3.4, 7.2, 7.4
Indigenous Peoples are mentally well	Percentage of First Nations individuals who reported "excellent" or "very good" mental health	Health Systems Support Supplementary Health Benefits	United Nations Declaration for Indigenous Peoples Articles 3, 4, 5, 18, 19, 20, 21, 23, 24, 34
	Percentage of Inuit adults who reported "excellent" or "very good" mental health	Jordan's Principle and the Inuit Child First Initiative	United Nations 2030 Agenda and Sustainable Development Goals 1, 2, 3, 4, 5, 10, 13, 16

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous Peoples have access to quality federally-funded health services	Percentage of First Nations on-reserve adults who rate the quality of health care services delivered in their community as "good" or "excellent"		
	Percentage of First Nations with an Indigenous-led plan for health service delivery		

Service Area: Children and Families

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous Peoples are culturally safe and socially well	Percentage of Indigenous women who report being a victim of intimate partner violence in the previous 12 months	Safety and Prevention Services Child and Family Services	Truth and Reconciliation Calls to Action 1, 2, 4, 5, 12, 20, 38, 41, 55i
	Percentage of requests for overnight residence in ISC-funded shelters by women, children, and 2SLGBTQQIA+ people that are met	Income Assistance Urban Programming for Indigenous Peoples	Murdered and Missing Indigenous Women and Girls Calls for Justice 1.8, 4.5, 4.7, 5.4, 12.1, 12.2, 12.3, 12.4, 12.6, 16.14, 16.16, 16.17, 16.18, 17.4, 17.7, 17.16, 18.8
	Percentage of residents living on reserve who are supported through Income Assistance		Miskotahâ 23, 62
	Percentage of First Nations children on-reserve in care		United Nations Declaration for Indigenous Peoples Article 21.1, 21.2, 22.2, 23, 24.1, 24.2
	Percentage of children in care who are placed with a family member (kinship care)		
	Percentage of First Nations communities offering family support services aimed at keeping families together		United Nations 2030 Agenda and Sustainable Development Goals 1.3, 3, 5, 16

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
	<p>Number of First Nations Groups, Communities and Peoples exercising their jurisdiction under the <i>Act respecting First Nations, Inuit and Métis children, youth and families</i></p>		
	<p>Number of Inuit Groups, Communities and Peoples exercising their jurisdiction under the <i>Act respecting First Nations, Inuit and Métis children, youth and families</i></p>		
	<p>Number of Métis Nation Groups, Communities and Peoples exercising their jurisdiction under the <i>Act respecting First Nations, Inuit and Métis children, youth and families</i></p>		

Service Area: Education

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous students are progressing in their education	Percentage of First Nations on reserve students who graduate from secondary school	Elementary and Secondary Education	Truth and Reconciliation Calls to Action 7, 8, 9, 10, 11, 12, 62(iii)
	Number of First Nations under a transformative education model	Post-Secondary Education	Murdered and Missing Indigenous Women and Girls Calls for Justice 1.1, 2.3, 4.4, 12.11
	Number of funded First Nations students who graduate with a post-secondary degree/diploma/certificate		United Nations Declaration for Indigenous Peoples Articles 3, 5, 14, 21, 31
	Number of funded Inuit students who graduate with a post-secondary degree/diploma/ certificate		United Nations 2030 Agenda and Sustainable Development Goals 4, 7, 8, 12
	Number of funded Métis Nation students who graduate with a post-secondary degree/diploma/ certificate		

Service Area: Infrastructure and Environments

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous communities have sustainable land management and infrastructure	Percentage of on-reserve public water systems financially supported by Indigenous Services Canada that have low risk ratings	Community Infrastructure Communities and The Environment	Truth and Reconciliation Calls to Action 21, 74, 75 Murdered and Missing
	Percentage of on-reserve public wastewater systems financially supported by Indigenous Services Canada that have low risk ratings	Emergency Management Assistance	Indigenous Women and Girls Calls for Justice 4.1, 4.6, 4.7, 16.5, 16.7 United Nations Declaration for Indigenous Peoples Articles 3, 4, 6, 7, 9, 11, 13, 12, 18, 19, 21, 23, 25, 26, 27
	Percentage of First Nation households living in a dwelling that contains more than one person per room		
	Percentage of First Nations housing that is adequate as assessed and reported by First Nations		United Nations 2030 Agenda and Sustainable Development Goals 6, 8, 9, 11, 13, 23
	Percentage of on-reserve Indigenous Services Canada-funded other community infrastructure assets with a condition rating of "good" or "new"		

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
	Percentage of on-reserve education facilities with a condition rating of "good" or "new"		
	Percentage of on-reserve health facilities with a condition rating of "good" or "new"		
	Percentage of First Nations communities with adequate solid waste management systems		
	Percentage of high-risk contaminated sites on-reserve where remediation activities are being undertaken		

Service Area: Economic Development

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous communities are progressing in their business and economic growth	Percentage of the population that lived in a low income situation in the year preceding the Census	Community Economic Development Indigenous Entrepreneurship and Business Development	Truth and Reconciliation Calls to Action 44, 92 Murdered and Missing Indigenous Women and Girls Calls for Justice 4.2
	Employment rate of the working age population (25-64)		United Nations Declaration for Indigenous Peoples Articles 3, 5, 20.1, 21, 23, 29, 32
	Median income of the working age population (25-64)		United Nations 2030 Agenda and Sustainable Development Goals 5, 8

Service Area: Governance

Departmental Results	Indicators	Program Inventory	Supporting Government Commitments
Indigenous communities have governance capacity and support for self-determination	Number of communities certified by the First Nations Financial Management Board	Indigenous Governance and Capacity Supports	Truth and Reconciliation Calls to Action 45, 57, 92
	Percentage of First Nations adopting alternatives to the <i>Indian Act</i> election system		Murdered and Missing Indigenous Women and Girls Calls for Justice 1.2, 4.2 United Nations Declaration for Indigenous Peoples Articles 3, 4, 5, 18, 19, 20, 23, 33, 34, 57 United Nations 2030 Agenda and Sustainable Development Goals 10

Changes to the approved reporting framework since 2022-23

Structure	2023-24	2022-23	Change	Reason for change
Core Responsibility	Indigenous Well-Being and Self-Determination	Not applicable	New program	Note 1

Structure	2023-24	2022-23	Change	Reason for change
Program	Public Health Promotion and Disease Prevention	Not applicable	New program	Note 2
Program	Home and Long-Term Care	Not applicable	New program	Note 3
Program	Primary Health Care	Not applicable	New program	Note 4
Program	Health Systems Support	Not applicable	New program	Note 5
Program	Safety and Prevention Services	Not applicable	New program	Note 6
Program	Child and Family Services	Not applicable	New program	Note 7
Program	Elementary and Secondary Education	Not applicable	New program	Note 8
Program	Post-Secondary Education	Not applicable	New program	Note 9
Program	Community Infrastructure	Not applicable	New program	Note 10
Program	Communities and the Environment	Not applicable	New program	Note 11
Program	Community Economic Development	Not applicable	New program	Note 12

Structure	2023-24	2022-23	Change	Reason for change
Program	Indigenous Governance and Capacity Supports	Not applicable	New program	Note 13
Core Responsibility	Not applicable	Services and Benefits to Individuals	Program ended	Note 1
Program	Supplementary Health Benefits	Supplementary Health Benefits	No change	Not applicable
Program	Not applicable	Clinical and Client Care	Program ended	Note 4
Program	Not applicable	Community Oral Health Services	Program ended	Note 4
Program	Not applicable	Individual Affairs	Program ended	Note 13
Core Responsibility	Not applicable	Health and Social Services	Program ended	Note 1
Program	Jordan's Principle and the Inuit Child First Initiative	Jordan's Principle and the Inuit Child First Initiative	No change	Not applicable
Program	Not applicable	Mental Wellness	Program ended	Note 2
Program	Not applicable	Healthy Living	Program ended	Note 2
Program	Not applicable	Healthy Child Development	Program ended	Note 2
Program	Not applicable	Home and Community Care	Program ended	Note 3

Structure	2023-24	2022-23	Change	Reason for change
Program	Not applicable	Health Human Resources	Program ended	Note 5
Program	Not applicable	Environmental Public Health	Program ended	Note 2
Program	Not applicable	Communicable Disease Control and Management	Program ended	Note 2
Program	Not applicable	Education	Program ended	Note 8 and 9
Program	Income Assistance	Income Assistance	No change	Not applicable
Program	Not applicable	Assisted Living	Program ended	Note 3
Program	Not applicable	First Nations Child and Family Services	Program ended	Note 7
Program	Not applicable	Family Violence Prevention	Program ended	Note 6
Program	Urban Programming for Indigenous Peoples	Urban Programming for Indigenous Peoples	No change	Not applicable
Core Responsibility	Not applicable	Governance and Community Development Services	Program ended	Note 1
Program	Not applicable	Health Facilities	Program ended	Note 10

Structure	2023-24	2022-23	Change	Reason for change
Program	Not applicable	e-Health Infostructure	Program ended	Note 4
Program	Not applicable	Health Planning, Quality Management and Systems Integration	Program ended	Note 5
Program	Not applicable	Indigenous Governance and Capacity	Program ended	Note 13
Program	Not applicable	Water and Wastewater	Program ended	Note 10
Program	Not applicable	Education Facilities	Program ended	Note 10
Program	Not applicable	Housing	Program ended	Note 10
Program	Not applicable	Other Community Infrastructure and Activities	Program ended	Note 10
Program	Emergency Management Assistance	Emergency Management Assistance	No change	Not applicable
Program	Indigenous Entrepreneurship and Economic Development	Indigenous Entrepreneurship and Business Development	No change	Not applicable

Structure	2023-24	2022-23	Change	Reason for change
Program	Not applicable	Economic Development Capacity and Readiness	Program ended	Note 12
Program	Not applicable	Land, Natural Resources and Environmental Management	Program ended	Note 11
Program	Not applicable	Statutory, Legislative and Policy Support to First Nations Governance	Program ended	Note 13
Core Responsibility	Not applicable	Indigenous Self-Determined Services	Program ended	Note 1
Program	Not applicable	New Fiscal Relationship	Program ended	Note 13
Program	Not applicable	British Columbia Tripartite Health Governance	Program ended	Note 5

Structure	2023-24	2022-23	Change	Reason for change
				<p>1 - A new Core Responsibility: Indigenous Well-Being and Self-Determination reflects the amalgamation of the four Core Responsibilities from the 2022-23 DRF: Services and Benefits to Individuals, Health and Social Services, Governance and Community Development Services, and Indigenous Self-Determined Services.</p> <p>2 - A new program Public Health Promotion and Disease Prevention reflects the amalgamation of five programs from the 2022-23 DRF: Mental Wellness, Healthy Living, Healthy Child Development, Communicable Disease Control and Management, and Environmental Public Health.</p> <p>3 - A new program Home and Long-Term Care reflects the amalgamation of two programs from the 2022-23 DRF: Assisted Living and Home and Community Care.</p> <p>4 - A new program Primary Health Care reflects the amalgamation of three programs from the 2022-23 DRF: Clinical and Client Care, e-Health Infostructure, and Community Oral Health Services.</p> <p>5 - A new program Health Systems Support reflects the amalgamation of three programs from the 2022-23 DRF: Health Planning, Quality Management and Systems Integration, Health Human Resources, and British Columbia Tripartite Health Governance.</p> <p>6 - A new program Safety and Prevention Services reflects the amalgamation of the 2022-23 DRF Family Violence Prevention program with the new Pathways Initiative.</p> <p>7 - A new program Child and Family Services reflects the amalgamation of the 2022-23 DRF program First Nations Child and Family Services with the implementation of An Act respecting First Nations, Inuit and Métis children, youth and families.</p> <p>8 - A new program Elementary and Secondary Education reflects the division of the 2022-23 DRF Education program and includes Regional Education Agreements.</p> <p>9 - A new program Post-Secondary Education reflects the division of the 2022-23 DRF Education program.</p> <p>10 - A new program Community Infrastructure reflects the amalgamation of five programs from the 2022-23 DRF: Housing, Education Facilities, Health Facilities, Other Community Infrastructure and Activities, and Water and Wastewater.</p> <p>11 - A new program Communities and the Environment includes the 2022-23 DRF Lands, Natural Resources and Environmental Management program, excluding Indian Oil and Gas.</p> <p>12 - A new program Community Economic Development reflects the amalgamation of the 2022-23 DRF Economic Development Capacity and Readiness program with Indian Oil and Gas - which was previously a part of Lands, Natural Resources and</p>

Structure	2023-24	2022-23	Change	Reason for change
Environmental Management. 13 - A new program Indigenous Governance Capacity Supports amalgamates four programs from the 2022-23 DRF: Indigenous Governance and Capacity, Individual Affairs, New Fiscal Relationship and Statutory, Legislative and Policy Support to First Nations Governance, and includes Transformational Approach to Indigenous Data.				

Supporting information on the program inventory

Supporting information on planned expenditures, human resources, and results related to Indigenous Services Canada's program inventory is available on [GC InfoBase](#).

Supplementary information tables

The following supplementary information tables are available on Indigenous Services Canada's website:

- [Details on Transfer Payment Programs](#)
- [Gender-Based Analysis Plus](#)
- [United Nations 2030 Agenda and the Sustainable Development Goals](#)

Federal tax expenditures

Indigenous Services Canada's Departmental Plan does not include information on tax expenditures.

Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the Report on Federal Tax Expenditures. This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis plus.

Organizational contact information

Mailing address

Indigenous Services Canada
Les Terrasses de la Chaudière
10 Wellington Street, North Tower
Gatineau, Québec
K1A 0H4

Telephone (toll-free): 1-800-567-9604

TTY (toll-free): 1-866-553-0554

Email: aadnc.infopubs.aandc@canada.ca

Website: <https://www.canada.ca/en/indigenous-services-canada.html>

Appendix: definitions

appropriation (crédit)

Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures (dépenses budgétaires)

Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown

corporations.

core responsibility (responsabilité essentielle)

An enduring function or role performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

departmental result (résultat ministériel)

A change that a department seeks to influence. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)

A factor or variable that provides a valid and reliable means to measure or describe progress on a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report on a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are usually tabled in Parliament each fall.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents

are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

gender-based analysis plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool used to support the development of responsive and inclusive policies, programs and other initiatives; and understand how factors such as sex, race, national and ethnic origin, Indigenous origin or identity, age, sexual orientation, socio-economic conditions, geography, culture and disability, impact experiences and outcomes, and can affect access to and experience of government programs.

government-wide priorities (priorités pangouvernementales)

For the purpose of the 2022-23 Departmental Plan, government-wide priorities are the high-level themes outlining the Government's agenda in the 2021 Speech from the Throne: building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation and fighting for a secure, just, and equitable world.

horizontal initiative (initiative horizontale)

An initiative in which two or more federal organizations are given funding to pursue a shared outcome, often linked to a government priority.

non-budgetary expenditures (dépenses non budgétaires)

Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance (rendement)

What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

plan (plan)

The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally, a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

Individual or groups of services, activities or combinations thereof that are managed together within a department and that focus on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned results.

result (résultat)

An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead, they are within the area of the organization's influence.

statutory expenditures (dépenses législatives)

Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

target (cible)

A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an Appropriation Act. The vote wording becomes the governing conditions under which these expenditures may be made.

Footnotes

- 1 ISC established an Advisory Committee on Indigenous Women's Wellbeing with Indigenous partners and federal departments. This committee provides the department with gender and distinctions-based advice and guidance on issues within the social determinants of health.

Did you find what you were looking for?

Yes

No

What was wrong?

- I can't **find** the information
- The information is hard to **understand**
- There was an error or something **didn't work**
- Other reason

Please provide more details

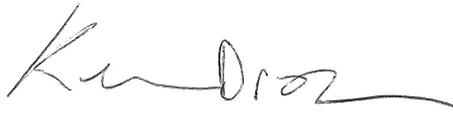
You will not receive a reply. Don't include personal information (telephone, email, SIN, financial, medical, or work details).

Maximum 300 characters

Submit

Date modified: 2023-03-24

This is **Exhibit "6"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Infographic for Department of Indigenous Services

- About this organization
- Finances
- COVID-19
- People
- Services
- Results
- Where can I go from here?
- Datasets

► [Filter Panels](#) (showing 12 of 12 panels)

► [Table of Contents](#) (skip to a specific panel)

[FAQ for this data](#)

▼ Spending and Employment Trend

Spending | Employment

5 years ago (2018-19)	spending was	\$11.6 B
Last year (2022-23)	spending increased to	\$22.6 B
In 2 years time (2025-26)	spending is planned to decrease to	\$16.1 B

Total spending for Department of Indigenous Services increased by 94.7% between 2018-19 and 2022-23 and is planned to decrease by 28.7% by 2025-26.

Data sources: [Departmental Results Reports](#), [Departmental Plans](#), [Public Accounts of Canada](#)

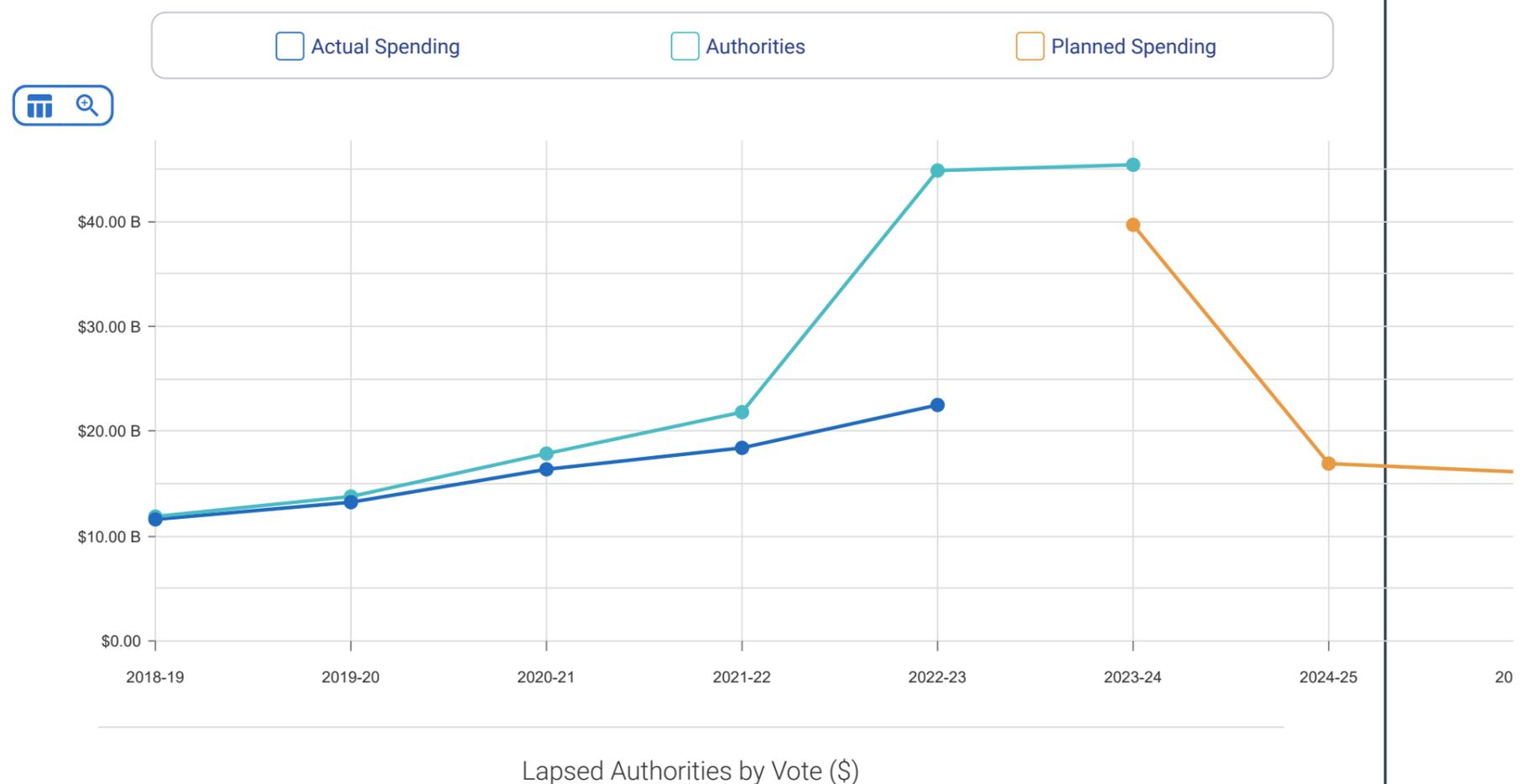
Datasets: [Expenditures and Planned Spending by Program](#), [Actual and Planned Full-Time Equivalents \(FTEs\) by Program](#)

► [Footnote\(s\)](#)

▼ Authorities, Expenditures and Planned Spending

Over the last 5 years, **Department of Indigenous Services** has received average authorities of **\$22.06 billion** through appropriation acts and other legislation while actually spending an average of **\$16.42 billion**.

Spending is planned to decrease to **\$16.09 billion** by 2025-26.



[Read more...](#)

Additional terms: [Budgetary expenditures](#), [Non-budgetary expenditures](#)

Data sources: [Public Accounts of Canada](#), [Departmental Results Reports](#), [Departmental Plans](#), [Main Estimates and Supplementary Estimates \(A, B and C\)](#)

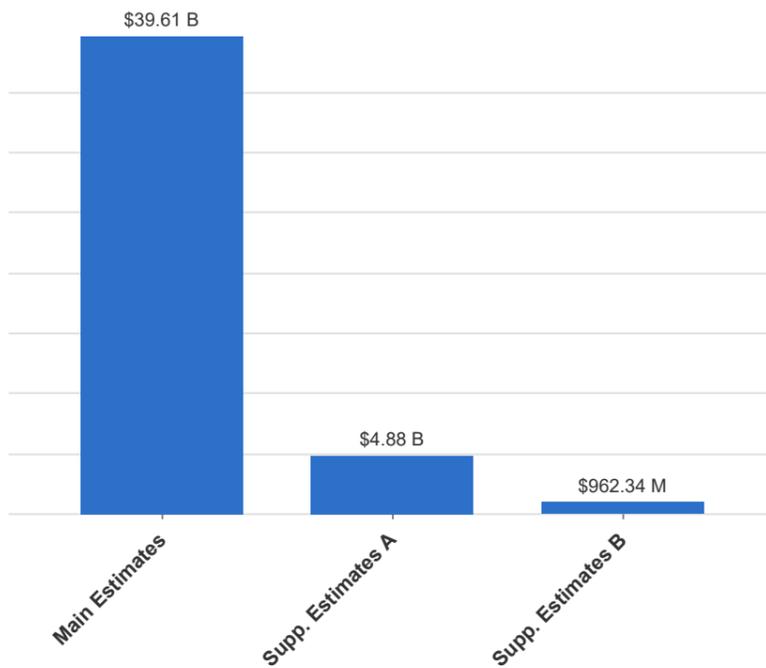
Datasets: [Authorities and Expenditures](#), [Expenditures and Planned Spending by Program](#), [Tabled Estimates](#)

► [Footnote\(s\)](#)

▼ Estimates by Source (2023-24)

As of the 2023-24 Supp. Estimates B, **Department of Indigenous Services's** planned budgetary expenditures of **\$45.4 billion** were presented in the following Estimates processes and adjustments and transfers :

- Main Estimates: **\$39.6 B**
- Supp. Estimates A: **\$4.9 B**
- Supp. Estimates B: **\$962.3 M**

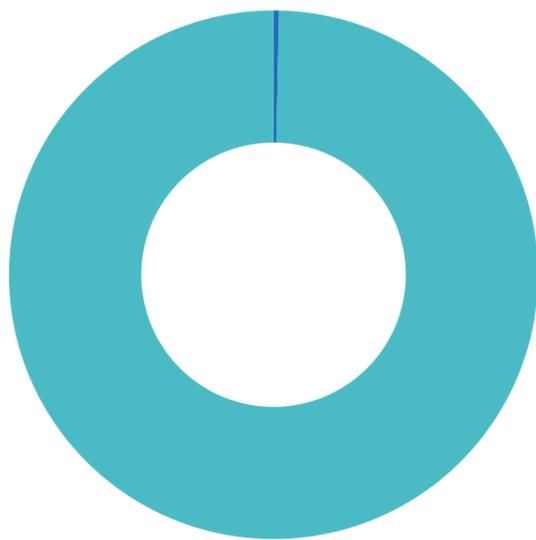


Data sources: [Main Estimates and Supplementary Estimates \(A, B and C\)](#)

Datasets: [Tabled Estimates](#)

▼ Voted and Statutory Split (2023-24)

Of the **\$45.4 billion** in total authorized spending available to **Department of Indigenous Services** from the 2023-24 Supp. Estimates B, **\$152.7 million** (or **0.3%**) will be funded from statutory authorities and **\$45.3 billion** (or **99.7%**) from voted authorities .



<input type="checkbox"/> Voted	\$45.29 B	99.7%
<input type="checkbox"/> Statutory item	\$152.71 M	0.3%

Additional terms: [Authorities](#)

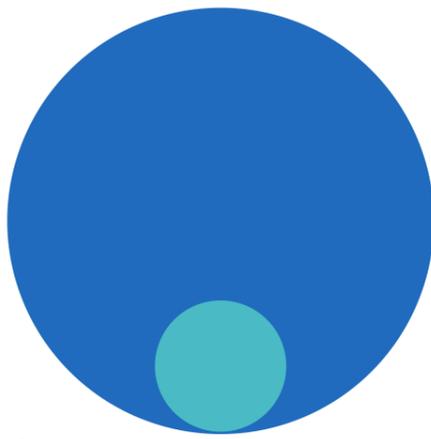
Data sources: [Main Estimates and Supplementary Estimates \(A, B and C\)](#)

Datasets: [Tabled Estimates](#)

▼ Estimates in Perspective (2023-24)

As of the 2023-24 Supp. Estimates B, the government has presented Parliament with planned budgetary expenditure estimates totaling **\$479.4 billion**. Of this amount, **\$45.4 billion** (or **9.5%**) will be allocated to **Department of Indigenous Services (ISC)**.





Portion (ISC authorities) compared to total (Government authorities)

<input type="checkbox"/> Government authorities	\$479.40 B	100.0%
<input type="checkbox"/> ISC authorities	\$45.45 B	9.5%

Data sources: [Main Estimates and Supplementary Estimates \(A, B and C\)](#)

Datasets: [Tabled Estimates](#)

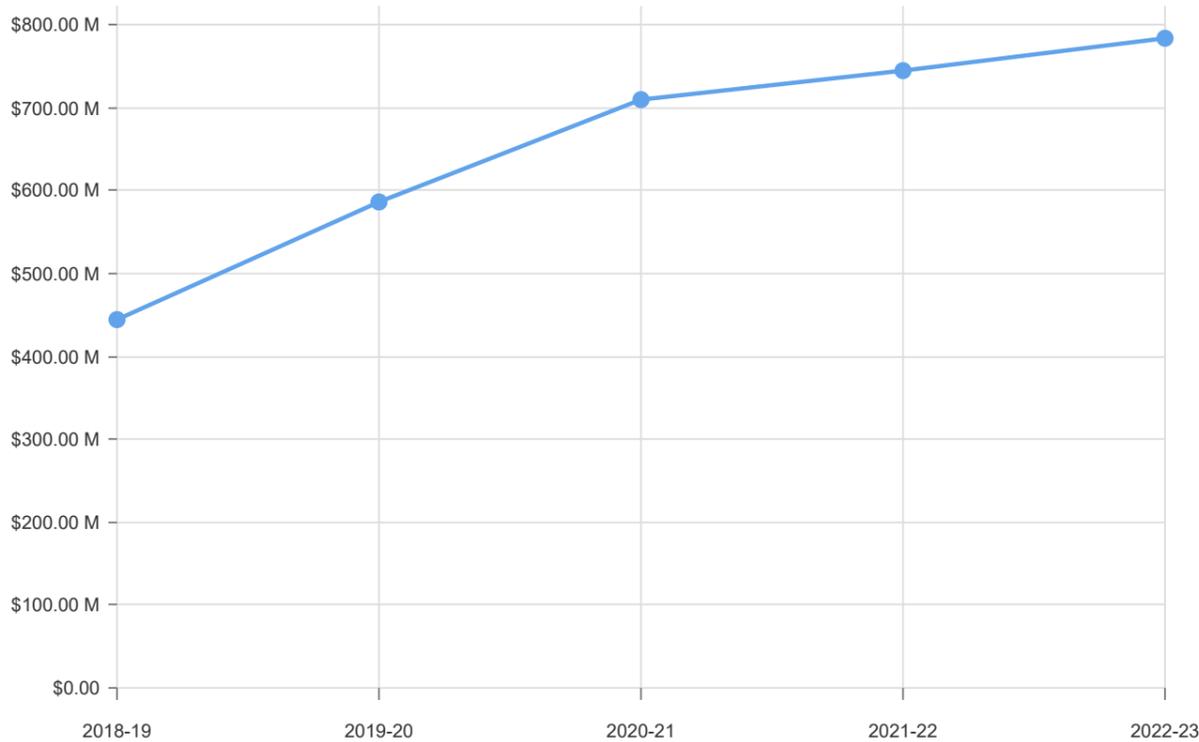
► [Footnote\(s\)](#)

▼ Spending by Standard Objects (2018-19 to 2022-23)

Standard objects are the highest level of classification for categorizing expenditures. From 2018-19 to 2022-23, the largest share of **Department of Indigenous Services's** expenditures were reported under the **Transfer Payments** standard object - representing an average amount of **\$13.7 billion** out of an average total annual spending of **\$16.4 billion**.

- Personnel
- Transfer Payments
- Other Subsidies and Payments
- Transportation and Telecommunications
- External Revenues
- Internal Revenues
- Information
- Professional and Special Services
- Rentals
- Purchased Repair and Maintenance
- Utilities, Materials and Supplies
- Acquisition of Land, Buildings, and Works
- Acquisition of Machinery and Equipment

Select: |



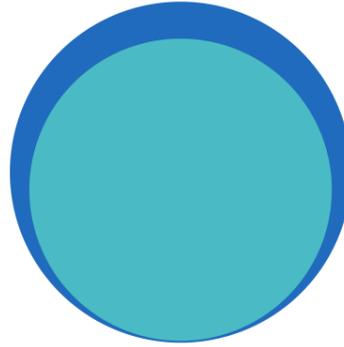
Data sources: [Public Accounts of Canada](#)

Datasets: [Expenditures by Standard Object](#)

► Footnote(s)

▼ Transfer Payments as a Proportion of Total Spending for 2022-23

In 2022-23, **Department of Indigenous Services (ISC)** spent **\$17.7 billion** (or **78.5%** of total spending) on transfer payments. Transfer payments made by **Department of Indigenous Services** accounted for **7.1%** of the total of **\$249.5 billion** spent on transfer payments by the government as a whole.



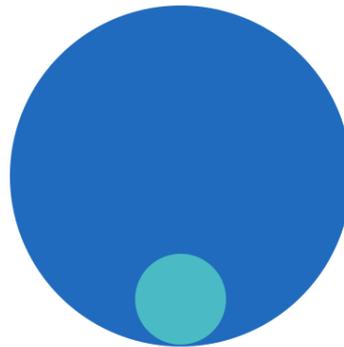
Portion (**ISC transfer payment spending**) compared to total (**ISC total spending**)

ISC total spending

\$22.56 B 100.0%

ISC transfer payment spending

\$17.71 B 78.5%



Portion (**ISC transfer payment spending**) compared to total (**Government transfer payment spending**)

Government transfer payment spending

\$249.49 B 100.0%

ISC transfer payment spending

\$17.71 B 7.1%

Data sources: [Public Accounts of Canada](#), [Departmental Results Reports](#), [Departmental Plans](#)

Datasets: [Transfer Payments](#), [Expenditures and Planned Spending by Program](#)

► Footnote(s)

▼ Transfer Payments Expenditures (2018-19 to 2022-23)

Over the last five years (2018-19 to 2022-23), **Department of Indigenous Services** spent an average of **\$13.7 billion** in Transfer Payments per year.

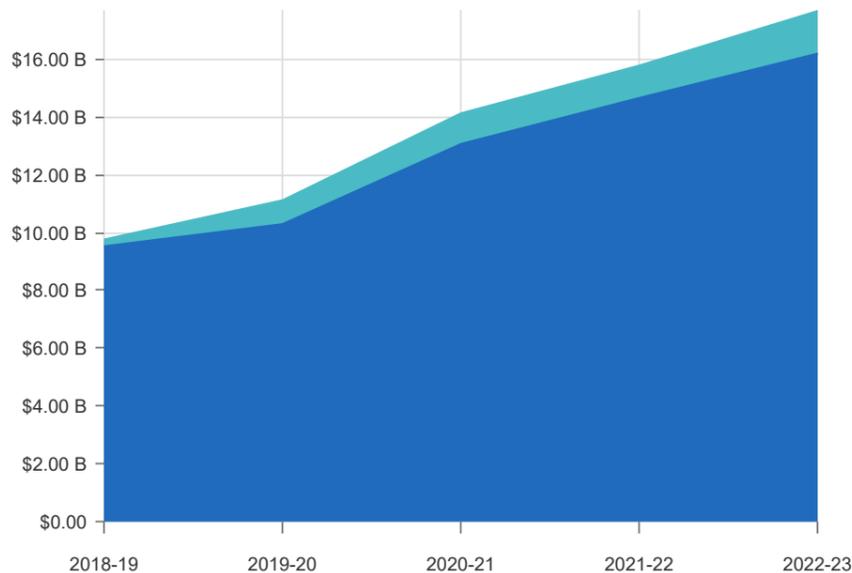
During this same period, **Contribution** payments accounted for the largest share of transfer payments with an average of **\$12.8 billion** in spending per year.

Of these payments, **Contributions to support the construction and maintenance of community infrastructure** accounted for the largest share with an average of **\$2.3 billion** in spending per year.

Contribution

Grant





Details of expenditures by Transfer Payments (2018-19 to 2022-23)

Contribution ▾

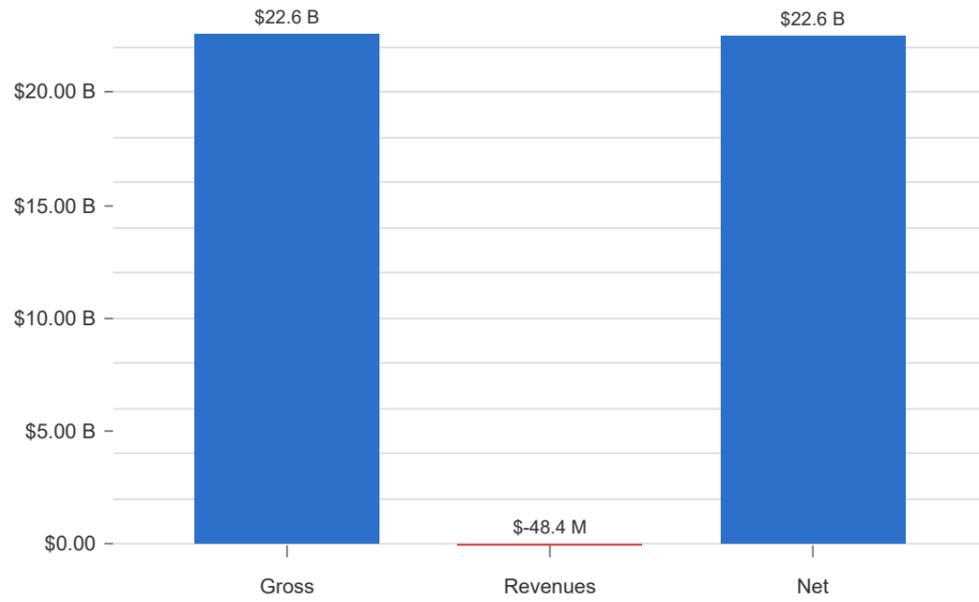
- Contributions to support the construction and maintenance of community infrastructure
- Contributions to provide children, youth, young adults, families and communities with prevention and protection services
- Contributions to support First Nations Elementary and Secondary Educational Advancement
- Contributions for First Nations and Inuit Primary Health Care
- Contributions to provide income support to on-reserve residents and Status Indians in the Yukon Territory
- Contributions for First Nations and Inuit Health Infrastructure Support
- Contributions for emergency management assistance for activities on reserves
- Contributions to support the First Nations Post-Secondary Education Strategy
- Contributions for First Nations and Inuit Supplementary Health Benefits
- Contributions to support community well-being and jurisdiction initiatives for children and families
- Contributions to support Land Management and Economic Development
- Contributions to support Urban Programming for Indigenous Peoples
- Contributions to supply public services in Indian Government Support and to build strong governance, administrative and accountability systems
- Contributions to improve the safety and security of Indigenous women, children, families and Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual+ People



Data sources: [Public Accounts of Canada](#)
 Datasets: [Transfer Payments](#)
 Footnote(s): [\(S\) Payments to the Indigenous Community Support Fund pursuant to the Public Health Events of National Concern Payments Act](#)
[\(C\) Payments to urban and regional Indigenous organizations pursuant to the Public Health Events of National Concern Payments Act](#)

Expenditures and Revenues (2022-23)
 Contributions to provide children and families with Protection and Prevention Services
 Contributions to strengthen the safety and well-being of First Nations children and their families

In 2022-23, **Department of Indigenous Services** had recorded revenues of **\$48.4 million**. Netting these revenues off **Department of Indigenous Services's** gross expenditures of **\$22.6 billion** leaves **\$22.6 billion** in net expenditures.



Data sources: [Public Accounts of Canada](#)

Datasets: [Expenditures by Standard Object](#)

► [Footnote\(s\)](#)

▼ Program Spending

Each organization is responsible for a number of Programs. In 2022-23, **Department of Indigenous Services** had **43** programs. During that fiscal year, the largest program in terms of net spending was "**First Nations Child and Family Services**" (**\$3.3 billion**) followed by "**Water and Wastewater**" (**\$3.1 billion**).

Historical Program Spending (2018-19 to 2022-23)

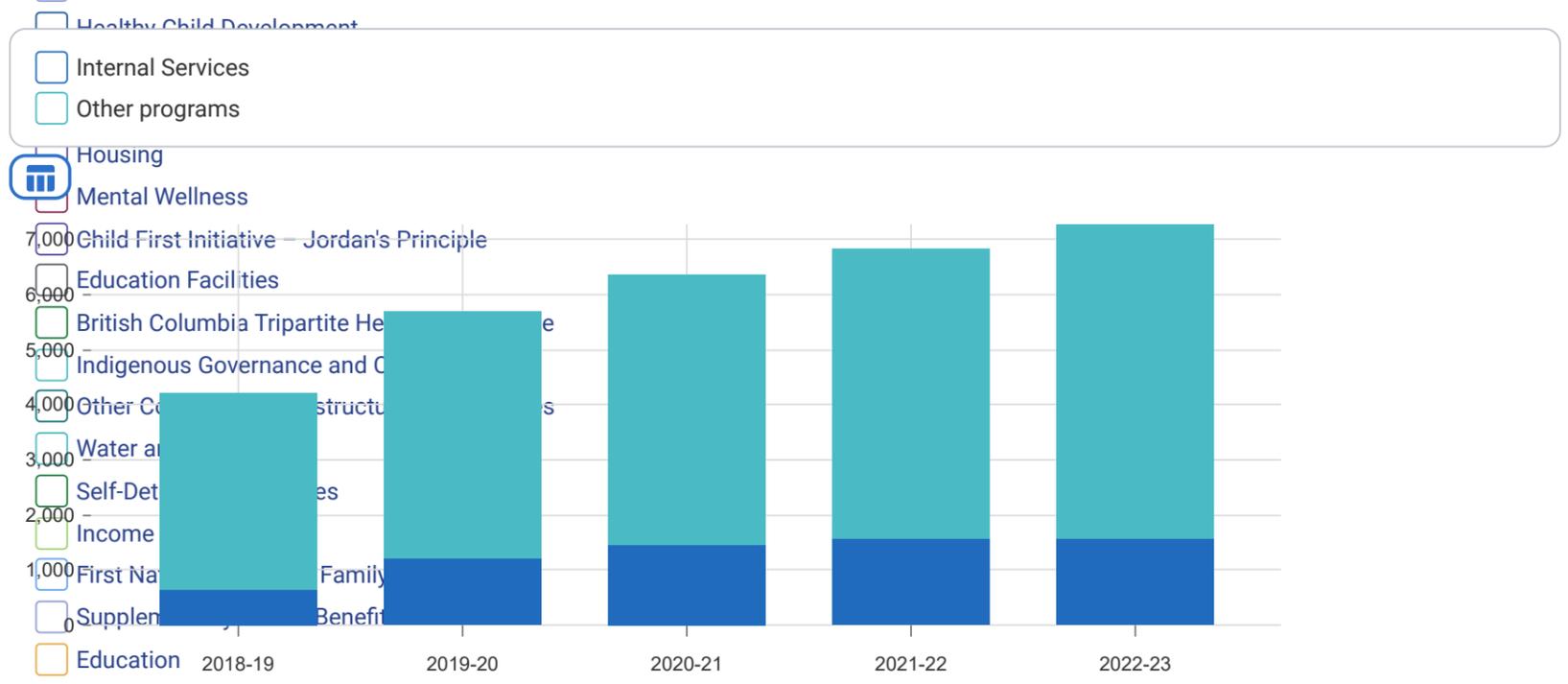


[See more...](#)

- e-Health Infrastructure
- Environmental Public Health
- Family Violence Prevention
- Urban Programming for Indigenous Communities
- Communicable Diseases Control and Management
- Healthy Living

▼ Full-time employees in Internal Services

In 2022-23, 21.7% of employees in the Department of Indigenous Services worked for internal service programs. In comparison, government as a whole uses 16.4% of its workforce for internal services.



Data source: [All Departmental Results Reports](#), [Departmental Plans](#)

Datasets: [Actual and Planned Full-Time Equivalents \(FTEs\) by Program](#)

► [Footnote\(s\)](#)

▼ Planned and Actual Resources (2022-23)

In 2022-23, Department of Indigenous Services planned to spend **\$39.6 billion** and employ **6,615** full-time equivalents (FTE). It actually spent **\$22.6 billion** and employed **7,278** FTEs.

	Planned	Actual	Difference (Actual - Planned)
Spending	\$39.6 B	\$22.6 B	\$-17.0 B
FTEs	6,615	7,278	663

Data sources: [Departmental Results Reports](#), [Departmental Plans](#), [Public Accounts of Canada](#)

Datasets: [Expenditures and Planned Spending by Program](#), [Actual and Planned Full-Time Equivalents \(FTEs\) by Program](#)

► [Footnote\(s\)](#)

[← About this organization](#)

[COVID-19 →](#)

[Report a problem or mistake on this page](#)

[Provide your feedback on GC InfoBase](#)

[Contact us](#)

[Departments and agencies](#)

[Public service and military](#)

[News](#)

[Treaties, laws and regulations](#)

[Government-wide reporting](#)

[Prime Minister](#)

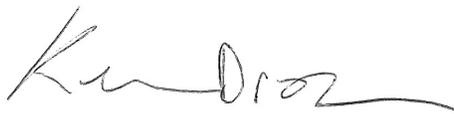
[How government works](#)

[Open government](#)

[Visit Canada.ca](#) • [Privacy](#) • [Text-only version](#)

Canada

This is **Exhibit "7"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

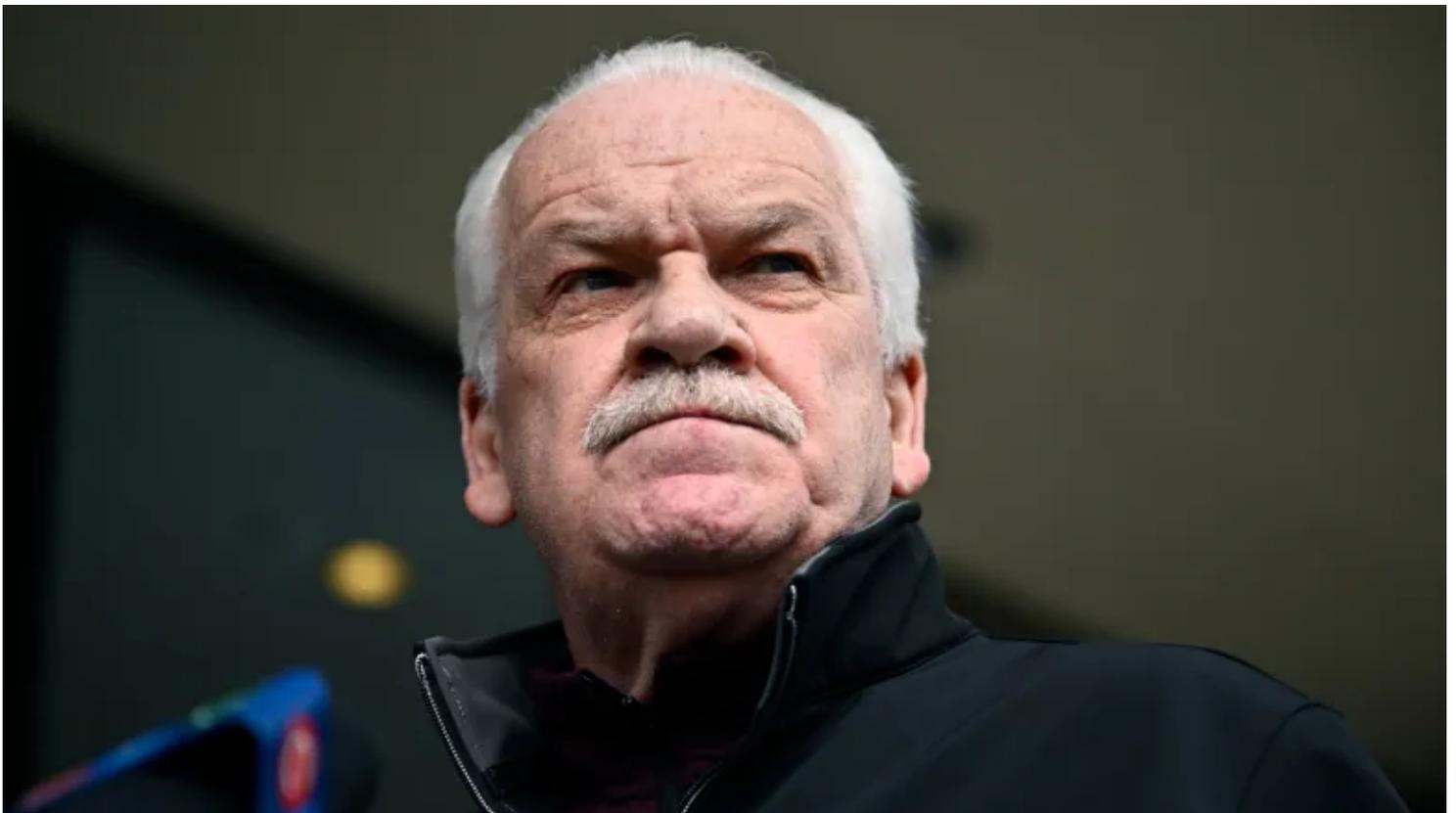
KEVIN DROZ (LSO #82678N)

Politics

Public sector union warns of 'rushed' plans to cut federal spending

Treasury Board President Anita Anand asking ministers to come up with plans to scale back spending by Oct. 2

[Darren Major](#) · CBC News · Posted: Aug 15, 2023 5:18 PM EDT | Last Updated: August 15, 2023



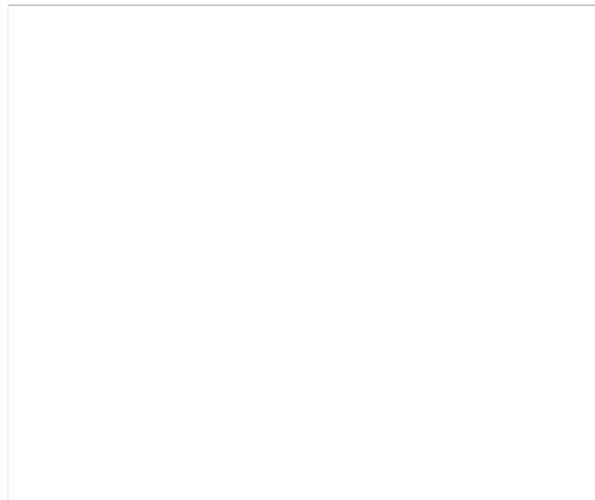
Chris Aylward, national president of the Public Service Alliance of Canada (PSAC), said a \$15-billion cut to federal spending would affect government services. (Justin Tang/The Canadian Press)

[comments](#)

Canada's largest public sector union says that federal government plans to start rolling back spending are being "rushed."

Chris Aylward, president of the Public Service Alliance of Canada (PSAC), said the union hasn't been consulted on any proposed plans to cut spending across federal departments since the cuts were first advertised in the spring federal budget.

"The government needs to pause these cuts until it has conducted a whole-of-government review of staffing and service needs, with bargaining agents involved throughout the process," he said in a media statement.



Aylward was reacting to newly appointed Treasury Board President Anita Anand asking her fellow cabinet ministers to dig deep to find budget savings starting this fall.



Newly appointed Treasury Board President Anita Anand is asking her cabinet colleagues to start finding budget savings in their respective departments. (Justin Tang/The Canadian Press)

As first reported by the [Globe and Mail](#), Anand wrote a letter to cabinet ministers giving them until Oct. 2 to come up with plans to find \$15 billion in savings across the federal government. CBC has obtained a copy of the letter.

"Through this exercise, we are collectively working to refocus our existing and future spending. To ensure the efficient use of Canadians' tax dollars, I hope that similar fiscal prudence will be applied when seeking new funding," Anand wrote in the letter.

Aylward said that Oct. 2 deadline is a source of "concern."

"These changes are being rushed," he said in his statement. "As we said when the budget was released, you can't cut \$15 billion in public service budgets without cutting services to Canadians."

The spring federal budget outlined plans to find \$15.4 billion in savings over the next five years. They include cuts to consultation contracts to the tune of \$7 billion and a three per cent reduction in spending for all federal departments. The government is also calling on federal Crown corporations to reduce their spending.

Government says plan is about 'waste elimination'

In the days following July's cabinet shuffle, Anand described her new role as one of ensuring the government is spending public funds wisely. She also hinted that cuts were on the horizon during an interview with CBC News Network's *Power & Politics*.

"I am going to have to speak with my colleagues about the need for prudent spending and I'm looking forward to those conversations as well." she told host David Cochrane.

A spokesperson for the Treasury Board Secretariat (TBS) said the government does not expect any cuts to affect the services Canadians receive and the plan is aimed at "waste elimination."

- [**Inflation jumped higher last month, to 3.3%**](#)
- [**Canadian government services to become 'digital first'**](#)

"We are finding savings in underutilized government spending, so that we can refocus those funds on programs that deliver critical services to Canadians," the

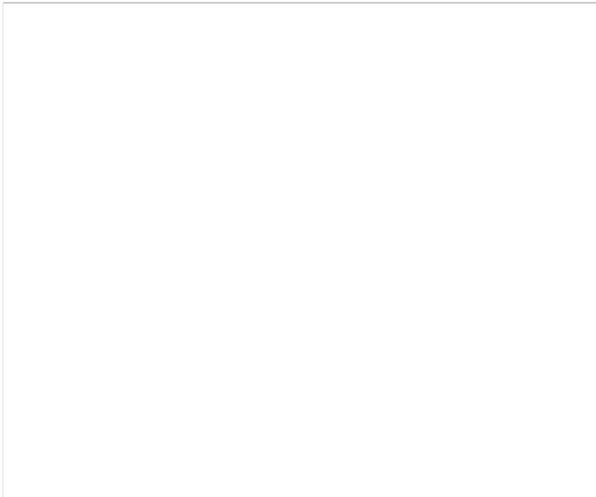
spokesperson said in a media statement.

"This is about smarter, not smaller, government. Such reviews are an essential part of responsible management. This is about ensuring that public servants and public funds are focused on the priorities that matter most."

Indigenous Services Minister Patty Hajdu told CBC News that any planned cuts shouldn't affect service delivery.



Indigenous Services Minister Patty Hajdu told CBC she won't propose any cuts that would impact service delivery. (Spencer Colby/The Canadian Press)



"I think there's always abilities to look at your expenditures and reduce expenditures that could be extraneous," Hajdu said. "For me, it will never be services that I would present as an option for debt reduction."

But opposition politicians say they are skeptical about the plan.

Conservative Leader Pierre Poilievre said he simply doesn't believe the government will achieve the savings proposed in Anand's letter.

"[Prime Minister] Justin Trudeau will never find savings because he is incompetent with money," Poilievre told reporters Tuesday.

- [Anand says she doesn't see move from defence to Treasury Board as a demotion](#)
- [The cost to run the federal government is up \\$151B a year on Trudeau's watch](#)

Poilievre also said that if he were to form government, he would implement a policy requiring all government agencies to find a dollar in savings for every dollar in proposed new spending — a key [promise from his leadership campaign](#).

NDP Leader Jagmeet Singh said he was skeptical of the claim that the cuts wouldn't affect services, particularly when Canadians are being burdened with higher living

costs due to inflation.

"We'll be watching very closely to make sure this government doesn't cut to make things more painful for Canadians," he told reporters in Edmonton.

With files from Emily Haws

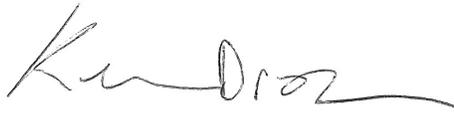
[CBC's Journalistic Standards and Practices](#) | [About CBC News](#)

[Corrections and clarifications](#) | [Submit a news tip](#) | [Report error](#) ▼

©2024 CBC/Radio-Canada. All rights reserved.

Visitez Radio-Canada.ca

This is **Exhibit "8"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Jordan's Principle

Jordan's Principle – Service Coordination

Terms and Conditions, Objectives and Activities

Context

Jordan's Principle is not a program, but an initiative created to address Canada's legal obligations to ensure that First Nations children in Canada have access to services, supports, and/or products they need, when they need them. It aims to address all unmet social, educational and health needs of First Nations children in Canada.

On January 26, 2016 the Canadian Human Rights Tribunal (CHRT) found that Canada's failure to ensure First Nations children can access government services on the same terms as other children via a mechanism known as Jordan's Principle was discriminatory. It ordered Canada to take remedial action, and fully implement Jordan's Principle. (<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/127700/index.do>)

2020 CHRT 36 On November 25, 2020 the Canadian Human Rights Tribunal issued the order to expand the eligibility criteria under Jordan's Principle, and ordered the parties to establish a mechanism to identify citizens and/or members of First Nations. (<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/493343/index.do>)

The order stated: "Canada will provide funding for First Nations communities for expenses incurred to recognize Jordan's Principle claimants as members of that community. These expenses include Jordan's Principle service coordination and navigation to carry out recognition functions. The funding provision sets out that eligible expenses for confirming Jordan's Principle eligibility will include human resources, policy development and updating, internal governance, communication, coordination, professional fees, and administrative fees. The funding provisions also stipulate the criteria that can be used to deny a request for funds and a review process for any denial."

Goals

1. To implement service coordination functions for First Nations children and their families by providing families of First Nations children with a knowledgeable resource to help them access health, education and social supports through Jordan's Principle; to contact Indigenous Services Canada (ISC) on behalf of such children and their families, and to navigate existing federal and provincial/territorial health, social, and educational programs and services to address a child's needs.

Objectives

2. In order to implement the Jordan's Principle under the terms and conditions of the Agreement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Plan to achieve the following objectives:

- 1) promote Jordan's Principle to families, communities and service providers and encourage children with unmet needs and their families to secure access to needed services and supports and to submit requests to ISC Focal Points on behalf of such children and their families;
- 2) nurture relationships across community-based programs and services; service providers; and First Nations, federal, provincial and territorial programs and services and identify/develop possible models of service delivery that will improve timely access to services for First Nations children living in or outside their communities;
- 3) *where families may require assistance, assist them in identifying service providers to support children's access to quality and culturally appropriate health, social and educational services and supports across all stages and levels of care; and*
- 4) support data collection and analytical activities to better understand the scope of children's needs and the nature of service gaps, by distributing annual client surveys provided by ISC.
- 5) where families require confirmation of recognition, ensure First Nations communities and/or organizations receive additional funds to respond and, in some cases build capacity, to answer Canada's identification requests for First Nations children.

Provider Qualifications

3. Where the Recipient engages the services of:
 - 1) a health, social or educational (if applicable) service provider, for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided; and
 - 2) a community-based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.

Activities

4. In order to carry out the Objectives, the Recipient shall:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) visit First Nation communities and meet with service providers and organizations to promote awareness of and access to Jordan's Principle;
- 2) encourage and support families to bring forward their cases to ISC Focal Points to seek Service Access Resolution funding from ISC by way of:
 - a) encouraging children and families to authorize the Recipient to submit their cases on their behalf; or
 - b) encouraging and assisting families to apply themselves if they prefer to do so and to offer to assist them in such cases;

in both cases, Jordan's Principle claims may be submitted to regional ISC Focal Points using the toll-free 24/7 line: 1-855-JP-CHILD (1-855-572-4453); TTY 1-866-553-0554; or by visiting:

www.canada.ca/jordans-principle ;

- 3) where families are experiencing difficulties accessing service providers, collaborate with and identify opportunities to build relationships across all aspects of the health, social and education services systems, including First Nations, federal, provincial and territorial services and programs; service providers, and communities to facilitate access to needed services and supports;
- 4) work with First Nation communities to proactively identify children with unmet needs to facilitate early intervention and timely access to services and supports;
- 5) undertake follow-up with clients/families and key contacts to ensure the child is receiving and maintaining the services required;
- 6) identify and work collaboratively with federal, provincial, territorial, regional and community partners to implement promising practices and evidence-based models, service arrangements and supports, where possible;
- 7) promote service access where culture is reflected in care where First Nations people are treated with respect, compassion, and cultural understanding, and assist to build cultural competency within the region and broader health, social, education and other systems; and
- 8) collect information and support case coordination with ISC Focal Points to ensure seamless transition of cases, and assist ISC in distribution of annual client surveys and the conduct of Jordan's Principle evaluations.
- 9) personal information collected is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. The information is required to determine eligibility and process requests for health, social and educational assistance under the Jordan's Principle Initiative.
- 10) carry out activities related to the recognition of children, including:
 - a) human resources costs (e.g. salary and benefits) specifically in association with confirming recognition of First Nations children for the purpose of Jordan's Principle;
 - b) First Nation policy development and updating;
 - c) internal First Nation governance/determination meetings
 - d) communications - internal and external (social media, community newsletters, website development and maintenance, marketing);
 - e) coordination processes – bringing multiple community sectors together;
 - f) professional fees, including seeking advice and development of the recognition approach.

Program Delivery Requirements

5. The recipient shall ensure the following program delivery requirements are met.
 - 1) *Communications Coordination: In accordance with the communications clause of the main body of this Agreement, the Recipient shall ensure that it first discusses with Canada any significant public communication materials that it intends to issue regarding Jordan's Principle, in order to provide Canada with an opportunity to comment or participate in the development of those materials. The Recipient shall also ensure that such materials are consistent with the*

orders of the Canadian Human Rights Tribunal and the full definition of Jordan's Principle currently found at (<https://www.sac-isc.gc.ca/eng/1583700168284/1583700212289>).

- 2) Employee Training: *The Recipient shall ensure that its employees working on the activities set out in this Plan understand Jordan's Principle, including the rulings of the Canadian Human Rights Tribunal, and will provide training to its employees for this purpose.*
- 3) Immediate Referral to ISC: *The Recipient shall ensure that its service coordination functions do not delay the submission of requests from families/children/service providers for access to Jordan's Principle. Requests should not be triaged, unnecessarily case managed or deemed ineligible by the Recipient. Subject to subsection (4), all requests should be submitted immediately directly to ISC.*
- 4) Consent: *The Recipient shall ensure that it has oral or written consent of families or guardians of children (or children themselves if they have capacity to consent) before submitting personal information of children to ISC Focal Points on their behalf.*
- 5) Identification of appropriate First Nation official: *The recipient shall ensure that confirmation of recognition must be obtained from an appropriate First Nation official. Preferably, a First Nation will designate a person, or persons, as officials who can provide confirmation of recognition for the purposes of Jordan's Principle ("Designated Official") by passing a Band Council Resolution, or providing a letter on First Nation letterhead, or through another identified community governance mechanism. The First Nation can designate a person or persons from the Chief and Council and/or from within the administration, or from another community entity, as its Designated Official. Alternately, the First Nation may also designate a person or persons from another organization, such as a First Nation Health Authority or a First Nations Child and Family Well Being Agency as the Designated Official.*
- 6) Communication – *The Recipient shall ensure availability when ISC receives a Consent to Communicate form instead of a Confirmation of Recognition form, the ISC Focal Point will immediately contact the community's Designated Official. If the initial request is made by a Jordan's Principle service coordinator or navigator to ISC, or if the family has provided consent to communicate with the Jordan's Principle service coordinator or navigator, ISC may contact the Jordan's Principle service coordinator or navigator to assist in obtaining either a Consent to Communicate form or Confirmation of Recognition.*

Jordan's Principle – Service Delivery

Terms and Conditions, Objectives and Activities

Context

Jordan's Principle is not a program, but an initiative created to address Canada's legal obligations to ensure that First Nations children in Canada have access to services, supports, and/or products they need, when they need them. It aims to address all unmet social, educational and health needs of First Nations children in Canada.

On January 26, 2016 the Canadian Human Rights Tribunal (CHRT) found that Canada's failure to ensure First Nations children can access government services on the same terms as other children via a mechanism known as Jordan's Principle was discriminatory. It ordered Canada to take remedial action, and fully implement Jordan's Principle. (<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/127700/index.do>)

2020 CHRT 36 On November 25, 2020 the Canadian Human Rights Tribunal issued the order to expand the eligibility criteria under Jordan's Principle, and ordered the parties to establish a mechanism to identify citizens and/or members of First Nations. (<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/493343/index.do>)

Goals

1. *To provide funding to ensure that First Nations children have access to requested health, social and educational services, supports and products to meet their unmet needs.*

Objectives

2. *In order to implement the Jordan's Principle under the terms and conditions of the Agreement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Program Plan to achieve the following objectives:*
 - 1) *deliver requested health, social and/or educational services, products and supports; and*
 - 2) *support data collection and analytical activities to better understand the scope of First Nations children's needs and the nature of service gaps.*

Provider Qualifications

3. *Where the Recipient engages the services of:*
 - 1) *a health care provider for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice their profession in accordance with the laws of the province where the care is to be provided; and*

- 2) *a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.*

Activities

4. *In order to carry out the Objectives, the Recipient shall:*

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) *Direct Service Delivery*
 - a) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 2) *Healthy Child Development, Mental Wellness, and/or Healthy Living Activities*
 - a) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 3) *Clinical and Client Care Services/Activities*
 - a) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 4) *Home and Community Care Services/Activities*
 - a) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 5) *Transportation Services/Activities*
 - a) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
 - i) *The Recipient shall ensure that protocols/guidelines, directives and standards regarding the transportation of children and adults by any type of motor vehicle are enacted. These protocols/guidelines, directives and standards will respect applicable motor vehicle legislation in the Recipient's respective province or territory, and take into account the concerns of parents, facility administrators and other stakeholders. A copy of the Recipient transportation policy shall be forwarded to the regional office of Indigenous Services Canada (ISC).*
- 6) *Medical Supplies and Equipment*
 - a) *These activity(ies) aim to assist children in maintaining optimum health, well-being and independence in their homes and communities through the purchase, maintenance, and/or replacement of necessary medical equipment identified by a physician or health care provider.*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 7) *Capital Investments*
 - a) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*

Program Delivery Requirements

5. The recipient shall ensure the following program delivery requirements are met.
 - 1) Communications Coordination: In accordance with the communications clause of the

main body of this Agreement, the Recipient shall ensure that it first discusses with Canada any significant public communication materials that it intends to issue regarding Jordan's Principle, in order to provide Canada with an opportunity to comment or participate in the development of those materials. The Recipient shall also ensure that such materials are consistent with the orders of the Canadian Human Rights Tribunal and the full definition of Jordan's Principle currently found at (<https://www.sac-isc.gc.ca/eng/1583700168284/1583700212289>) .

- 2) Employee Training: The Recipient shall ensure that its employees working on the activities set out in this Schedule understand Jordan's Principle, including the rulings of the Canadian Human Rights Tribunal, and will provide training to its employees for this purpose.
- 3) Consent: The Recipient shall ensure that it has oral or written consent of families or guardians of children (or children themselves if they have capacity to consent) before submitting personal information of children to ISC Focal Points on their behalf.
- 4) Records: The Recipient shall ensure that it retains documentation related to the children served by Jordan's Principle funding, including the information that confirms their eligibility to Jordan's Principle. Any personal information will be handled in accordance with the applicable Privacy and Access legislative regime.

Jordan's Principle – Service Delivery

Terms and Conditions, Objectives and Activities

Context

Jordan's Principle is not a program, but an initiative created to address Canada's legal obligations to ensure that First Nations children in Canada have access to services, supports, and/or products they need, when they need them. It aims to address all unmet social, educational and health needs of First Nations children in Canada.

On January 26, 2016 the Canadian Human Rights Tribunal (CHRT) found that Canada's failure to ensure First Nations children can access government services on the same terms as other children via a mechanism known as Jordan's Principle was discriminatory. It ordered Canada to take remedial action, and fully implement Jordan's Principle. (<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/127700/index.do>)

2020 CHRT 36 On November 25, 2020 the Canadian Human Rights Tribunal issued the order to expand the eligibility criteria under Jordan's Principle, and ordered the parties to establish a mechanism to identify citizens and/or members of First Nations. (<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/493343/index.do>)

Goals

5. *To provide funding to ensure that First Nations children have access to requested health, social and educational services, supports and products to meet their unmet needs.*

Objectives

6. *In order to implement the Jordan's Principle under the terms and conditions of the Agreement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Program Plan to achieve the following objectives:*
 - 3) *deliver requested health, social and/or educational services, products and supports; and*
 - 4) *support data collection and analytical activities to better understand the scope of First Nations children's needs and the nature of service gaps.*

Provider Qualifications

7. *Where the Recipient engages the services of:*
 - 3) *a health care provider for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice their profession in accordance with the laws of the province where the care is to be provided; and*

- 4) *a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.*

Activities

8. *In order to carry out the Objectives, the Recipient shall:*

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 8) *Direct Service Delivery*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 9) *Healthy Child Development, Mental Wellness, and/or Healthy Living Activities*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 10) *Clinical and Client Care Services/Activities*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 11) *Home and Community Care Services/Activities*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 12) *Transportation Services/Activities*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
 - ii) *The Recipient shall ensure that protocols/guidelines, directives and standards regarding the transportation of children and adults by any type of motor vehicle are enacted. These protocols/guidelines, directives and standards will respect applicable motor vehicle legislation in the Recipient's respective province or territory, and take into account the concerns of parents, facility administrators and other stakeholders. A copy of the Recipient transportation policy shall be forwarded to the regional office of Indigenous Services Canada (ISC).*
- 13) *Medical Supplies and Equipment*
 - c) *These activity(ies) aim to assist children in maintaining optimum health, well-being and independence in their homes and communities through the purchase, maintenance, and/or replacement of necessary medical equipment identified by a physician or health care provider.*
 - d) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*
- 14) *Capital Investments*
 - b) *The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.*

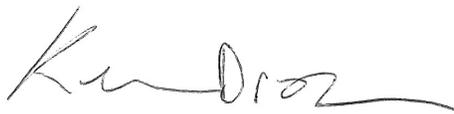
Program Delivery Requirements

6. The recipient shall ensure the following program delivery requirements are met.
 - 5) Communications Coordination: In accordance with the communications clause of the

main body of this Agreement, the Recipient shall ensure that it first discusses with Canada any significant public communication materials that it intends to issue regarding Jordan's Principle, in order to provide Canada with an opportunity to comment or participate in the development of those materials. The Recipient shall also ensure that such materials are consistent with the orders of the Canadian Human Rights Tribunal and the full definition of Jordan's Principle currently found at (<https://www.sac-isc.gc.ca/eng/1583700168284/1583700212289>) .

- 6) Employee Training: The Recipient shall ensure that its employees working on the activities set out in this Schedule understand Jordan's Principle, including the rulings of the Canadian Human Rights Tribunal, and will provide training to its employees for this purpose.
- 7) Consent: The Recipient shall ensure that it has oral or written consent of families or guardians of children (or children themselves if they have capacity to consent) before submitting personal information of children to ISC Focal Points on their behalf.
- 8) Records: The Recipient shall ensure that it retains documentation related to the children served by Jordan's Principle funding, including the information that confirms their eligibility to Jordan's Principle. Any personal information will be handled in accordance with the applicable Privacy and Access legislative regime.

This is **Exhibit "9"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Concerns with ISC's Compliance with CHRT Orders on Jordan's Principle Updated April 2021



**First Nations Child & Family
Caring Society of Canada**

www.fncaringsociety.com



Table of Contents

<i>Immediate Remedies</i>	2
1. Substantive Equality	2
2. Best Interests	5
3. CHRT Time Frames	9
4. Information Requests	10
5. Referrals to Headquarters	13
6. Privacy Concerns and Data Collection	15
7. Lack of a Procedure for Identifying and Responding to Urgent Cases	16
8. Questioning and Over-riding Professional Treatment Plans	18
9. Service “Gap” and “Normative Standard” Rationales for Refusal	22
10. Exclusion on the Basis of First Nations Eligibility Criteria	23
11. Group Requests	24
12. Service Coordinators and Navigators	27
13. Inconsistent Decisions and Handling of Cases	29
14. Coordination with Other Government Departments and Gaps in NIHB Funding	30
15. Cultural Shifts	32
16. Capital Costs	34
17. Payment	35
18. Maternal Health and Prenatal Care	37
19. Post-majority services	39
20. Jordan’s Principle 24-hour Call Centre	40
21. Retroactive	41
22. Policy and Oversight	42
23. COVID-19 Delays and Concerns	43



Immediate Remedies

The Caring Society has identified the following remedies that ISC can immediately undertake to address often longstanding concerns identified in this document:

1. Communicate to Focal Points and all staff that the normative standard cannot be used as sole grounds to deny a request or decrease the terms of a previously approved request. Denial letters to families must not reference the normative standard as the sole reason for denial.
2. ISC consult the Privacy Commissioner for feedback on its procedure for data collection and the privacy rights of children and families. This includes feedback on the request form and GC Case Management System.
3. ISC work with the Caring Society to undertake training for all focal points to properly and proactively identify urgent cases. Forms should be updated to include a mandatory and obvious “yes” or “no” box in regards to whether the case is urgent.
4. Communicate to all regions ISCs commitment to capital costs, with reference to the terms provided by Dr. Valerie Gideon in her testimony before the Tribunal in May 2019.
5. ISC provide an update to the Caring Society on the Clinical Case Conferencing Strategy. The Caring Society provided feedback in May 2020.
6. In consideration of the risks associated with changes to living arrangements and service providers, ISC to seek authority to extend Jordan’s Principle past the age of majority to prevent the destabilization of care during the COVID-19 pandemic.
7. ISC provide an update on the request forms, specifically committing that it is the responsibility of focal points and 24-hour Call Centre staff to complete the forms, not families.

1. Substantive Equality

- a. ISC’s approach puts the onus of proving substantive equality on requesters. April through June 2020, members of the Jordan’s Principle Oversight Committee (JPOC) and the Jordan’s Principle Action Table (JPAT), were invited to provide feedback on ISC’s request (intake) forms for individual and group requests. Along with many other points of feedback, including the length and inaccessibility of the forms, the Caring Society flagged that the forms require the requester to provide detailed information about how substantive equality applies. While the Caring Society and others were clear in their feedback of these forms, especially in relation to substantive equality, it has been a year and to our knowledge, the forms have not yet been completed.
- b. The Caring Society continues to stress that a substantive equality analysis does not need to be applied when: i) it is clear and obvious on the facts that substantive equality applies (e.g.: a former child in care struggling with mental health issues; a community that does not have potable water, etc.) or ii) there is a clear service need (e.g.: child needing medical equipment to breathe). The Caring Society maintains that it is ISC’s responsibility to carry out a substantive equality analysis when required. The substantive equality lens needs to be applied at every stage of requests, from the time the requester contacts ISC until the end of the request when the child receives the service and it is paid for. For example, substantive equality (the economic circumstance of families) ought to be made a priority in the turnaround time for reimbursing families for out-of-pocket expenses.



The Caring Society was notified by a First Nation who placed requests for an in-community land-based education program and an off-reserve wrap-around after school program. The First Nation is a remote, northern community in British Columbia facing multigenerational trauma resulting from residential schools and erosion of culture/language due to resource extraction. The First Nation does not have a high school and all children in the community must relocate to an urban centre 400km away to complete Grades 10-12. The community is taking steps to ensure that youth have the opportunity to complete high school in the community and that youth who do relocate have the supports in place to ensure they are safe. Both requests were denied partly on the basis of substantive equality despite the evidence being clear and obvious that substantive equality does apply [see also 9(b) and 15(c)].

In August 2020, the Caring Society was contacted by a family whose child had been in a serious automobile collision in which the child sustained a complete spinal cord injury resulting in tetraplegia. The child's circle of care evaluated the family's home to determine what home modifications were required for the child to be able to safely, hygienically and comfortably. The request was placed to the Ontario region for "bare minimum" home modifications that would allow the child to live at home. The request was denied in April 2020 because the "request does not have sufficient information to determine that this product/service/support should be provided to ensure substantive equality" and "the supporting documentation provided with the request does not sufficiently link the requested product/service/support to the identified needs of the child." Instead, ISC funded the child to live in a hotel upon discharge from the hospital. It is unfathomable that ISC was not able to connect the needs of a child with a spinal cord injury to the need for home modifications. It is even more disconcerting that the solution was to fund the child to stay in a hotel in the midst the COVID-19 pandemic when those with spinal cord injuries are predisposed to respiratory issues. The Caring Society continues to work with this young person and their family with ongoing challenges with ISC [see also 2(e), 4(d), 6(b), 7(d) and 24(b)].

- c. The Caring Society continues to see a pattern of Focal Points asking parents for notes from professionals (e.g., family doctor, counsellor, etc.) to show that substantive equality applies. At the same time, Canada seems to disregard or not accept as legitimate, extensive explanations directly from parents and those same professionals on how substantive equality applies.

In August 2020, the Caring Society was contacted by a social worker in a Neo-natal Intensive Care Unit in BC. She was working with a single mother who had given birth to a baby who experienced significant brain injury during delivery and would require full care for the rest of life. The mother wanted to bring her baby home and the social worker was unclear how long the baby would survive. The request included respite costs for the grandmother to stay with her to assist as the mother also has toddler twins. The request also included a bus pass and rental costs so the mother could move the family to a larger space that was mould-free (their current apartment was so bad it was set for demolition). The request was denied as the region felt there were no grounds for substantive equality, despite the need being clear and obvious as well as numerous letters of support from treating professionals.

- d. There is evidence that ISC's failure to take steps to determine substantive equality has resulted in delayed determinations. Not assisting requesters in showing how substantive equality applies may also be a contributing factor for the requests that have not been determined.
- e. Despite Jordan's Principle being a substantive equality rule, data indicates that the majority of requests are for services and supports within the normative standard. In August 2020, ISC provided data that, among other things, indicated that in Fiscal Year 2019-2020, 67 percent of individual requests and 87 percent of group requests were within normative standard. In keeping with the best interests of children, ISC ought to be working proactively to address those requested items that are within normative standard so that families do not have to place a Jordan's Principle request for supports that all other children receive.



Possible Remedies:

- f. Given ISC's colonial practices and policies that have harmed and continue to cause harm to First Nations communities, Focal Points should begin with the assumption that substantive equality will apply in all cases. This means that the burden is on ISC to demonstrate why substantive equality does not apply.
- g. ISC needs to continue to ensure all staff working on the implementation of Jordan's Principle, including policy, finance and the staff at the national office, have a clear understanding of substantive equality through regular training and ongoing follow-up. This is especially important given the turnover rates on Regional Focal Point teams. ISC needs to provide guidance on when it is unnecessary to collect information on substantive equality, when to apply the substantive equality analysis, and to ensure that these policies are consistent across all provinces and territories.
- h. In cases where the request is denied on other grounds (i.e. not medically necessary), the Focal Point can then undertake a substantive equality analysis to determine whether the service should be provided on this basis – keeping in mind that the burden rests on ISC.
- i. It should also be clear that the burden to prove “substantive equality does not apply” rests with ISC. If, after a thorough analysis of the information provided, the Focal Point determines that substantive equality does not apply, it is the responsibility of ISC to demonstrate, clearly, the reasoning behind the decision.
- j. ISC needs to analyze information including family history, geographic location, etc. for substantive equality issues. Families may not flag or frame this information in terms of substantive equality and ISC needs to be alert to their own responsibility to interpret the material through a substantive equality lens. Further, if a request is denied, it is insufficient to rely on boiler plate language and any denial letters must have clear information and reasoning as to why the request is being denied so that a requester has sufficient information to appeal.

Progress to date:

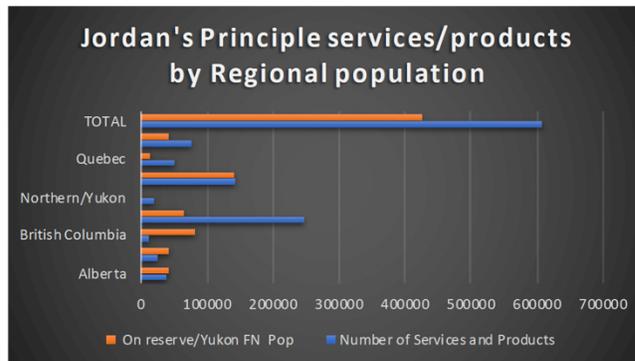
ISC created a document outlining substantive equality, including questions to assist Focal Points in applying a substantive equality lens. All Focal Points have this document which is part of the Standard Operating Procedures (“SOP’s”) and have attended training on the document in November 2018, June 2019 and November 2019. At the AFN’s March 2021 Jordan’s Principle Virtual Gathering, there was a session on Substantive Equality. We are unclear if a representative from each ISC region was required to attend that session and how the information was passed along to all ISC staff working on Jordan’s Principle requests.

Although there are clearer guidelines regarding substantive equality and its application, the Caring Society remains unclear as to whether or not Focal Points are actually applying this lens to requests, and/or have procedures in place to ensure all staff working on Jordan’s Principle, including new staff and those in finance and policy, are trained on substantive equality. Following a request through the CHRT for ISC’s numbers of approved requests, the Caring Society created a chart (see Table 1 below) with per capita calculations for approved Jordan’s Principle services/products by region. The numbers appear to be low for many regions. Ontario, for example, which is demographically similar to Manitoba, has 1 service/product per person versus Manitoba at 4. The Caring Society believes that the low per capita rates in some regions could be partly due to ISC’s misapplication of substantive equality. Canada has not shown reasonable evidence that the regions with low capita rates have fewer children in need. In response to the Caring Society’s table below, ISC did provide a presentation on the per capita rates at the September 2020 JPOC meeting.



Jordan's Principle services/ products per capita by region (May 31, 2020)

Region	Number of Services and Products	On reserve/Yukon FN Pop	Per Capita services/products
Alberta	37845	41804	0.9
Atlantic	24471	41837	0.58
British Columbia	11023	81326	0.135
Manitoba	246344	64510	3.88
Northern/Yukon	19276		
Ontario	142367	140608	1.01
Quebec	50208	13464	3.72
Saskatchewan	75557	41684	1.8
TOTAL	607091	425,233	1.42



(Table 1: Jordan's Principle Service/Products per capita by Region)

2. Best Interests

- a. We remain concerned that the best interests of children are not always being considered when Focal Points gather information from families and Service Coordinators on substantive equality and in making their decisions.
- b. As outlined in the SOP's, ISC has made a commitment to upholding the Touchstones of Hope principles including self-determination. Self-determination uplifts First Nations communities and families as the decision makers in deciding what is best for their children and families. Despite their stated commitment to Touchstones, ISC continues to question the capacity of First Nations families to determine their own best interests.



In May-June 2020, the Caring Society brought to ISC's attention difficulties a service provider was experiencing in BC. Staff from the Caring Society participated in a call with ISC Headquarters and the BC Region on June 3, 2020, and had further discussions with ISC Headquarters on September 25, 2020. ISC BC Region maintains that the service provider is not acting in the best interests of children. The service provider provided ISC documentation from two communities, the community health nurse, medical doctors and other health/education professionals indicating the service provider acts in an ethical manner that upholds the best interests of children. While the BC region has stated that the service provider is benefitting monetarily by recommending and providing the service and is therefore in a "conflict of interest", there has been no clear definition set forward on the parameters of "conflict of interest" in the CHRT rulings nor the SOP's. One of the community letters of support echoes what other communities have said and what the Caring Society has been flagging for ISC, that many communities are "located in a rural area with chronic shortages of service providers, mixed with poverty, and transportation challenges". This results in a situation where often the only professionals in a community to recommend the service are also the only ones available to provide the service. Professional colleges prohibit professionals from providing a service that a client does not require. On the balance, ISC must operate from the standpoint that service providers, like families and communities, operate in the best interests of the child. While professional colleges do have regulations prohibiting professionals from being in a conflict of interest, ISC must consider the reality of First Nations communities and the ways that existing institutions (i.e. community health centers) work to safeguard the best interests of the child [see also 2(j) and 8(c)].

In this case, the service provider contacted their professional college to ensure their compliance with professional regulations. The service provider indicated to the Caring Society that their professional college assured them that they are acting in accordance with their professional regulations.

- c. Further to the example in 2(b), the letters of support for the service provider indicated that the service provider had built relationships with the children, families and communities they have been serving since 2016, and are now considered a culturally safe service provider. One of the cornerstones of the Touchstones of Hope movement is building safe spaces to allow relationship building to occur. It can be challenging for communities to feel safe amidst mainstream service providers and this needs to be considered by ISC as an issue of substantive equality, especially given the lack of service providers in remote First Nations communities to begin with.
- d. Another example of how the the Touchstones of Hope apply to Jordan's Principle is in regards to a holistic approach. Applying a holistic approach means considering the best interests of the child in relation to the wellbeing of the entire family when reviewing Jordan's Principle cases. This is especially the case if there are multiple children in the family, the child has chronic needs (i.e. a diagnosis that is unlikely to change) and/or the child has complex needs (will reasonably require multiple supports, products or services).

As stated in 1(c), ISC denied a request for home modifications for a child with complex needs that would allow her to reside at home with her family. It is not clear how, if at all, ISC interpreted what was in the child's best interest, as the child was left to live in a hotel upon hospital discharge. Not only did this pose an increased risk of the child contracting COVID-19, it also meant shuttling back and forth from the hotel to the family home so that the child could maintain family life.



In October 2020, the family placed a request for an interim housing solution for the child and the siblings while the home was undergoing modifications which would displace the family. This interim housing solution was proposed as means of allowing the child, who was still residing at the hotel, to reside safely with family while work on the permanent residence was underway. The Ontario region engaged in administrative procedures by having at least two meetings to discuss the request rather than working proactively with the family and circle of care. The request from the family was for supports to winterize a trailer they already owned. It was suggested by ISC that tarps and straw would be sufficient in doing this. It was only when the Caring Society and the child's circle of care indicated to HQ that this was not in keeping with the best interests of all the children in the family did ON region take proactive steps to work with the family to support winterizing solutions that were both safe and hygienic.

ISC has consistently failed to consider the chronic and complex needs of this child. In November 2020, a further request for home modifications was submitted that would allow the child to visit and potentially stay at home sooner while the family waited for the entirety of the home modifications to be completed. The contractor indicated that this would allow the child to visit home at least 5 months sooner than if this particular home modification was not done. The family and circle of care had made several attempts to find an interim housing solution (i.e. accessible trailer) that would allow the child to live close to home in a manner that was consistent with COVID-19 public health protocols (i.e. limit contact to within the household). The request was denied as the "child is being provided with safe, temporary accessible lodging at hotel and home is being renovated in order to support her long-term accessibility needs." The decision demonstrates failure consider the best interests of the child in a meaningful sense. Health professionals involved in the child's circle of care indicated that COVID-19 reasonably poses harm to those with spinal cord injuries given their predisposition to respiratory issues and indicated that residing in a hotel increases risk of the child contacting COVID-19. Furthermore, the child, and the child's circle of care and family consistently indicated that the child feels unsafe and fearful for their wellbeing residing in a hotel. The child's circle of care noted a deterioration in the child's mental wellbeing which is associated with the child's isolation at the hotel.

When the Caring Society raised concerns with how ISC arrived at the conclusion of denial, ISC required a meeting with the child's circle of care to further understand the child's needs, despite the fact that the family and circle of care already furnished ISC with ample documentation and recommendations. At this meeting, ISC suggested that the child could forgo the hotel room in favour of residing in the one accessible room at the home in the midst of home modifications. When the child's circle of care indicated that the child would not have access to hygiene supports and would not have space to conduct the therapies at home, ISC suggested the child could make use of a local YMCA for hygiene purposes. Again, it is not clear how ISC considered the best interests of the child when engaging in administrative delays and making such suggestions [see also 1(c), 4(a), 6(a), 7(b) and 24(b)].

- e. Further, the Caring Society has concerns about ISC's practice of requiring families to renew or reapply for already approved services. The Caring Society has not been made aware of any maximum approval periods (including in the SOP's), however we have seen many instances where requesters are being asked to re-submit documentation for the same service even if the professional has recommended the service for longer or the professional does not recommend an end date. If a service or support is recommended by a professional for a year, for example, and ISC only approves 6 months of the request, the onus is on ISC to ensure that services are not delayed to the child for administrative reasons. It is taxing for families to have to provide all of the information again, especially if no information has changed and the child's needs have not changed.



This practice is particularly taxing on families of children with disabilities and special needs, including special health needs, who typically require multiple services over a long period of time. The requirement by ISC to “reapply” on a regular basis is inconsistent with the lived realities of children with disabilities and special needs and places an additional burden on families who are often stretched with caregiving responsibilities. ISC needs to consider how this practice may discriminate against children who do not have discrete or short-term needs.

In March 2021, the Caring Society was notified by a family in BC who had to “reapply” for Jordan’s Principle supports for their child’s speech language pathology. The family worked with a service coordinator to reapply beginning in December 2020 as it was indicated that “funding” would be finished by mid-February 2021. It was also indicated that a progress report and a quote for these supports would be required when making the request. In addition to the additional burdensome administrative procedures, this process to reapply was exasperated by the First Nations Health Authority (FNHA) no longer be providing the Jordan’s Principle service navigation function as of March 2021.

- f. The Caring Society position is that Canada’s decision to apply for judicial review of the CHRT decision on eligibility for Jordan’s Principle overrides the best interests of children, especially in life-altering cases (see also section 10).

Possible Remedies:

- g. ISC needs to develop and implement training for Focal Points on the best interests of the child (from an Indigenous perspective) and establish mechanisms to ensure that all decisions and processes used for Jordan’s Principle cases meet the best interests test.
- h. ISC needs to develop and train Focal Points on procedures for urgent/life-altering cases and clarify how these cases are identified as urgent and/or time sensitive. For example, even if the family or service coordinator does not specify the request as urgent, Focal Points must take the initiative to consider urgency and mark the request accordingly. Forms should be altered to require Focal Points (or Call Centre staff) to clearly mark the request as urgent or not urgent.
- i. All staff working on Jordan’s Principle must take Touchstones of Hope training.
- j. ISC must develop procedures that uphold the best interests of children and the realities of First Nations communities when determining if a service provider is in a “conflict of interest.” At the February 2021 JPOC meeting, ISC confirmed that when there is a direct link between the professional recommending the service and the professional conducting the service, the department will typically require a third-party support letter. As discussed above, this practice is inconsistent with the realities of many First Nations families requires immediate attention.
- k. ISC must not apply maximum approval periods to requested supports, particularly when the recommending professional does not indicate that there is an end date. Further, ISC must work proactively with families with children who do not have discrete, short term needs and who will require ongoing support to ensure that administrative procedures do not delay or disrupt receipt of service.

Progress to date:

The Caring Society provided training on the Touchstones of Hope in 2017 and in 2020, Dr. Blackstock proposed additional topics for training.



While ISC has established mechanisms for tracking urgent cases in its database, it is clear that gaps remain as the Caring Society continues to escalate urgent cases that have not been properly identified.

3. CHRT Time Frames

- a. The Caring Society remains concerned that CHRT time frames for determining requests are not being followed by many ISC regions. While ISC provides updated data at the JPOC meetings, it is clear that the data does not provide the full picture. For example, as ISC states in its data tables, the numbers do not reflect cases that are outstanding.
- b. The Caring Society also questions ISC's interpretation of the CHRT orders. 2017 CHRT 35 states: "The initial evaluation and a determination of requests by individuals shall be made within 48 hours of the **initial contact** for a service request [...] The initial evaluation and determination of requests for groups shall be made within one week of the **initial contact** for a service request" (2.A.ii.). The ruling goes on to say:

"For non-urgent cases in which this information cannot be obtained within the 48-hour time frame, representatives from the Government of Canada will work with the requester in order to obtain the needed information so that the determination can be made as close to the 48-hour time frame as possible. In any event, once representatives from the Government of Canada have obtained the necessary information, a determination will be made within 12 hours for urgent cases, and 48 hours for non-urgent cases"

The latter paragraph seems to have become the norm at ISC versus staying true to the CHRT's ruling. Feedback received from families and Service Coordinators indicates that there is often a gap between when the request is submitted and Focal Points follow-up to request additional information, and that ISC does not consider the clock to start until Focal Points are satisfied with in the information provided. This practice does not reflect with the spirit of the CHRT orders, in which 48-hour (or 12-hour for urgent cases) starts when the request is submitted [see also section 4.]

- c. In January and February 2021, the Caring Society carried out research conversations with Service Coordinators in the Atlantic for a project on Jordan's Principle and children with disabilities and special needs. Concerns about the turnaround time for requests were raised in every instance. Communities also reported being told that "ISC is only dealing with COVID related requests right now." Service Coordinators said that it was taking weeks to hear back about requests not related to COVID. Service Coordinators expressed concerns about having no recourse or options when timelines were not met, even in cases where families were waiting for months with no decision.

Service Coordinators provided information about a few cases still awaiting a decision. When the Caring Society followed up about these requests, HQ indicated that although the requests were outstanding, the timeline was not as long as indicated by Service Coordinators. One explanation for this could be that Service Coordinators interpret the timeframe as beginning when they submit a request and that ISC starts the clock when Focal Points determine they have all the necessary information. Unfortunately, the Caring Society has heard that there is often lag time between when the request is submitted and when Focal Points request further information. The burden of multiple information requests by ISC is felt by children who are left waiting for a needed service [see also section 4].



- d. In March 2021, a family contacted the Caring Society regarding the delays that were experiencing with their Jordan's Principle request. The request included medically necessary classroom fans for their child who experiences serious anaphylactic allergies. The request was placed in November 2020. Nothing was heard back from ISC other than a response indicating that there were delays due to COVID-19. It was not until March 2021 that the request was heard at HQ amounting to a delay of four months. This meant that the child went through nearly half the school year without the fans, which placed the child in great danger. The Caring Society does not know if ISC marked the request as urgent, even though the family and child's circle of care were clear of the reasonable harm that could come to the child if the fans were not provided [see also 7(a)].
- e. Concerns about ISC not respecting CHRT timelines were also raised by community members during presentations given by the Caring Society in February 2021 and March 2021.

Possible Remedies:

- f. The Caring Society has previously recommended a triaged approach in all regions to ensure that urgent individual and group requests are prioritized and that the remaining requests are processed in order to be compliant with the CHRT timeframes.
- g. In February 2021, Ontario region indicated that the team is working weekends to reduce the accumulation of requests. The Ontario region expressed that while this is not an ideal situation, it does demonstrate the dedication and commitment of the region. While the Caring Society does not doubt the dedication of individual Focal Points, it is not sufficient to overcome the serious, systemic issues that families face when accessing Jordan's Principle. The Caring Society provided recommendations to remedy the significant and longstanding delays in the Ontario region. Most of the recommendations relate to administrative practices that are in many cases not necessary and not in keeping with the CHRT orders, such as: multiple information requests and follow-up questions from Focal Points, over-riding professional treatment plans and requiring multiple letters of support/documentation, and requiring families to resubmit requests for the same supports when nothing in the child's context has changed. As of April 2021, the Ontario region has yet to respond to the recommendations [see also sections 4, 5 and 8].

Progress to date:

While some regions continue to have high success rates in staying within the CHRT timeframes, other regions continue to have challenges in meeting the needs of children and families in a timely way.

4. Information Requests

- a. The Caring Society continues to see issues with Focal Points not carefully reading submissions, invoices or not checking their files for questions they have relating to requests, which delays services to children and reimbursements.



In the case of the child with complex needs including home modifications, the family submitted a request for additional home modifications in February 2021. The request was for the removal of a cistern that was needed in order for previously approved home modifications to proceed. As part of these previous home modification requests, the child's circle of care included contractor drawings which showed that the only option was to remove the cistern. ISC Focal Points failed to include these drawings in the package that was sent to HQ for review and as a result the request was denied. It was only when the child's circle of care asked if the drawings were part of the request package that the Focal Points corrected the error. The request was re-evaluated and approved, but there were significant delays and it is concerning that ISC failed to carefully review the wealth of documentation and supporting letters that had been already furnished to the department [see also 1(c), 2(d), 6(a), 7(b) and 24(b)].

- b. Given the turnover rates of the Focal Point teams and the expansion of Focal Point teams, the Caring Society stresses the importance of continuation of care and ensuring information is passed on in a timely manner.
- c. We still see that some Focal Points are not asking for all relevant information at one time. The lack of complete information requests and delays between information requests mean that the child's needs are not being responded to within the CHRT timeframes.
- d. There have been concerns from requesters and service coordinators that Focal Points are asking for invasive information from families, including in-depth information regarding their personal and/or financial situations as well as a child's diagnoses which is not always needed [see also 8(c)]. The Caring Society's review of the Jordan's Principle request forms flagged many questions/requests for information that seem to go beyond the scope of the CHRT, beyond what seems reasonable to be asking from families and children and brings privacy concerns to the forefront [see also section 6].
- e. The Caring Society has continued to highlight the importance of ensuring forms are clear, simple, and accessible to a broad range of literacy levels.
- f. We reiterate the importance of ensuring that new Focal Points have training on how to use the GC Case Management system¹ and other internal processes as soon as they start and that existing staff have ongoing support in using the system.

In October 2021, the Caring Society was contacted by a family who had placed an orthodontic request for their child about a year earlier and had not heard back with a determination despite following up with the Call Centre multiple times. It later came to light that a determination had been reached in March 2021, but either due to a GC Case Management system glitch or some other oversight the determination was never communicated to the family. While this determination was reached far outside CHRT-compliant timeframes [see also section 3], it was exasperated by this "systems glitch."

Possible Remedies:

- g. Focal Points need to carefully read all material submitted to them and only ask for additional information if it is required to determine the case.
- h. Requests for information from Focal Points should be made at one time and not staggered so as to avoid time delays. Focal Points must review all the information on file before requesting any additional information to ensure all questions are sent at once.

¹ Also referred to as Synergy in Action (SIA) in previous version of this document.



- i. In those cases where there have been multiple approved requests, Focal Points need to carefully read previously furnished documentation and collate information without continuing to ask families to re-supply information.
- j. ISC needs to take measures to ensure its information gathering is absolutely necessary to make a determination of the “requesters’ needs” and does not amount to an administrative procedure that delays services to children. More specifically, ISC must comply with 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. “Where clinical case conferencing is reasonably necessary to understand a First Nation’s child’s clinical needs, and where professionals with relevant expertise are already involved in the First Nations child’s case, those are the professionals that must be consulted.” (p. 2)
 - ii. [135]B.iii. “... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requester’s clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child’s case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p. 5-6)
 - iii. 2.A.iii. “Canada shall cease imposing service delays due to administrative case conferencing, policy review, service navigation or any other similar administrative procedure before the recommended service is approved and funding is provided.” (p.8)
- k. Focal Points should be required to fill out paperwork for individuals submitting requests as well as provide support to groups when filling out paperwork unless otherwise specified by the individual or group, particularly given the uneven literacy levels, and access to computers as well as reliable internet among applicants.
- l. It must be clearly articulated to Focal Points that they cannot unilaterally decide what information is relevant and/or valid. As an example, it came to the Caring Society’s attention in May 2020 that ISC changed its referral policy for physiotherapy and occupational therapy. Previously, referrals were accepted for these services from special education teachers (learner support teachers) for children with high needs. ISC changed the policy requiring referral for therapy from a doctor or nurse practitioner. This has led to delays in medical treatment as many of the children live in remote communities with limited access to doctors or nurse practitioners. Families then have to find transportation to see a family doctor. In a lot of cases, families have to see a doctor who is outside the child’s circle of care as many do not have access to a consistent family doctor. Family doctors often see the child for an acute condition (because many children have complex needs) and sometimes assess the most urgent and pressing issue. While doctors assess children’s development and may refer the child for therapy, they do not have as frequent contact as special education teachers. Special education teachers have frequent and consistent contact with the child and are also trained to assess children’s development. The past protocol of allowing special education teachers to make referrals ensured children were assessed quickly, allowing immediate medical treatment. The Caring Society continues to hear from schools, families and professionals in BC, AB and SK indicating that they are required to submit diagnoses and/or referrals from “third-party” professionals.



- m. All ISC forms, operating manuals and communications must be clear and written in plain language. Not only will this be accessible by everyone accessing Jordan's Principle, but it will support Focal Points in understanding how to move away from using government language. Plain language documents will support Focal Points in using language that is accessible to everyone. In addition, provisions must be made in order to support First Nations community members whose first language is not English.
- n. Focal Points need to understand that some families making requests will be unfamiliar with administrative and/or bureaucratic processes and paperwork and, as such, will require assistance. Due to ISC's colonial legacy, some families do not trust government processes. Direct work with families requires a different approach than Focal Points may be used to if they are most accustomed to lateral exchange with government colleagues/inter-office communication.

Progress to date:

We appreciate the efforts that ISC has been making to implement the GC Case Management system which aims to collect and store information data relating to Jordan's Principle requests (see also section 6). We encourage ISC to ensure that all ISC employees are properly and adequately trained on how to use GC Case in an efficient and timely way to ensure there are no delays in services for children and families due to administrative delays.

5. Referrals to Headquarters

- a. As continuously stated at JPOC, and as acknowledged by ISC, referrals to national office must be forwarded by regions in a timely way so as to ensure CHRT compliant resolution of cases once requests have been sent for review.
- b. It is unclear whether Focal Points forward the entire package of information to Headquarters on referral, or only the information they feel is relevant to the case. In curating the information sent to Headquarters, focal points may exclude relevant details and/or substantive equality information.
- c. The Caring Society is of the understanding that requests for orthodontic services are automatically sent to the national office. Unfortunately, the ISC policy on "non-medical" orthodontic requests is unclear. The Caring Society is aware of numerous cases in which national office has denied orthodontic requests even when supported by a letter from a professional and clear evidence of substantive equality.

We have heard reports of Focal Points using the possibility of "referral to headquarters" as means of encouraging Service Coordinators/families to accept a lesser level of service or more "cost effective" product. For example, we were told about a case in which a Service Coordinator requested renewal of a special education teacher for a child (service that was already approved). The Focal Point said they could not approve the renewal but could approve an education assistant (a position with a lower salary). If the Service Coordinator wanted to push for the special education teacher, it would be sent to the national office – implying that if the request was sent to the national office, it would probably be denied, so it would be better to accept the education assistant. Other responses Service Coordinators have heard from national include "I can't give you the service you requested for this family, but I can give you this one instead" and "This service is very expensive, can you find something cheaper?"

Costing exercises such as these demonstrate an ongoing colonial tactic where First Nations families and communities are told that it is better to get something than nothing, and points to the continuation of the "old mindset" at ISC, in that the department continues to bargain down needed services and supports.



- d. Related to this, it would appear that ISC is creating arbitrarily standards/caps for requests. For example, Service Coordinators in the Atlantic have been told that National has determined \$600 to be the standard for iPads or laptops. If the requested laptop needed costs \$700, the request will be denied. No information or rationale has been given for the \$600 cap. The standards are unclear and we have been told that ISC will not provide a list or concrete response when asked about where these standards are coming from or how they are being determined.

Possible Remedies:

- e. Although there are now clearer criteria in place for the types of referrals to national office, the CHRT timelines must be followed.
- f. ISC must immediately communicate to all Focal Points and other staff working on Jordan's Principle that imposing a cap on products or services is a violation of the CHRT orders. Determinations must be made on the basis of substantive equality, the best interests of the child, must be needs-based, and account for distinct community circumstances.
- g. As part of the referral process, regions should take proactive steps to determine substantive equality, best interests of the child and cultural appropriateness as per the CHRT orders. The Caring Society continues to see Focal Points failing to understand substantive equality, recommending cases for denial, and escalating to national office. The responsibility to show substantive equality lies with ISC. Focal Points should start with the assumption that substantive equality applies and review the information provided through this lens. If, after a thorough and proper analysis, the Focal Point determines substantive equality does not apply, then they must show why and the reason must be stated in the denial letter so that the requester has adequate information for appeal [see also 1(f) and 2(e)].
- h. If a request is escalated to the national office, Focal Points must provide the full package of information provided by the requester, not only the information that supports the Focal Points recommendation [see also 4(a)].
- i. We encourage continued systematic tracking of reasons why decisions cannot be made at the region including regular identification and solutions to any systemic barriers to CHRT compliance.

Progress to date:

The Caring Society has received differing reports on ISC's short and long-term plans to improve compliance rates for cases referred to national office. At the February 2020 JPOC meeting, it was said that increased ISC staffing is required to ensure that ISC can comply with CHRT timeframes. At the March 12, 2020 meeting however, it was indicated that it is more expedient in terms of self-determination for First Nations to retain control of Jordan's Principle and that it is for this reason that ISC is not looking at increased staffing at a long-term solution. In order to ensure the best interest of First Nations children in receiving services through Jordan's Principle, ISC must ensure that there is adequate staffing in regions and the national office until First Nations communities are in a position (and want to) take over implementation of Jordan's Principle children. It is important that this staffing is done in tandem with other remedies found within this document [see also sections 3, 4 and 8].



The Caring Society continues to stress the importance of ensuring that the priority is services for First Nations children and not what is in the best interest of the government (i.e. the government prefers not to hire more staff, even while acknowledging that more staff are required). As seen in section 2, all staff working on Jordan's Principle, from finance to regional executives must be trained on the CHRT orders including the CHRT timelines and best interests of the child. Further, the Caring Society continues to raise that there must be a long-term solution to bring ISC into compliance with the CHRT timeframes.

6. Privacy Concerns and Data Collection

- a. The Caring Society continues to iterate concerns about the privacy of information provided by families, specifically: 1) what specific policies and procedures are in place to ensure compliance with federal and provincial privacy laws, 2) whether the information being collected is actually needed to determine the request.
- b. In some provinces/territories, it is against the law for non-authorized persons to have access to private information. This is also a matter of dignity and respect. ISC has previously shared that it is following the *Privacy Act* and other internal guidelines, but processes for protecting information appear to vary by region and the actual implementation of the *Act* and guidelines remains unclear [see also 4(d)].
- c. The Caring Society has concerns about the information ISC gathers through its request forms. It is important to distinguish between the information absolutely needed to determine requests through Jordan's Principle versus information collected for data. When ISC sent its current request forms for review in April 2020, the Caring Society indicated concerns that information ISC was collecting was outside of what is needed to make a determination. The Caring Society has not received feedback on the privacy concerns.

In the request for the child with complex needs outlined in 1(c), the request package included extensive medical notes from a nurse practitioner and physician, discharge papers, an occupational therapist assessment, hospital reports, and letters from an occupational therapist, nurse practitioner and physician outlining the required home modifications to ensure the child's safety and hygiene and recommending a home assessment. In the Caring Society's view, the wealth of documents that ISC required shows how invasive the process can be. Furthermore, it is concerning that this detailed and comprehensive package was considered inadequate in supporting an approval on the basis of it being medically necessary, to ensure substantive equality and to safeguard the best interests of the child [see also 1(c), 2(d), 4(a), 7(d) and 24(b)].

- d. In addition, while the GC Case Management system is a positive step toward ensuring continuity of services for children, the Caring Society has ongoing concerns around the data collected and how it is stored and used. There are historical and ongoing issues with data collection and First Nations communities. How does ISC plan to respect OCAP (ownership, control, access, and possession) principles with this data collection?

Possible Remedies:

- e. Whereas ISC relies on internal privacy controls, ISC must consult the Privacy Commissioner for feedback on its procedure for data collection and the privacy rights of children and families rather than solely relying on its internal process.



- f. ISC must publicly share its exact procedures for protecting the privacy rights of children and families in Jordan's Principle cases including ensuring that identifying information is not shared with ISC personnel who are not directly charged with the determination of Jordan's Principle cases. These same procedures must continue to be shared with CCCW and JPOC. Stating that ISC is bound by the *Privacy Act* and other internal guidelines is not sufficient; ISC must detail the processes and procedures that are in place to implement these obligations.
- g. While all Government departments, including ISC, are bound by many privacy laws, the Caring Society is of the understanding that it is the responsibility of the regions to ensure proper handover of personal information. All Focal Points and other ISC staff charged with receiving and determining Jordan's Principle cases must be trained in the GC Case system adequately and in a timely manner and be held accountable for ensuring privacy rights are respected. All regions need to have mechanisms in place to ensure that privacy standards are maintained.
- h. ISC Focal Points must be trained on CHRT orders and in determining what documentation is reasonably necessary to determine a case.

Progress to date:

The Caring Society is still unclear as to whether there are national standardized training programs and mechanisms in place to ensure privacy is maintained for families and groups accessing services under Jordan's Principle.

Given concerns raised previously by the Caring Society around the need for plain language documents, a review of ISC's privacy statement may be needed to ensure the wording is clear and accessible.

7. Lack of a Procedure for Identifying and Responding to Urgent Cases

- a. The Caring Society has ongoing concerns around the process for identifying and responding to urgent cases. Specifically, what processes exist at every level ISC to adequately identify urgent cases and is there an effective monitoring system to ensure that cases are classified as urgent or non-urgent properly?

In October 2020, ISC national office sent the Caring Society the call volume as well as breakdown of types of requests (urgent v. non-urgent, general inquiries v. service request, etc.) from the Jordan's Principle 24/7 Call Centre. It was alarming to see that from February 1, 2018 to October 18, 2020, only 44 requests out of 8,251 were classified as urgent. The extremely small proportion of cases classified as urgent suggests that requests are not being identified and triaged properly.

In March 2021 the Caring Society was contacted by a family who was experiencing a 4-month delay in an urgent and time-sensitive request for required supports for a child with anaphylactic allergies. While it was clear and obvious that this request ought to have been classified as urgent given the reasonable harm that could come to the child if supports were not extended, the delay demonstrates that ISC did not make this connection or failed to effectively monitor the request [see also 3(d)].



- b. In addition to concerns about the Call Centre, some Focal Points are not classifying cases based on urgency either. According to the request forms that ISC sent for review in April 2020, there is not a section on the form to identify an urgent case. An updated request form seen by the Caring Society in November 2020 has the urgent classification section buried on third page of the form. While Focal Points still have a responsibility to identify cases as urgent, the fact that Focal Points are not classifying and identifying urgent cases in a standard and accessible way points to significant systemic gap in both tracking and meeting the needs of children.

For the home modifications for the child with complex needs [1(f)], ISC failed to treat the request in an urgent manner. It is unclear if the child's circle of care flagged the case as urgent, but Focal Points ought to have reasonably concluded that the child was facing irrevocable harm upon discharge from the health facility given her home was inaccessible and unsuitable for her needs. In addition, Focal Points ought to have come to the reasonable conclusion that, given the COVID-19 pandemic, the child needed be at home for safety as per public health protocols and the recommendations of her circle of care. Per 2017 CHRT 35, "in urgent cases where irremediable harm is reasonably foreseeable, immediate action should be taken to put crisis intervention supports in place until an extended response can be developed and implemented" ([3]c.ii.). Focal Points ought to have worked with the child's circle of care to ensure the child was in a safe home until the required home modifications were completed. Instead, the child was placed in a hotel indefinitely (to the best of our knowledge), in the midst of the COVID-19 pandemic and the request was denied [see also, 1(c), 2(d), 4(a), 6(a) and 24(b)].

- c. The Caring Society continues to reiterate its concerns about urgent (and all) cases involving post-majority youth. When urgent requests are denied due to age, what mechanisms exist to ensure young people are connected with other ISC services in a way that responds to the nature of the situation, i.e., the possibility of irrevocable harm? This is especially concerning in cases involving mental health needs and suicidal ideation.

Possible Remedies:

- d. ISC must continue to ensure that both Call Centre staff and Focal Points screen all cases to determine and record whether they meet the criteria for urgent cases (i.e.: any reasonable belief that irrevocable harm may come to a child, time sensitive in nature). Forms should be updated to include a mandatory and obvious "yes" or "no" box in regards to whether the case is urgent. ISC had been engaged with JPOC and JPAT to update the request forms to include a section to indicate the urgency of the request, however has yet to provide an updated request form that includes the section in a manner that is clear and obvious.
- e. Where there is doubt, Focal Points and 24-hour line staffers should default to the urgent classification.
- f. Although ISC has developed a mechanism for tracking urgent cases, it is clear that there remains inconsistencies in how urgent cases are identified and determined. Focal Points must be trained to properly and proactively identify urgent cases.
- g. Until an independent body is put in place for appeals, all appeals sent to the national office should be reviewed and 'triaged' to assess for urgency and time-sensitivity.
- h. Urgent cases involving post-majority youth should be covered by Jordan's Principle until a clear mechanism for collaborating with other government departments in a timely way is established.
- i. While ISC has agreed to extend post-majority supports to youth aging out of care during the COVID-19 pandemic, to our knowledge this support is not being extended to post-majority youth within Jordan's Principle. It is unclear why ISC believes that this provision is in the best interests of youth in CFS care, but not those receiving help through Jordan's Principle.



As one example, the Caring Society was made aware of a young person requiring 24/7 out-of-home care who was set to age out last year (2020). Service Coordinators asked ISC to extend the CFS policy to Jordan's Principle, so that the young person would continue to receive funding. ISC refused, offered no transition plan, and was fully prepared to see the youth evicted at the height of the pandemic. Thankfully the province stepped in and agreed to fund the youth at the same level [see also section 19 on the need for post-majority supports].

At the time of writing, the Caring Society was awaiting ISC's response to another young person with special needs set to age out of Jordan's Principle during the pandemic and requiring further support.

Progress to date:

ISC provides members of JPOC and the CCCW with regular updates on the numbers of urgent cases by province and territory they receive as well as the timeline for processing requests for those cases. ISC has also changed policy so that requests are time stamped in order to ensure requests are processed within the CHRT time frames.

Once a case is sent to the national office for review and determination, ISC has a triage process in place for urgent cases however it is clear that ISC HQ is struggling with the amount of cases coming in as seen by the poor compliance rates shared at JPOC. ISC has acknowledged that the current process is not working and that there is room for improvement. The Caring Society believes that ISC needs to take immediate steps (including fast tracking hiring processes) to ensure there is adequate staffing for cases sent to the national office.

8. Questioning and Over-riding Professional Treatment Plans

- a. We continue to see situations where the recommendations of licensed professionals are questioned or over-ruled by ISC even on appeal, even if the service or support is deemed necessary as part of a child's safety or treatment plan. The Caring Society has serious concerns about ISC staff positioning themselves as having the expertise to override or question professional recommendations.
- b. The practice of over-riding professional recommendations appears to be particularly acute with requests for orthodontic services for substantive equality reasons. In the course of conversations with Service Coordinators in the Atlantic for a project on Jordan's Principle and children with disabilities and special needs, the Caring Society learned of a young person whose family had requested dental work to help combat her depression and severe social anxiety (fueled in part by negative feelings about her appearance). A letter from a registered psychologist was attached to support the request.

The request was denied. When the Service Coordinator assisting the family contacted ISC for information about what could be done to strengthen the request for appeal, ISC gave the example of a child in Ontario who attempted to die by suicide because of their teeth; in that instance, the rationale of mental health was accepted by ISC.

The Service Coordinator explained to the Caring Society that were other children who met with the same psychotherapist about their feelings about their appearance/teeth. However, once the first case was denied (based on the argument of poor self-esteem), families chose not to move forward with applications as they believed they would also be denied, since their children were suffering from similar self-esteem issues.



Despite the above, Atlantic Focal Points continue to send the following advice to Service Coordinators regarding dental requests: "If there are any other supporting documents you can provide, it would greatly strengthen this request. Particularly, if the child has been experiencing any mental health issues that may be affecting her overall well-being that might relate to her need for orthodontics (bullying, lack of self-confidence, etc.). If there's a professional who can provide some support around that, it will help a lot."

In February 2021, Julien Castonguay, A/Executive Director, Jordan's Principle and Inuit Child First Initiative responded to concerns raised by the Caring Society: "There is a lack of consistency in how this information [about orthodontic requests] is communicated to Requestors, and the inference that substantive equality needs to rise to the level of the risk of suicidality in order for an approval is inaccurate. Headquarters will be providing Regional staff with language to utilize when speaking about documentation required. This will avoid unfortunate and incorrect statements and assist with national consistency." The Caring Society followed-up to inquire as to what sort of documentation is required to support a substantive equality request for orthodontic care. To date, no response has been received.

- c. As stated in 1(c), there seems to be a theme of Focal Points delaying Jordan's Principle services for reasons of requiring additional or "better" proof of need. The Caring Society believes this amounts to an administrative delay. Where more information is reasonably necessary to understanding a child's clinical needs, ISC can engage in clinical case conferencing with the licensed professionals already involved in the child's circle of care [see 4(h) for amended 2017 CHRT 35 Orders].

On a call with ISC Headquarters and ISC BC region on June 3, 2020, the BC region expressed that they required licensed professionals to include a diagnosis in order for children to receive the requested services. The Caring Society pointed out that if a treating professional recommends a treatment plan, the role of the Focal Point is to approve or deny the service, not to ask for invasive information pertaining to the child's diagnosis. Per section 6, the Caring Society also has privacy concerns regarding this practice.

- d. At the February 2021 JPOC, ISC indicated that it requires a third-party support letter to support a request when the professional who is recommending the service is also providing the service. Many families live in remote or isolated communities which makes it difficult for families to acquire a third-party support letter. While ISC indicated that it does consider remoteness when it considers asking a family for a third-party letter, it is not clear to the Caring Society if this "consideration" means that letters are not required of families living in remote locations, or how this requirement of additional letters is implemented in ways that do not disrupt or delay service provision to children. A substantive equality lens is required needed in considering families' access to professionals. Further, this process does not consider that professional college bylaws prohibit professionals recommending or conducting services for clients that do not need it. It is unclear to the extent to which ISC has received guidance from professional colleges on this process [see also 2(k) and 4(l)].

In January 2021, the Caring Society was contacted by a family who was experiencing difficulties with Jordan's Principle after placing a request for orthodontic supports. The request was placed in December 2020 and the family did not hear back from ISC for nearly a month. When the family did hear back, it was to indicate that ISC required a "third-party letter of support from a professional within the child's circle of care who can speak to the child's unmet need for orthodontic treatments." ISC also requested the family submit a statement explaining any substantive equality considerations, like financial hardship, as orthodontic treatment is above the normative standard of care. Although the family included the orthodontics treatment plan in the request, the department required a third-party letter as it felt that the orthodontist was going to "benefit." It was only when a family support worker submitted a letter indicating the treatment plan was required and that the family experienced financial hardship did ISC approve the request. The family experienced delays in receiving a determination and also had to engage in administrative procedures in order to meet ISC's administrative requirements.



- e. Further, if ISC has evidence that a service provider is not working toward the best interest of a child or, in a worst-case scenario, causing harm to children, ISC has a responsibility to contact the professional/licensure body and/or the relevant authority. Professional/licensure bodies and relevant authorities have the mandate to conduct site visits and to assess whether or not a service provider is doing what it should be doing in providing safe, high-quality services to children.
- f. We have noticed an increasing pattern whereby ISC denies requests, even on appeal, stating that there are no professional assessments or documentation that links the requested service or support to the child's needs. In most of these cases, the parent or requester has, in fact, provided one or multiple professional letters that meet ISC's policies. When requesters ask what is wrong with the documents provided or what would constitute sufficient documents, there is often no response. These requesters want to provide the necessary information, but they are receiving little or no guidance. Failing to answer families' questions so they can respond with the needed information is an administrative delay and violates the Tribunal's orders. As per 5(h), Focal Points must submit the entire package of information to the national office when they recommend a denial for service.

In September 2020, the Caring Society was contacted by a Service Navigator in ON who was working with a family in submitting a requested for urgently needed home repairs. The request included several pieces of documentation linking the requested items to the needs of the children, including from health and mental health professionals in the family's circle of care. The request was denied on the basis that it "does not ensure substantive equality" and "the supporting documentation provided with the request does not sufficiently link the requested product/service/support to the identified needs of the child." The Service Navigator made multiple attempts to connect with ISC to determine what would constitute sufficient documentation. It was only when the Service Navigator contacted the Caring Society with their concerns and the Caring Society connected with ISC did a Focal Point reach out to the Service Navigator.

- g. The Tribunal has ordered ISC to consider whether a request is being made to ensure culturally relevant service provision. The Caring Society values traditional knowledge, especially in assisting young people with things like mental health. Communities are in the best position to determine how and what this looks like, including costs to support traditional ceremonies. If a denial is given by the Department for traditional ceremonies, the Caring Society would like to know how the decision is made for denials.
- h. The Caring Society continues to flag concerns with BC region's policy of wanting children receiving therapy (i.e. physiotherapy, occupational therapy) to be reassessed every 3 – 6 months in order to verify that the children need continued therapy. Most families have difficulty accessing transportation to get to medical appointments and/or have no consistent family doctor. This creates another barrier for the child to receive the care they need [see also 2(e)].

Possible Remedies:

- i. In cases where the family has submitted a letter from a licensed professional, ISC must clearly indicate why it is asking for further documentation and/or why the letter is insufficient. To ensure that the request is not delayed, ISC should continue to review/process the request on the assumption that further documentation is forthcoming; a final decision can be made pending receipt of the requested information. ISC must also demonstrate an understanding that requiring further documentation may not be feasible for families due to remoteness and/or financial considerations. It is well documented that remote communities do not have access to professionals on a regular basis or at all. Further, many provinces/territories have a fee associated with a doctor's note.



- j. Where more information is reasonably necessary to understand a child's clinical needs and such an action is in the best interests of the child, then ISC must undertake a clinical case conferencing process in which professionals who are already involved with the child's circle of care are consulted.
- k. Focal points and other ISC policy/program staff should not have the authority to over-rule professional recommendations. This authority should be limited to a qualified professional(s) credentialed in the same area, who is prepared to provide a second opinion, can identify that such action is in the best interests of the child and only after a clinical case conferencing process has been completed. There must also be assurances that their assessment of the request will not result in delays for services for the child. In addition, the requester must be notified beforehand that a second opinion is being sought and ISC must articulate clearly why a second opinion is being sought.
- l. While the following example dates back to 2019, we believe it clearly illustrates the importance of respecting the recommendations of qualified professionals already involved in the case, as per the CHRTs order. ISC's requirement of further "proof" in this case led to a significant administrative delay. In July 2019, the Caring Society was notified by a navigator that a request placed for a dental procedure was delayed. The request for a complex dental procedure with anesthesia was submitted on July 9 with a treatment plan from the treating dentist recommending the anesthesia as the procedure was complex. The dentist noted that using anaesthesia meant that the child needs to only undergo one procedure, whereas using other sedation would require her to undergo multiple procedures. Furthermore, the family and medical professional indicated the anaesthesia is the best option due to the child's anxiety about the dental procedure. The request was initially denied as there was no letter from a professional explaining the need for anesthesia. It was indicated that there are "risks associated with general anesthesia, especially for children and for this reason, it is important to have information coming from a health professional explaining why it is necessary." It is unclear if the Focal Point had any qualifications to require this information, nor why the treatment plan from the treating dentist was not sufficient. The request was eventually approved on appeal when a letter from an RN explaining how the child was not cooperative with the dental treatment and the child's anxiety "justified" the need for anaesthesia. Consistent with 8(c), this suggests that cases beyond the normative standard are being flagged as needing additional "proof" of need, even when the treatment plan or request is clearly supported by qualified professionals. Furthermore, it is concerning that ISC did not recognize that the family was in the best place to determine the best interests of their child in this case.
- m. In accordance with the CHRT orders, ISC must consider whether the request is being made, in whole or part, to ensure culturally appropriate service provision for the child or children.
- n. If ISC denies a case because of insufficient documentation, they must clearly articulate what would constitute sufficient and reasonable documentation so that parents are in a position to make an informed appeal.
- o. ISC must develop a process outlining when it is necessary to contact a professional's licensure body when there is evidence that that professional is causing harm to children. ISC must also clarify next steps if the licensure body finds ISC's concerns to be unfounded.

Progress to date:

As of the time of this document, the Caring Society continues to see instances where ISC rejects or questions the validity of recommendations or treatment plans outlined by a professional and/or asks for further documentation from other professionals who are outside of the child's circle of care. The Caring Society also continues to see cases being denied for reasons to do with a lack of documentation linking the request support to the child's needs.



ISC and AFN made a commitment at the February 2020 JPOC meeting to continue working on developing a process for clinical case conferencing. The Caring Society maintains that creating the policy on clinical case conferencing needs to be made priority. The Caring Society provided feedback on the latest rendition of a Clinical Case Conferencing Strategy in May 2020 but has yet to receive a response from ISC nor has an update been provided on the strategy.

9. Service “Gap” and “Normative Standard” Rationales for Refusal

- a. In the last iteration of this concerns document, the Caring Society had expressed that we were pleased to see a decrease in the number of denials related to service gaps or the normative standard. While concerns about service gaps as a reason for denial seem to have been largely addressed, we continue to see denials on the basis of “normative standard” or “service not available to all children” in conjunction with failure to properly assess substantive equality (see also section 1). We maintain that it is ISC’s responsibility to take all necessary steps to ensure that substantive equality has been properly assessed for requests (see also sections 1 and 4).

As outlined in 1(b), the Caring Society was notified by a First Nation who placed requests for an in-community land-based education program and an off-reserve after school program. The First Nation is a remote, northern community in British Columbia and does not have a high school. All children in the community must relocate to an urban centre 400km away to complete Grades 10-12. Both requests were denied partly on the basis that “support not available to all children.” It is concerning that the requests were denied partly on this basis considering this support is not ordinarily available to other children because other children in the province have the opportunity to attend high school in their home community [see also 15(c)]. The Caring Society is uncertain how and why substantive equality would not apply to this request.

In March 2021, the Caring Society was notified of a case involving respite services for family of seven children. Three of the children have special needs and mom is a single parent. Funding for respite services through Jordan’s Principle had been cut by almost 50% with no warning and no explanation other than the service was above the normative standard. Documentation provided by the family showed clear evidence of substantive equality considerations (such lack of other services on reserve, making respite one of the only sources of support) and, in fact, the needs of the family have only increased in the last year. At the time of writing, the family had submitted an appeal to have the level of respite returned to the previously approved level.

- b. The Caring Society has been made aware that, in many instances, ISC will deny requests as above the normative standard, but will not provide information on what they consider the normative standard to be or disclose the source of their information. If ISC references the normative standard in its determination, it must provide a clear statement on what it considers the normative standard to be and provide a link to the source of the information.
- c. The Caring Society has also seen many denials on the grounds of insufficient documentation to determine that the product/service/support would ensure substantive equality. Per section 1, Focal Points have the responsibility to prove “substantive equality does not apply.” ISC is also responsible for ensuring follow-up on cases where the requester did not provide this information. We agree that there are situations out of the control of ISC (i.e., if the requester does not follow up) however there are situations where information can be obtained with follow up, direct work with the requester, and leveraging the support of a Service Navigator and other people in the requester’s circle of care, where feasible.



Possible Remedies:

- d. ISC must immediately communicate to Focal Points and all other relevant staff that a “gap” in services is not a CHRT compliant reason for denial.
- e. ISC must immediately communicate to Focal Points and all other relevant staff that requests cannot be determined or denied based on the normative standard. As per the CHRT, the normative standards represents the *minimum standard only*. Cases where the request aligns with the normative standard should be approved immediately, without question; requests above the normative standard must be determined in keeping with substantive equality, the best interests and needs of the child, and in a manner that accounts for distinct community circumstances.
- f. If ISC finds it necessary to make reference to the normative standard in a particular province or territory, they must state clearly the source of their information and provide a specific link/reference so the information is clear and available to all parties.
- g. ISC must immediately communicate to all Focal Points and all other relevant staff the CHRT compliant requirements for assessing cases.
- h. ISC must review all cases, including those denied on appeal, where the “gap” and “normative standard” reasons have been given and reassess those claims based on CHRT requirements.

Progress to date:

As noted, our concerns in this area have shifted to reflect a growing number of cases referred to the national office for being beyond the normative standard or denied due to lack of documentation about substantive equality as per section 1. We are also unclear as to how the best interests of the child are being considered in decision making as per section 2.

10. Exclusion on the Basis of First Nations Eligibility Criteria

- a. On February 21, 2019, the CHRT ruled (2019 CHRT 7), that urgent, life-threatening cases involving non-status First Nations children recognized by their First Nation must be funded through Jordan’s Principle.
- b. On July 17, 2020, the CHRT ruled (2020 CHRT 20) that First Nations children who will become eligible for *Indian Act* registration/status under S-3 must immediately be considered eligible for services through Jordan’s Principle. Two other categories of First Nations children would be eligible in the future following a further order from the CHRT:
 - i. First Nations children without *Indian Act* status who are recognized by their respective First Nations; and
 - ii. First Nations children who do not have *Indian Act* status and who are not eligible for *Indian Act* status, but have a parent/guardian with, or who is eligible for, *Indian Act* status.
- c. On November 25, 2020, the CHRT (2020 CHRT 36) issued a ruling confirming four categories of eligibility for Jordan’s Principle. These categories ensure that First Nations children living off-reserve without *Indian Act* status but who are recognized by their Nations can access Jordan’s Principle. First Nations children meeting any one of the following criteria are eligible for consideration under Jordan’s Principle:



1. A child resident on or off reserve who is registered or eligible to be registered under the *Indian Act*, as amended from time to time;
 2. A child resident on or off reserve who has one parent/guardian who is registered or eligible to be registered under the *Indian Act*;
 3. A child resident on or off reserve who is recognized by their Nation for the purposes of Jordan's Principle; or
 4. The child is ordinarily resident on reserve.
- d. It is important that ISC communicates the following key points from the 2020 CHRT 36 ruling:
1. First Nations recognize children for the purposes of Jordan's Principle only. This recognition does not extend past Jordan's Principle.
 2. Jordan's Principle is not a fixed budget program—it is a legal obligation of the Government of Canada, meaning as more children are eligible the funding pot expands. This means that recognizing a child for the purposes of Jordan's Principle does not mean another child gets less.
 3. There is funding in the Tribunal order to assist First Nations in setting up a process for recognizing children who do not have status and are not eligible for status if the First Nation does not already have such a system.
 4. In urgent cases where children are likely to experience irremediable harm if they do not get the help they need, Canada will try to contact the First Nation to determine recognition but if unable to reach the First Nation, the child will get the services needed to remedy the immediate risk.
- e. In the previous iteration of this document, the Caring Society had expressed concerns around ISC's approach to prenatal² care programs and the considerations this poses for determining cases. See section 19.

Updates:

As per 10(c), ISC must continue to follow-up with families whose children were previously denied services.

On December 22, 2020, Canada filed a judicial review of 2020 CHRT 20 and 2020 CHRT 36. Both orders remain in place while the judicial review is underway.

11. Group Requests

- a. The Caring Society continues to raise concerns regarding group requests, including: that the process for the assessment of group requests seems very uneven across the regions; delayed determinations; incomplete and staggered requests for information by Focal Points; and consultation by Focal Points with other government departments to assess the legitimacy of the request, rather than assessing the request according to Jordan's Principle CHRT-compliant standards.

² In context of this document, the term "prenatal" also refers to perinatal care and the gestational period before birth.



In March 2021, the Caring Society was notified by a service provider located in Saskatchewan who was working with a number of northern and remote First Nations to reapply to provide supports to children, including pediatrician, physiotherapy, occupational therapy and speech language pathology. The service provider attempted many times since January 2021 to comply with ISC's process and provide the "required" information. However, the service provider felt that the "goal posts" were constantly being moved as they worked to provide the required information. Indeed, the service provider had at least two meetings with ISC to determine what ISC required, but did not receive a straight answer until the service provider indicated they had contacted the Caring Society for guidance. Eventually, ISC indicated that it required a referral and summary for each individual child detailing their needs.

- b. More recently, the Caring Society has been made aware that the process for group requests has become similar to the standard government process for proposals, requiring a level of work and detail that is beyond the operational capacity of many First Nations agencies and organizations. We have heard that some Service Coordinators have stopped considering group requests altogether, for these reasons.
- c. We have also heard concerns about ISC's policy of funding group requests on a per child basis. Per capita funding for group requests requires that Service Coordinators (or others submitting a request) provide an estimate of the number of children who will take part. However, the reality is that children move in and out of programs, some children may leave the program and new ones will join. Service Coordinators have expressed concerns about the ramifications if the numbers in the group request end up being different from the make-up of the actual program. For example, what if the request was to run a program for 40 children and only 32 end up taking part? Conversely, because funding is based on the predicated number of children, the only way to ensure that funding is sufficient is the cap the service/program. This means that if interest or need is high, children may be turned away or denied access, which violates the spirit of Jordan's Principle.

Closely related to these concerns are questions about responsibility for ensuring that the roll-out of funded programming or services matches the terms of the group request. For example, if the request was submitted on behalf of a community agency, who is responsible for tracking the kids and meeting the outcomes stated in the request? Is it the Service Coordinator agency or the agency providing the service? Service Coordinators appear to have concerns about repercussions if ISC perceives the group requests is not managed "properly".

- d. Child and Family Service Agencies are entitled to apply for services, including through group requests, through Jordan's Principle. As the Child and Family Services Program falls under ISC and ISC is bound by the Tribunal orders, the Caring Society believes that if a request is made by an agency, ISC must provide the agency with the necessary information to apply for services through Jordan's Principle. In the June 2020 concerns document, the Caring Society provided the following example:

In May 2020, we received an email from an organization in Atlantic region with concerns about accessing Jordan's Principle funding. When they tried to submit a request through Jordan's Principle, most of the products/services were denied and the organization was told to utilize their prevention dollars under the child & family services program. This is contrary to the spirit of Jordan's Principle as well as the CHRT orders.

- e. In May 2020, the Caring Society reviewed the current request forms being used by ISC. The group request form included evaluation mechanisms. It is unclear how these evaluation mechanisms are funded and why they are required when there is already a requirement for a professional to link the requested service to a need. Reporting requirements pose a barrier to many communities who may not have the capacity to fulfill this, especially without capacity funding, and speaks to the concerns raised above about group requests becoming a standard proposal process.



- f. In March 2021, it came to the Caring Society's attention that ISC had engaged in multiple information requests with an organization run by several First Nations in Alberta when they submitted a group request for speech language supports. Among the information requests, ISC required the organization to provide detailed information of each individual child who would receive services, including their diagnoses. This requirement was in opposition to the professionals involved who specifically indicated that diagnosing children when they simply needed support could pose a long-term issue for the child and was not in their best interest [see also section 1 and 8]. This example speaks to inconsistencies in decision making across the country, as Service Coordinators in other regions have indicated that an estimate of the number of children who will be served through a group request is sufficient to support the request. Furthermore, requiring communities to submit detailed information for each individual child raises serious privacy issues, as detailed in section 6.

Possible Remedies:

- g. ISC must clearly communicate with Focal Points and others involved in Jordan's Principle cases that Jordan's Principle is not a last resort measure and it is not a fixed-budget program but a legal principle. Additional training should be provided to ensure this point is clearly communicated and understood by all Focal Points.
- h. Focal Points are required to encourage group requests through Jordan's Principle, especially when they see a gap in service or a need not being met.
- i. ISC must commit to revising the process for group requests (request forms) in a way that is expedient and that reflects the reality of communities, including removing any burdensome reporting requirements from the forms.
- j. ISC must determine mechanisms for funding group requests that do not rely on a strict per capita approach. Given privacy considerations, group requests should be based on general information about the population requiring services and should not require detailed information about specific children. Under no circumstance should ISC communicate that a formal diagnosis is required to receive services.
- k. Reiterate to Focal Points and others involved in Jordan's Principle that the CHRT timelines are legally binding.
- l. There needs to be more transparency on the process for appeals of group requests.
- m. There is a need for capital costs to allow for the provision of services per group requests (see also 16).
- n. Once a request is submitted, Focal Points must make a determination and not ask for the request to be submitted in a different way.

Progress to date:

The Caring Society and other members of JPOC/JPAT provided comments on both group and individual request forms in June 2020. The Caring Society has not received feedback on provided comments nor word on when the updated group request forms will be made available.



12. Service Coordinators and Navigators

- a. The Caring Society continues to stress the importance of ensuring that Service Coordinators/Navigators have adequate knowledge of the CHRT orders and are supported to assist and to advocate for families and children; support includes adequate and consistent funding from ISC. Support for Service Coordinators/Navigators also needs to include liability protection and provisions of professional training, audits, and access to mental health support. The Caring Society also stresses the importance of uninterrupted funding for service coordinator/navigator positions and organizations during the fiscal year transition.
- b. We have been told that turnover in Service Coordinators is high in some areas due to high workloads (caseloads) and concerns over job stability as contracts are often limited to the fiscal year. Service Coordinators report that colleagues will often transfer laterally to other positions within the organization/agency that are considered "more stable" with long-term funding. Nova Scotia organizations have had turnover in Service Coordinators as often as every 3-4 months. In other situations, First Nations agencies/organizations find themselves having to cash manage to cover Service Coordinator salaries when confirmation of funding from ISC is delayed. In terms of caseloads, we heard from one Service Coordination agency that they currently have a caseload of 660 requests and four Service Coordinators; they qualified for only one Service Coordinator because the federal government was basing Service Coordinators on population (per capita). This approach is problematic as population size is not a reflection of need and does not take into account substantive equality.

Furthermore, our understanding is that ISC provides funding for case management only, with no funding for managers or policy development. Given that Service Coordinators are working with private health related information, funding for policy development and implementation in the in the areas of privacy obligations and data collection is crucial.

- c. There have been numerous instances where staff in the regions or the national office have communicated decisions to families but not to the Service Coordinators/Navigators they had been working with. Families choose to work with Service coordinators/Navigators to help with the Jordan's Principle process so Focal Points cannot circumvent families' wishes and exclude them from further communications. In keeping with section 2, Focal Points and the national office must respect the self-determination of families who have chosen to work with Service Coordinators/Navigators as well as the self-determination of First Nations communities to provide assistance to their community members for services through Jordan's Principle through service Coordinators/Navigators.
- d. Conversely, we are also concerned about the burden felt by Service Coordinators in terms being tasked with assisting families, but at the same time having no power over whether the request is approved, and no recourse for ISC employees or regions when decisions are delayed or when requests are denied with little to no information explaining the reasons for the denial. Service Coordinators lose credibility with families when they cannot explain why the service has been denied or what information families can provide to appeal successfully.



- e. In addition, we are concerned about the burden felt by Service Coordinators in terms of responding to misinformation about Jordan's Principle. One of the most common rumors heard by Service Coordinators in the Atlantic is that Jordan's Principle is "ending." They reported a pattern of communities/organizations not wanting to partner to provide services due to the perception that Jordan's Principle funding is unreliable. "You don't have permanent funding," and "We don't want to partner with you to start up a program for kids, only to risk having it taken away from them when funding ends" were cited as common responses. While Service Coordinators respond by saying that Jordan's Principle is a legal rule and cannot be cut, organizations and communities see Canada filing for judicial review of CHRT decisions and do not believe the government's commitment is permanent or reliable.
- f. The Caring Society has become aware of individuals and organizations who purport to act as advocates for families accessing Jordan's Principle. In March 2020, we became aware of one such organization attempting to bypass the health and education protocols of one First Nation and work directly with families, despite formerly working for that First Nation and no longer having the support of that First Nation. Not only is this against the self-determination of the First Nation, but it is also against the best interests of children (see section 2). Further, this organization seems to also be attempting to be a national voice addressing barriers to accessing services through Jordan's Principle without any approval from the CCCW, JPOC, CHRT, or Jordan River Anderson's family (that we know of). The Caring Society flagged this organization for ISC in the spring of 2020 and they said they would follow-up. As of April 2021, this organization is still up and running.
- g. By March 31, 2021, the First Nations Health Authority (FNHA) in British Columbia will no longer be providing the Jordan's Principle service navigation function. Numerous families have reached out to the Caring Society to indicate that this transition is exasperating the difficulties they are already experiencing with Jordan's Principle.

ISC indicated that as of March 2021, 39 agreements have been initiated to place Service Coordinators in local communities. ISC has also implemented a BC Jordan's Principle Service Coordination HUB which will act as a province-wide resource for service coordinators, providing ongoing training, tools and a community of practice. While these steps are encouraging, the Caring Society is concerned about the impacts the transition will have on First Nations communities and families given previous challenges we have seen with ISC and expediency. Furthermore, it remains to be seen if these steps will be sufficient to address the low per capita rate in BC. It is also unclear how or if ISC has ensured that new BC Service Coordinators have adequate knowledge of the CHRT orders [see also 12(a)]. ISC is still responsible for CHRT compliance and ought not "downgrade" that responsibility to the community level.

Possible Remedies:

- h. ISC must continue to approve additional staff where heavy workloads are reported to ensure that children and families receive timely and quality service on Jordan's Principle cases per the CHRT orders. ISC has the legal obligation to ensure children's access to Jordan's Principle is met and that includes providing adequate and sustained support for Service Coordination bodies.
- i. ISC must give greater attention to its national communications strategy to combat misinformation and rumors about Jordan's Principle. On evidence that ISC is ready to move forward with robust communications strategy, the Caring Society can provide guidance on misinformation that we believe needs to be challenged.
- j. ISC must commit to responding to questions and concerns raised by Service Coordinators within the CHRT timeframes. When requests are denied, ISC must provide detailed information about the reasons for the denial so that Service Coordinators can assist families in submitting a proper appeal.
- k. An Ombudsperson function for Jordan's Principle is required as a matter of priority.



- i. While ISC has taken the lead on addressing the situation outlined in 12(c), there needs to be longer term solutions to ensure that families and communities are not taken advantage of by individuals and organizations claiming to be advocates.

Progress to date:

As of the writing of this document, the Caring Society continues to wait for an update from ISC on the organization outlined in 12(f).

ISC has engaged Naomi Metallic, Hadley Friedman and Shelby Thomas to undertake the process of researching, conducting interviews, etc. to make recommendations on the best way forward for the Ombudsperson function.

13. Inconsistent Decisions and Handling of Cases

- a. The Caring Society continues to have concerns about inconsistencies across the provinces/territories in working on cases, working with requesters, and delivering decisions. There continues to be inconsistencies within regions in terms of requests being approved within the region or escalated to HQ when the content of the request is the same.
- b. We continue to notice a pattern where decisions are not being given to requesters in a CHRT-compliant timeframe. In December 2020, it came to the Caring Society's attention that the Ontario region is engaging in an administrative procedure consisting of sending "notification of the denial decision" ahead of sending out an "official denial letter." The notification does not contain denial reasons which leaves many families confused. Particularly when a denial is issued on appeal, it also leaves families in a position of having to decide whether to submit a judicial review within the 30-day timeframe without understanding the reasons for denial.
- c. Further, as seen in 12(e), we know there is misleading and incorrect information from some Focal Points in regions. For example, in March 2021, the Caring Society was contacted by a family in Saskatchewan who had contacted Jordan's Principle in Summer 2020 to place a request for home modifications but were told that it was not eligible [see also 16(c)].
- d. As seen in section 1, the Caring Society is seeing inconsistent approval data across provinces/territories. Following a request through the CHRT for ISC's number of approved requests, the Caring Society created a chart (see Table 1 in section 1) with per capita calculations for approved Jordan's Principle services/products by region. The number appear to be low for many regions. The British Columbia region is at the lowest in the country with 0.1 products/services per child. Meanwhile, the Ontario region, which is demographically similar to the Manitoba region, is at 1 product/service per child versus Manitoba at 4 product/service per child. Canada has not shown reasonable evidence that these regions have fewer children in need. Instead, this data suggests inconsistencies across regions in decisions and handling cases.
- e. Conversations with Atlantic Service Coordinators between November 2020 and February 2021 for research conducted by the Caring Society found inconsistencies in decision making by ISC to be an area of concern across this region. Concerns were raised by about inconsistent decision making between focal points within the same province, between provinces, and between decision makers at the national level. Inconsistencies are compounded by the absence of clear information in ISC denial letters to families about why the request was refused. Service Coordinators lose credibility with families because they cannot explain why the service has been denied or what information families can provide to appeal successfully.



Possible Remedies:

- f. Continue to train Focal Points and ISC staff at all levels on the CHRT orders, including that the orders are not recommendations but legally binding orders.
- g. Ensure that the SOP's are in line with feedback from parties to the CHRT. Continue to update and train Focal Points and staff at all levels on the SOP's to ensure children access Jordan's Principle in a similar way across the country pursuant to the CHRT.
- h. Although normative standard differs per province/territory, there must be consistency across the country to ensure that the substantive equality lens is used for all requests.
- i. As per 13(c), an advance notification of denial is inconsistent with the spirit of the Tribunal's orders and confusing and discouraging for families/requesters. Particularly with instances of denial on appeal, families have a right to fully understand reasons for denial and have a right to submit an application for judicial review. ISC must be clear about reasons for denial right away without engaging in administrative procedures and without relying on boiler plate language.

Progress to date:

Although many children are now receiving services as result of the CHRT orders, the Caring Society continues to see room for improvement in terms of consistencies across all Focal Point teams and others working on Jordan's Principle. Given ISC's discriminatory policies and practices, it is especially important to ensure that First Nations children, families and communities are given the best treatment in service delivery. This means treating families with dignity and respect, and in a manner that is accessible and is culturally relevant.

On a call with the national office in September 2020 and in a follow-up email in October 2020, the Caring Society recommended that ISC perform random audits of denied requests and requests that did not meet the CHRT time frames for determination for a particular Focal Point region. ISC indicated that they would be making this a priority. The Caring Society recommends this process be implemented in all regions to ensure consistency and oversight. As of April 2021, the Caring Society is not aware of progress, if any, regarding quality assurance of denied requests.

14. Coordination with Other Government Departments and Gaps in NIHB Funding

- a. The Caring Society continues to raise concerns about gaps in federal programs and funding for First Nations, particularly NIHB, as a factor contributing to the number of Jordan's Principle requests. Families and communities may need to go through Jordan's Principle to access services because the NIHB program remains discriminatory (does not fund the range of services and supports available through the provinces and territories). NIHB response times are also slow, the process is burdensome and as such does not meet the needs of children in a timely or needs-based way, even when the service is covered. Given the long-standing issues raised by First Nations about the NIHB program failing to meet the needs of First Nations children, the Caring Society has concerns about how NIHB policies are being used to inform Jordan's Principle decisions. We are uncertain as to whether NIHB staff trained on the CHRT orders and, as such, whether their guidance/recommendations to Focal Points properly align with the principles on which Jordan's Principle decisions must be based: of substantive equality, best interests of the child, distinct community circumstances, and the needs of the child.



For example, in a call between the Caring Society and ISC on April 7, 2021, the acting Executive Director of Jordan's Principle discussed how NIHB policies on dental care and orthodontics are being used to inform the development Jordan's Principle policies in this area. As per the CHRT orders, the Caring Society maintains that policy development and decision making through Jordan's Principle must be based **substantive equality**, the **best interests of the child**, be **needs-based**, and **account for distinct community circumstances**. Requests that demonstrate these principles must be approved. Reference to NIHB policy is unnecessary to determine Jordan's Principle requests. The delay in developing policies and procedures regarding dental requests amounts to an administrative delay detrimental to the well-being of First Nations children and is contrary to the Tribunal's orders.

- b. While ISC funds a wide variety of community-based programs that may apply to a request, Jordan's Principle Focal Points have a responsibility to provide services to First Nations children and families without delays. Per 2017 CHRT 35, if a service or product is available through another ISC program, the requested service should first be covered under Jordan's Principle and costs recovered after.
- c. As described in 1(e) the Caring Society was notified by a First Nation in June 2020 that they were experiencing delays in hearing the determination for an in-community land-based education program. The Caring Society escalated the concerns and were told that the region is exploring "other funding options for this request." Although the national office indicated that inquiries into other funding options would not affect the timeframe for determination, the request was already delayed by three weeks. The request was eventually denied and ISC indicated that options were available through a provincial program [see also 9(b)]. The Caring Society is on record as disagreeing with this decision.
- d. Conversely, if the decision has been made to deny supports through Jordan's Principle, we note that Focal Points should be liaising immediately with other ISC departments (as well as the Province/Territory and First Nations agencies) to find out what services are available for families. The Caring Society has also suggested that Focal Points be provided with a quick reference document outlining what ISC services/programs other departments have available [see also 15(i)].
- e. ISC needs to ensure that all Service Coordinators and Navigators are adequately supported in assisting children and families in making requests through Jordan's Principle. Service coordinators and navigators often juggle extremely large caseloads, and it is unreasonable for them to have to connect families with community or off-reserve resources rather than submitting requests through Jordan's Principle. For example, the Caring Society has been made aware of one agency in the Atlantic having a caseload of 660 Jordan's Principle requests and with funding for four Service Coordinators. The Caring Society acknowledges that Focal Points are also dealing with high caseloads, however, responsibility for implementing the Tribunal's orders lies at the federal level. It is ISC's responsibility to ensure human resources are sufficient at both the federal and community levels to ensure the proper implementation of Jordan's Principle.

Possible Remedies:

- f. ISC must set a hard deadline for developing a policy on dental and orthodontic requests through Jordan's Principle. ISC must demonstrate how the policy is based on substantive equality, the best interests of the child, is needs-based, and accounts for distinct community circumstances.
- g. ISC national office to provide Focal Points with direction on when it is appropriate to liaise with broader ISC staff and to remind staff that NIHB processes and standards must not be used to assess or determine requests – this applies to both individual requests and group requests, including the timeframes for rendering a decision.



- h. Reiterate to Focal Points that administrative conferencing, such as meetings with government departments, must not delay the timely resolution of cases as per CHRT timelines.
- i. Clearly articulate and train Focal Points on their responsibilities in terms of coordinating with other programs or departments to ensure services when the request is denied under Jordan's Principle.
- j. Focal Points have lists of common services (i.e., respite, mental health supports) based on province/territory and where families can access them whether it be from other departments or through the Province or a First Nations agency. Reiterate that this list is only to be used in cases where the request has been denied, after a proper assessment on the basis of substantive equality, the best interests of the child, distinct community circumstances and the needs of the child.
- k. The federal government must commit to the Spirit Bear Plan to end inequalities in public services for First Nations children, youth, and families. The Caring Society maintains that the large volume of Jordan's Principle requests is directly related to the ongoing barriers and discrimination embedded in all other federal services for First Nations children. Families need to access services through Jordan's Principle because the programs like NIHB are burdensome and fail to meet the real needs for First Nations children. Other community-based requests, such as requests for recreation programs, infrastructure, etc., are also likely directed to Jordan's Principle because of a broader, government-wide failure to properly fund these services. Requests to Jordan's Principle will remain high unless the government commits to full and proper implementation of the Spirit Bear Plan and until all ISC departments adopt the principles of substantive equality, and best interests of the child, as outlined by the CHRT.

Progress to date:

As of April 2021, the Caring Society is unaware of any current progress that has been made with regard to ISC addressing gaps in NIHB funding and coordination with other government departments.

15. Cultural Shifts

- a. The Caring Society maintains that many of the concerns outlined in this document, such as requests for further information, consultation with other departments, etc., appear tied to a culture of restraint and, perhaps, the fear of "mistakenly" approving a case. In some offices, the culture of restraint seems to outweigh the principle of substantive equality or the best interests of the child.
- b. The Caring Society believes cultural shifts need to happen at both the individual and systemic levels and that staff need to undergo training on an ongoing basis to ensure that they are delivering services in ways that are respectful and that preserve the dignity and respect of the requesters. Cultural shifts will not occur via a one-time training session. This is particularly the case given the high turnover/movement and growth amongst Focal Points; staff who took part in the early training sessions on the CHRT orders have likely moved on to new positions.
- c. Cultural shifts also need to happen at all levels and in all teams of ISC in order to ensure that employees are comfortable being in their roles as public servants and assisting the public. While we understand that loyalty to the ISC is important, the most important role of a public servant is to assist the public. Given the long history of discrimination and inequity for First Nations peoples, it is essential that those working in ISC build trust with those they are working with and for.



It is clear that this shift has not yet happened in all regions. In October 2020, the Caring Society received the following email: "Jordan's Principle staff have made it impossible to work with them. I therefore do not champion their cause and question the integrity of the organization". While we understand that it may be challenging at times to assist requesters, ISC has a responsibility to train its employees adequately to help parents and others who often face additional hardship. All ISC employees must act with kindness, understanding and empathy [see also 16(d)].

- d. Given that Caring Society continues to hear, on a regular basis, about requests being denied based on the normative standard or insufficient information, it appears that many Focal Points continue to struggle with the meaning of substantive equality, including what structural barriers look like for families including living in hardship, caring for a child with a lifelong disability, living in a community with contamination, among other situations. This also relates to section 18 where requesters are expected to pay for services upfront even though many First Nations families and communities are living in poverty. Again, this points to the need for ongoing training.
- e. In addition, larger systemic issues within ISC itself need to be addressed so that the ISC teams working to support First Nations families and children feel safe and supported. In April 2021, the APTN released an article revealing a toxic working environment for ISC staff. Like many others, the Caring Society has heard concerning reports of an environment that does not support staff who raise concerns with the handling of Jordan's Principle requests or the experience of families who access Jordan's Principle.

Possible Remedies:

- f. ISC national office to send a message to all staff stating that ISC is committed to the best interests of the child and substantive equality that ISC would prefer staff to "err" on the side of the child by approving cases, rather than erroneously denying them. ISC national office to reiterate that staff will not be penalized for erring on the side of substantive equality and the best interests of the child. This would help address any anxiety staff may feel about the decision-making process in regards to Jordan's Principle requests.
- g. The Caring Society recommends ongoing mandatory training about the CHRT orders and issues like structural barriers so that Focal Point teams have a better understanding of differing worldviews and experiences. This training must emphasize that Jordan's Principle is a legal obligation resulting from decades of harms and discrimination against children. Such training may be needed to address any feeling or perception on the part of ISC staff that products and services provided by Jordan's Principle are "benefits", when they are properly understood as rights.

Progress to date:

ISC has begun to pilot training for staff on five topics identified by the CCCW as necessary for public servants working on Indigenous issues. The first module, "Adverse Childhood Experiences & Historical Trauma" was piloted in February 2021. This initial test pilot will assist in determining the effectiveness of the online delivery. A member of Caring Society staff participated in the training and reports that it was well-done.

The Caring Society is not aware of the timeline for broader rollout of the piloted module or the other four modules/topics identified by the CCCW.



16. Capital Costs

- a. ISC's authorities divide capital requests into two categories: minor capital and major capital. Anything below \$5,000 is considered minor capital, and anything over is major capital.
- b. We continue to push for coverage of major capital costs to ensure adequate space for the provision of services for group requests. Even if a group is granted funding to provide a service through Jordan's Principle, there is sometimes no adequate building or place from which to provide the service.
- c. The Caring Society continues to hear from families and service coordinators/navigators that they are told by focal points that even minor capital costs are not "eligible" under Jordan's Principle.

In March 2021, the Caring Society was contacted by a family in Saskatchewan who was having difficulties accessing Jordan's Principle supports for minor capital costs, including home accessibility modifications. The home was not wheelchair accessible and the child's mother had to carry the child in and out of the home. The family had contacted Jordan's Principle in Summer 2020 to place a request but were told that home modifications were not eligible [see also 13(c)].

- d. As of February 2021, the experience of Service Coordinators in the Atlantic is that capital requests "can be done" but require a lot of back and forth. The process was described as "not easy" with "a lot of hoops to jump through." Appeals are often required.
- e. The Caring Society has heard reports of ISC requiring First Nations communities (bands) to split or cover the cost of some home modifications. This practice is inconsistent with the spirit of Jordan's Principle.

Possible Remedies:

- f. The policy of limiting capital requests to those that "directly related to the needs of children" (see below, under "Progress to date") is inconsistent with the lived reality of many First Nations communities in which services are limited by lack of infrastructure. ISC must make provisions to expand support for major capital costs under Jordan's Principle.
- g. According to ISC's FNCFCs program terms and conditions, as of August 2020 there are funds available for agency capital projects including new builds. It is not clear how ISC determined that agency funding is in the best interests of children in FNCFCs care, but not those children receiving supports through Jordan's Principle.
- h. The Caring Society requests further information about why and in what circumstances ISC would require the First Nation (band) to split the cost of the request and/or why ISC would deny the request on the grounds that the cost should be covered by the First Nation. The Caring Society is unclear on ISC's reasoning in this regard.
- i. ISC must immediately communicate to all regions its commitment to capital costs and remind regions that discouraging families to request an item due to its "ineligibility" is a denial.



Progress to date:

In addition, in her cross-examination before the Tribunal in May 2019, Dr. Valerie Gideon confirmed that Jordan's Principle authorities allow for capital expenditures over \$5,000 to make capital improvements associated with a child's specific needs related to their direct living environment. Requests must directly address the needs of the child(ren). New builds or even infrastructure modification not directly related to the needs of children (i.e. expanding a health centre was the example given in transcripts), is not something ISC has the authority to do. Dr. Gideon indicated in the same transcript that there is no cap on major capital requests.

Further work is still needed to inform Focal Points, Service Coordinators, and family/community members that capital costs are covered under Jordan's Principle. In the Caring Society's experience, this information is still not widely known.

17. Payment

- a. The Caring Society continues to receive numerous reports/calls from families, Service Coordinators/Navigators and groups experiencing significant delays in payment for services and products. ISC has committed to processing invoices within 15 business days of receiving invoices. However, it seems this may be an on-paper commitment only. Previously the Caring Society had flagged Ontario, British Columbia, Alberta and Atlantic as having a clear backlog of invoices and a lack of staff to process invoices, resulting in delays. ISC has a responsibility to ensure timely payments, especially in light of COVID-19.
- b. Payment delays cause significant stress for many families living in situations in hardship as well as for those delivering services. While a 15-business day turnaround may seem fast in standard government terms, ISC payment timelines, even when working on schedule, do not support the lived realities of some families. The Caring Society is also cognizant that not all regions adhere to the 15- business days for payment. As recently as November 2020, a service provider in ON had still been waiting for reimbursement for costs from September 2020.
- c. The Caring Society remains mindful that it is extremely challenging for families to retain services providers, like respite workers, and almost impossible to keep the service if payments are delayed. While services are not technically delayed, payment delays and complaints from unpaid merchants and service providers cause families significant stress and frustration. In too many cases, families are losing service providers or are forced to pay providers out of pocket, which is often a huge financial burden.
- d. We remain concerned about ISC's record keeping in regard to payment timelines/compliance being skewed. In our dealings with the financial department, it would seem that finance personnel "turn on the clock" when they receive all relevant information from Focal Points, or when they themselves have time to start working on payment. As such, the "clock" does not actually start when families submit their information; invoices and payment information may well be sitting in the Focal Point's (or finance person's) inbox for weeks before attention is given to the file. There have been instances of Focal Points or Finance not promptly notifying families when documents do not meet ISC financial standards, resulting in further delays on an already delayed system. Even in cases when invoices have been missed by Focal Points or ISC personnel, finance personnel insist there is no way to expedite the process.



- e. The Caring Society continues to receive reports that the ISC procedure of requiring families and communities to pay for the approved services/products in advance is a barrier. In keeping with substantive equality, many families and communities do not have the capital to support this and may be a barrier to the family/community fulfilling the request.
- f. There is no process for families to complain about payment delays.

Possible Remedies:

- g. ISC must ensure adequate staffing to process payments in keeping with the 15-business day commitment.
- h. ISC must implement policies that ensure the payment “clock” starts with the date the invoice is submitted, and not when finance personnel begin working on the file. This policy is needed to ensure accurate tracking of payment timelines.
- i. ISC needs to establish a mechanism for advanced payment that recognizes financial hardship as an issue that many families struggle with. Alternatively, ISC needs to assume responsibility for establishing and coordinating direct billing (at present, it seems that families who cannot wait for reimbursement are expected to navigate this option on their own). At a minimum, Focal Points must help families find appropriate options in keeping with substantive equality that will support direct billing or advance pay.
- j. Consistent with section 15, ISC staff working on Jordan’s Principle require training on the realities of financial hardship, in order to increase sensitivity to family concerns to payment delays. A reimbursement of a few hundred dollars might seem a small amount to some, especially to those with secure jobs and salaries and/or who are used to processing payment for big ticket items, but for others, this amount may be the difference between “making it” or not.
- k. Steps should be taken to ensure email addresses are shorter and user-friendly; this includes the Jordan’s Principle Finance email (sac.principedejordanfinance-on-financejordanprinciple.isc@ISC.ca) which is inaccessible (and even had a typo in previous versions of this document).

Progress to date:

The Caring Society has been flagging payment delays in the Ontario region for at least two years. It is still not clear whether ISC has taken extraordinary measures to ensure that children and families are supported. We believe that extraordinary measures should have already been put in place given ISC has known about this issue and cannot seem to overcome roadblocks with regard to payment.

At February 2020 JPOC, ISC confirmed that they are in the process of submitting a request to Treasury Board for acquisition cards for Focal Points. The Caring Society followed up with this process on 25 August 2020. ISC agreed with the Caring Society’s conclusion that work on this matter was just beginning in August 2020 despite ISC assuring JPOC that work was underway in February 2020. ISC indicated in its August 2020 Acquisition Cards Workplan that the process will take the department into February 2021. It was unclear to the Caring Society if families will begin to receive payment assistance through departmental acquisition cards beginning in February 2021. At the February 2021 JPOC, ISC indicated that the process had been delayed due to a change in the government’s provider. ISC has not indicated when acquisition cards will be in operation.

At the February 2021 JPOC, ISC indicated that some regions have determined that they will not require acquisition cards. It is not clear how the regions determined this.



ISC also confirmed that there is a process by which reimbursements can be expedited for families experiencing financial hardship. Although this is a band aid solution to a problem that requires a long-term solution and it seems to be up to families to trigger this process, this might be something that needs to be implemented across all regions until such time that ISC can manage to process reimbursements in a timely manner.

Some First Nations Navigators in Ontario now have agreements in place that allow them to reimburse families or pay for services directly once a request has been approved by ISC national office.

18. Maternal Health and Prenatal Care

In previous versions of this document, the Caring Society raised the following concerns:

- a. On January 12, 2019, Leila Gillis confirmed by email that the current definition of child under Jordan's Principle is birth to age of majority. The Caring Society disagrees with the exclusion of maternal and prenatal services.
- b. Whereas ISC has framed the issue as being about the "definition of a child" the Caring Society still sees prenatal services as a matter of maternal health. The Caring Society has expressed concerns about federal child welfare legislation—which is a non-voluntary service—having jurisdiction prenatally without conversations with all First Nations, First Nations child welfare experts, and First Nations women's organizations. However, requests under Jordan's Principle are voluntary by nature, meaning it is families themselves who are asking for help and support. The demarcation between voluntary and involuntary service provision is critical. Requests made under Jordan's Principle are much different from the involuntary context of child welfare where caution needs to be exercised in regard to prenatal intervention.
- c. Given the voluntary nature of Jordan's Principle and the significant evidence regarding the benefits of maternal and prenatal care, the Caring Society supports individual and group requests for maternal and prenatal services under Jordan's Principle. In terms of group requests, we support requests for services where there is demonstrated need (i.e., waitlists for midwifery services or lack of culturally based services) and where participation in such services/programs is voluntary.
- d. In her correspondence of January 12, 2019, confirming the exclusion of maternal and prenatal services, Leila Gillis stated that Focal Points are expected to work with expectant mothers to access the requested services (i.e., the Focal Point could connect with the Maternal Child Health Program for support). As such, it would seem that ISC is already providing maternal and prenatal services on a voluntary basis. As such, extending this support to Jordan's Principle is not outside the scope of ISC's current mandate.
- e. The Caring Society has also received inquiries regarding non-First Nation mothers of unborn First Nation children requiring prenatal services.

Case Example: Midwifery

- f. As ISC knows, the Caring Society supported the Tsuut'ina Health Centre (Alberta) in their application for midwifery services under Jordan's Principle. The Nation approached Jordan's Principle Focal Points after being repeatedly bounced between Alberta Health Services (AHS) and the First Nations Inuit Health Branch, indicating an ongoing jurisdictional issue between levels of government in terms of responsibility for services. Tsuut'ina started the request process in June 2018. The request was ultimately denied in August 2018. The proposal for midwifery was denied based on "no gap in service" and "no medical basis upon review." The rationale was later changed to "no gap in services" and "no evidence to support substantive equality."



- g. In December 2018, Tsuut'ina was advised by ISC that there are no federal funds available for midwifery under Jordan's Principle or through any other federal department. Tsuut'ina subsequently contacted Alberta Health Services to explore funding options, as per ISC's advice, but in January 2019 were advised that provincial funds are scarce with no immediate solutions or ideas to meet the funding gap.
- h. We are aware that ISC has offered to fund/partner with the Tsuut'ina Health Centre to develop a model for midwifery in Indigenous communities. The Caring Society questions the utility of this offer, as there is no indication that the development of such model would translate into funding or the ability to actually implement it.

Case Example – High-risk Pregnancy:

- i. Also in January 2019, we were advised of a case where a pregnant mother with multiple children was on bed rest due to age and it being a high-risk pregnancy. She was not able to do housework or lift objects – yet still needed to care for her other 2 children. She needed assistance with housekeeping chores to assure that her child could come to full-term.
- j. As stated in 19(d), ISC has advised that in such cases, Focal Points are expected to work with the expectant mother to access the requested services through the Maternal Child Health Program. Given that the Caring Society was contacted for assistance in regard to the above case, it seems as though Focal Points are not meeting this expectation [also consistent with section 14]. In this instance, it seemed clear that the mother's short-term medical condition made it difficult for her to care for her children or meet their needs fully. The Caring Society is aware of cases where in-home family support has been funded to ensure the safety and well-being of children when parents need mental health support; the same standard should apply to medical issues for expectant mothers.

Case example – Car Seats:

- k. Infants leaving the hospital are required to leave in car seats – go home to beds or cradles, have clothing and diapers – and have other baby equipment as required for all children. For First Nations parents with financial constraints, there may be barriers in provision of these items, resulting in prolonged stays at the hospital and undue stress on mothers/parents.
- l. In her correspondence of January 12, 2019, Leila Gillis stated that car seats are beyond the normative standard, but in the best interest of the child. She indicated that regions should be considering this and looking at requests from a substantive equality perspective on a case-by-case basis.
- m. The Caring Society has concerns about the “case by case” approach for approval of car seats and other necessities. First, we are concerned that such requests are being automatically redirected or denied, due to the “birth to age of majority” rule. As stated above, there is no indication that Focal Points are actually working with expectant mothers to access the requested services. Second, babies cannot be discharged from hospital without a car seat and keeping babies in the hospital unnecessarily is not in the best interest of the child. The time for filing and processing a Jordan's Principle case and getting the seat paid for after birth is long. Requiring families to wait until birth to apply for help leaves babies in the hospital unnecessarily and causes hardship on the mothers/parents.

Possible Remedies:

- n. In regard to the case example of car seats, the Caring Society recommends ensuring that an advance payment or pre-authorization of the purchase be readily available for expectant mothers/parents. See section 17 for more on advance payment and pre-authorization.



Progress to Date

As of April 2021, the Caring Society is unaware of any current progress that has been made with regard to maternal health and prenatal care.

19. Post-majority services

- a. The Caring Society has serious concerns regarding the lack of post-majority services available through Jordan's Principle. This concern has also been raised by First Nations partners at a number of JPOC meetings.
- b. The process for supporting the needs of post-majority youth through Jordan's Principle is unclear. As recently as March 2020, we received a notification from a parent that we had been assisting previously, whose son requires respite and medical care. There had been a commitment from the Manitoba region to cover the services until age 21. ISC has rescinded that decision when the family had to make the difficult decision to move out of the community and into an urban setting in Alberta (which is close to their community) as the travel was becoming too much for the family. The Focal Point assisting in the case claimed to have 'bridged the gap' however the recommendation was for a service that the requester's son did not even qualify for. That post-majority support was approved by one region and denied by another points to inconsistencies between regions and the need for evidence-based direction from the national office.
- c. Research conducted by the Caring Society with Service Coordinators in the Atlantic for a resource guide on Jordan's Principle and children with disabilities and special needs found post-majority support to be a major area of concern across the region. In many cases, it appears to be the provinces stepping up to continue services when young people "age out" of Jordan's Principle. In general, however, such commitments are informal and made on a case-by-case basis—provincial support is by no means guaranteed. Service Coordinators receive no funding (have no capacity) to follow-up with young people who have "aged out" of Jordan's Principle. Service Coordinators work hard to ensure that, at a minimum, a short-term solution is in place to meet the needs of the young person but have no capacity to follow-up to ensure that a long-term plan is in place.
- d. Without access to Jordan's Principle, young people requiring post-majority services are expected to pay for services and be successful even though they are impacted by colonial policies, substantive equality issues, lack of supports, and for the last year, a global pandemic.

Possible Remedies:

- e. The academic and community-based literature on child welfare offers numerous examples and recommendations as to how programs can be amended to provide post-majority support. The Caring Society calls on ISC to apply these evidence-informed-solutions to Jordan's Principle and implement a meaningful strategy for post-majority support.
- f. In the interim, Focal Points meaningfully assist families/youth and organizations to access funding through other ISC programs or through the province for post-majority services.
- g. ISC FNCFS has committed to extending the aging out of care provision during the COVID-19 pandemic. While this offers a small step in the right direction, the Caring Society reiterates that post-majority services need to be sustained regardless of a pandemic.



Despite the above commitment regarding FNCFS, ISC has not similarly extended this provision to Jordan's Principle. It is not clear how ISC determined that post-majority supports are in the best interests of children in FNCFS care, but not those children aging out of Jordan's Principle supports.

Regarding the disconnect between the extension of support for the FNCFS program but not for Jordan's Principle, a Service Coordinator in the Atlantic gave the example of a young person requiring 24/7 out-of-home care who was set to age out last year. The Service Coordinator asked ISC to extend the CFS policy to Jordan's Principle, so that the young person would continue to receive funding and not need to move during the pandemic. ISC refused, offered no transition plan, and was fully prepared to see the youth evicted at the height of the pandemic. Thankfully the province stepped in and agreed to fund the youth at the same level.

Progress to Date

As of April 2021, the Caring Society is unaware of any current progress that has been made with regard to post-majority services.

20. Jordan's Principle 24-hour Call Centre

- a. The Caring Society had previously received numerous complaints about the 24-hour Jordan's Principle Call Centre being busy or that there was no answer. It was indicated in previous iterations of this document that a call audit conducted by the Caring Society in July 2019 made clear that not all regions had consistent practices, especially in ensuring that children and families were supported after hours.
- b. The Caring Society maintains that Call Centre staff should be trained on and authorized to approve urgent cases, at least on weekends and holidays in the case that on-call Focal Points are not available to approve a request within the 12-hour or 48-hour CHRT timelines. As outlined in 7(a), ISC provided data from February 1, 2018 to October 18, 2020 showing that the Call Centre marked only 44 requests out of 8,251 as urgent. The Caring Society believes that there were likely more cases that were urgent given the disadvantage and challenges that many First Nations face.
- c. The Caring Society stresses the importance of Call Centre staff being trained on the CHRT orders and ISC's legal obligations with regards to compliance.

At the February 2021 JPOC, concerns were heard about the Call Centre's practice of referring families to the ISC Jordan's Principle website for information on how to apply rather than simply intaking the request. It was indicated that this was mostly occurring after hours. At the same time, concerns were raised that the Call Centre was informing callers that only families can place a request to Jordan's Principle and service providers are not eligible to place a request on behalf a family.

Possible Remedies:

- d. It is absolutely imperative that the 24-hour line is adequately staffed at all times and that calls are returned as soon as possible to ensure compliance with the CHRT timelines.
- e. Call Centre staff should receive ongoing "refresher" training on the CHRT orders to ensure they are fully versed in the CHRT orders and ISC's legal obligations.



- f. In Valerie Gideon's affidavit dated April 15, 2019, it is stated that the incoming calls will be recorded. No timeline for this was provided.
- g. With proper training, Call Centre staff should be given authority to approve urgent cases on weekends and holidays especially since some urgent cases cannot wait for the assistance of Focal Points.
- h. Until staff who are currently assigned to the Call Centre have the proper training and authority to approve cases, another staff person with the proper authority should be available 24/7 to approve urgent cases coming into the Call Centre.

Progress to Date

ISC national office has a staff member on-call for weekends. Although this is a positive step, it is important that a long-term solution be met as it is not sustainable for a handful of staff to be on-call for 10 or more weekends of the year.

21. Retroactive

- a. In 2016 CHRT 2, the CHRT found that ISC's definition of Jordan's Principle was discriminatory as it limited who could apply.
- b. In previous iterations of this document, the Caring Society indicated concerns over whether there was a national standard with regard to retroactive. While a national standard has been included in the SOP, it is unclear if it is being consistently applied across regions.
- c. The Caring Society believes retroactive should also be extended to those who did not apply to Jordan's Principle – whether they did not know about it or did not think they would qualify. This is further supported by the Tribunal's 2020 CHRT 15 ruling regarding compensation for First Nations children and families. The ruling outlined that children/families would be eligible to apply for compensation as outlined in 2019 CHRT 39 even if they did not make a request through Jordan's Principle. The Tribunal found that the government's definition and implementation of Jordan's Principle was discriminatory. The definition was so narrow that children did not qualify for services (which prevented people from even trying to apply) and information on how to apply for Jordan's Principle was not made public by the government.

Possible remedies

- d. With the CHRT's rulings in mind, the Caring Society believes that retroactive requests should also cover requests for services dating back to 2007 (when Jordan's Principle was passed by the House of Commons) that were not submitted due to the ISC's limited definition but would have qualified under the proper implementation of Jordan's Principle.
- e. The Caring Society has maintained from the outset that limiting retroactive reimbursement to requests that were denied or only partially approved is under-inclusive, as some families may not have applied (or did not even know they *could* apply) due to the restrictive nature of the definition and implementation.



- f. 2017 CHRT 35 states: “Canada shall review previous requests for funding that were denied, whether *made pursuant to Jordan’s Principle or otherwise*, dated from April 1st, 2009, to ensure compliance with the above principles” [*emphasis added*] ([135]1. D.). This wording indicates that denials by NIHB should qualify; if ISC had been properly implementing Jordan’s Principle at that time, NIHB should have been either referring families on to Jordan’s Principle, or been paying for the service/product/support and sought reimbursement through Jordan’s Principle after the fact.

Progress to Date

A section about retroactive funding was added to the 18 October 2019 Jordan’s Principle Standard Operating Procedures version.

22. Policy and Oversight

- a. Since the CHRT’s first ruling (2016 CHRT 2), and following subsequent orders as well as the protocol with ISC, the Caring Society has been reviewing communication and policy materials related to Jordan’s Principle. While we appreciate the opportunity to review the materials these documents often required significant amounts of editing and corrections to ensure clarity and compliance with the CHRT orders. In our view, the vast majority of the edits we submit ought to have been addressed by ISC before circulating the documents for review by the Caring Society and other Parties. The Caring Society has repeatedly urged ISC to ensure it properly edits and reviews its materials for CHRT compliance before sending to review. Nevertheless, documents continue to be provided that require extensive editing. The overall poor quality of the documents and the corresponding need for extensive revisions suggests an urgent need for ISC to strengthen its own policy capacity and ensure all employees fully understand the CHRT’s orders.
- b. Most recently, the Caring Society has noticed an increase in the number of sub-committees outside JPOC, JPAT and CCCW being created by ISC to discuss issues relating to policy and oversight of Jordan’s Principle. While the Caring Society wholly supports community feedback, the Caring Society does not believe that ISC is being effective in these processes. These processes do not consider the limited capacity of many communities who may not have the resources or time to meaningfully participate.
- c. There is a need for an independent/non-political, national oversight body to function in an ombudsperson role to help requesters and to provide feedback to ISC on Jordan’s Principle policies. There is also a want for provincial/territorial oversight bodies in addition to the national role.
- d. In February 2020, given our limited capacity, the Caring Society attempted to step back from its role in assisting requesters who encounter difficulties with Jordan’s Principle. However, given that ISC has not provided any interim solutions to support requesters who encounter difficulties, the Caring Society continues to provide limited assistance, particularly in urgent situations.

Possible remedies

- e. ISC must have more staff capacity to assist with Jordan’s Principle, not only in terms of working on requests, but also in policy and finance. All staff must ensure that policies and practices are working for the best interests of families and communities (and in ways that families and communities choose) and not the best interests of government. ISC’s implementation of Jordan’s Principle must reflect substantive equality, the CHRT orders as well as concerns of Parties and members of CCCW and JPOC.



- f. ISC, in consultation with the CCCW, must develop and implement an independent ombudsperson function immediately to receive and respond to concerns about ISC's implementation of the CHRT orders.

Progress to Date

As the Caring Society understands, the Ombudsperson function does not require federal legislation and can be set up with an Order in Council.

As of the writing of this document, work on the Ombudsperson function is currently underway.

23. COVID-19 Delays and Concerns

- a. As we have seen with the COVID-19 pandemic, extraordinary measures can be taken to ensure all people in Canada are supported through these difficult times; these same extraordinary measures need to be extended to vulnerable First Nations children and families. In May 2020, a Service Coordinator contacted the Caring Society with concerns about respite payments for almost 70 families they had been working with. The families ordinarily relied on places like schools, libraries and band offices where staff would ordinarily email or send the documents to ISC. Because these supports were closed, the Service Coordinator had to assemble and send all of the packages to ISC so families could receive payment. When the Caring Society asked if provisions could be made to waive the invoice submission, ISC indicated nothing could be done. Many of the families who require respite receive it because they have a child or children requiring additional assistance, not because they are trying to get financial gain from the situation. This type of mindset relates to the need for cultural shifts and building back the trust of First Nations communities [see also section 15].
- b. In addition to extraordinary measures, the Caring Society stresses the importance of common-sense measures and more flexibility from ISC during these challenging times. In October 2020, the Caring Society was contacted by a mother in BC whose young child (grade 2) had been bullied to the point where the child was suicidal and was referred for horse therapy. The therapy switched to an online platform (same therapist, no horse) given the mandatory social distancing measures. The ISC region would not pay for the therapy sessions that did not involve the horse. While the Caring Society understands the need to reimburse based on what is approved, ISC ought to have, at a bare minimum, reached out to the requester before denying payment for needed therapy services.
- c. In keeping with substantive equality and best interests of the child, ISC must consider COVID-19 concerns when determining requests. ISC must especially consider the ways that COVID-19 will inordinately impact children who are immunocompromised and/or the challenges that COVID-19 will pose to families and communities who are already struggling with well-documented chronic deficits in federally-funded services.

ISC failed to consider the inordinate impact that COVID-19 would have on a child with complex needs when the child's family and circle of care made a request for home modifications that would allow the child to live at home safely. It is concerning that ISC did not consider that COVID-19 could reasonably pose harm to those with spinal cord injuries given their predisposition to respiratory issues. ISC denied the request for home modifications and instead funded the child to stay in a hotel. It was only when the Caring Society interceded was the request re-evaluated and approved. As of April 2021, the child is still staying in a hotel while home modifications are underway. To the Caring Society's knowledge, there has been no initiative taken on the part of ISC to ensure the child is in a safe place [see also 1(c), 2(d), 4(a), 6(a) and 7(b)].



- d. At the same time, as we are now more than a year into the pandemic, ISC cannot rely on challenges related to COVID-19 as justification for administrative delays. Service Coordinators in the Atlantic report being told by ISC that Canada is only dealing with COVID related requests right now. If the request is not related to COVID, Service Coordinators are waiting weeks to hear back. While certainly the Caring Society is sensitive the pressures of COVID, delays of weeks or months in determining requests are simply not reasonable. Failing to take extraordinary measures to meet the administrative demands associated with COVID-19 indicates that Canada continues to prioritize internal considerations over the needs of children.

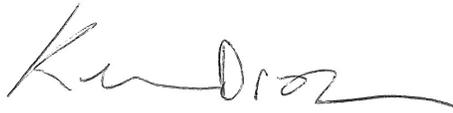
Possible Remedies

- e. If anything, the COVID-19 pandemic has highlighted the need for greater flexibility in the ways that ISC is implementing Jordan's Principle. ISC must comply with both the letter *and* the spirit of the CHRT orders by working to red tape for families and ensuring that they receive services and payments on time.

Progress to Date

ISC had provided COVID-19 updates to JPOC and AFN to JPAT in March 2020 however we have not received further updates from ISC regarding continued support or extraordinary measures for services through Jordan's Principle.

This is **Exhibit "10"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Sent: Wednesday, December 6, 2023 2:13 PM
To: Cindy Blackstock; Molly Rasmussen; St-Aubin, Candice
Cc: Wilson-Clark, Samantha (she-elle)
Subject: RE: ON Jordan's Principle: outstanding determination related to clean drinking water

Good Afternoon Dr. Blackstock,

In response to your email of November 16, I wish to mention that ISC has made meaningful progress in dealing with Jordan's Principle matters both in terms of reforming and enhancing systemic responses, along with respect to individual cases which have been raised by the Caring Society. As we have noted in our previous responses to inquiries raised by the Caring Society, the amount of funding and the resources dedicated to responding to Jordan's Principle matters have increased exponentially over the past few years. [REDACTED] Settlement Privileged [REDACTED] we clearly indicated that ISC was moving forward with a number of proposed measures that will assist in dealing with the growing demands stemming from Jordan's Principle requests.

ISC has taken several steps to improve efficiencies, such as creating templates to streamline data entry and developing an invoice upload tool. Further, we are currently engaged in exploring how best to roll out measures to allow for a quick and effective responses to relatively lower value requests.

With respect to the two specific cases you refer to below, ISC has dealt with and reported to you about these matters. With respect of the 24-hour phone, [REDACTED] Settlement Privileged [REDACTED] we have taken measures to deal with the issues that have been raised. We also note that going forward we will explore several measures such as hiring additional staff, further changes to the National Call Centre (NCC) call tree, development of NCC improvement plan and updates to the ISC website. Regarding the domestic abuse case to which you refer below, ISC officials had been aware of that situation and proactively dealt with it.

In every case that has been brought to our attention by the Caring Society, an effective and immediate response has been made to alleviate the situation.

Jordan's Principle receives a number of requests for supports related to families or individuals fleeing domestic violence; they are flagged and processed urgently by the regions if there are concerns for the children's immediate safety needs and are adjudicated in a timely manner.

[REDACTED] Settlement Privileged [REDACTED] the exponential growth of Jordan's Principle requests is creating a challenging situation. However, ISC has made significant strides in dealing with these challenges and continues to be committed to supporting the needs of First Nation children. For example, the overall approval rate on Jordan's Principle requests has increased from 79% in Q1 2020-21 to 97% in Q1 2023-24, upon the implementation of Back-to-Basics. While Canada acknowledges operational challenges resulting from the increase demand for Jordan's Principle, a meaningful majority of First Nations children are having their needs addressed through this important initiative.

We look forward to working with the Caring Society and other partners in finding effective and realistic solutions to these challenges, and to continue to work for the First Nations children.

Thanks,

Liliana

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Thursday, November 16, 2023 5:41 AM

To: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>; Molly Rasmussen <mrasmussen@fncaringsociety.com>; St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>

Cc: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Good morning Liliana

Thank you for your reply. Our position is that Canada's discriminatory conduct toward children and families accessing Jordan's Principle is an urgent crisis requiring urgent intervention. Families are frequently reporting egregious and irreparable harms flowing from Canada's non-compliance. We bring these cases to ISCs immediate attention with limited results.

I am at a loss as to what else we can do to ensure Canada complies and the preventable harms to children and families ends. The Caring Society has repeatedly raised our concerns with ISC (often dating back to 2018) about Canada's systemic non-compliance and the serious and adverse consequences for children and families with ISC. We have also proposed constructive solutions that are frequently not taken up or supplanted with other effective options. On individual cases, we have seen repeated cases where the child is at risk in ways linked to Canada's non-compliance, we intervene and ISC assures us that actions have been taken to address the problem and then the family reaches out to us again to say the problem is not resolved (see for example the ongoing situation of a mom who fled domestic violence but had to return home to the abuser's family as ISC took months to determine her request for shelter, housing and transportation).

I want to be very clear that ISC referring these matters for discussion to other tables is not a satisfactory solution to the Caring Society as we are raising these concerns as a complainant to the CHRT proceedings.

The 24 hour line is another good example of ISC's haphazard approach to remedies when the Caring Society raises a serious concern. I have been advising ISC of my serious concerns about the line being unstaffed and or not receiving calls back or being unable to indicate urgent cases since January of 2023 and have been repeatedly assured by ISC that the line is fixed only to find out it is not. After receiving the latest assurance from ISC that callers can indicate urgency by pressing "1" "1" - I called the 24 hour line to check for myself. My call was placed on November 9, 2023 and the calling tree and found "1" is for placing a new Jordan's Principle request, and only when you select this can you select the urgent option. The calling tree refers persons with existing cases to the regions (except QC where there is no phone number) which only operate during business hours. There is no indication in the main calling tree that if your existing case is now urgent you need to press "1" for new requests and then the urgent key. This is clearly not adequate and yet we have seen no plan from Canada on how they are going to address these problems beyond putting a contract out to tender. This does nothing to remediate the harms to children happening now.

We also see no plan to address the thousands of unopened requests or the backlog of cases beyond hiring more ISC employees. To be clear, the Caring Society provided a solution to the backlogs involving,

triaging for urgent cases, presumptive approvals for frequently requested items below a certain value (consistent with the way Treasury Board deals with Federal Employee travel) and ensuring professional notes for services in keeping with back to basics. Settlement Privileged

I want to be clear, that we are so concerned about children's safety that if Canada does not take immediate and effective measures to address these problems, we will take full advantage of mechanisms that can effectively hold Canada accountable with the urgency these situations demand.

We hope that evidence will soon emerge that Canada is taking serious and urgent action to address its non-compliance. However, I feel it is important that you know that the Caring Society has exhausted all options we are aware of to ensure the safety of the children and youth.

Settlement Privileged

Thanks
Cindy

From: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>

Sent: November 10, 2023 4:34 PM

To: Molly Rasmussen <mrasmussen@fncaringsociety.com>; Cindy Blackstock <cblackst@fncaringsociety.com>; St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>

Cc: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Subject: RE: ON Jordan's Principle: outstanding determination related to clean drinking water

Hi Dr. Blackstock and Molly,

To provide an update, the request was re-reviewed today, and the decision will be relayed to the requestor.

Settlement Privileged

Thank you,

Liliana

From: Molly Rasmussen <mrasnussen@fncaringsociety.com>
Sent: Friday, November 10, 2023 2:47 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>; St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>
Cc: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Thank you, Candice. Liliana, we will wait for your update.

Sincerely,
Molly

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Date: Friday, November 10, 2023 at 11:27 AM
To: St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>
Cc: Molly Rasmussen <mrasnussen@fncaringsociety.com>, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>, Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Thank you Candice

Settlement Privileged

Have a good weekend

Cindy

Sent from my iPhone

On Nov 10, 2023, at 10:55 AM, St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca> wrote:

Good morning Cindy and Molly,

I can confirm that the team will have the request re-reviewed today. I am also including Liliana to provide an update today (in Samantha's absence).

Thank you,

Candice

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Friday, November 10, 2023 10:50 AM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>; St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>
Cc: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Hello Candice

Just to echo what Molly is sharing. Settlement Privileged

[REDACTED]

Thank you

Cindy

From: Molly Rasmussen <mrasmusen@fncaringsociety.com>

Sent: November 10, 2023 9:58 AM

To: St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Good morning Candice,

I am writing to you with concerns about the request below, concerning a well repair to ensure that a child can access clean drinking water while remaining in her family home, in their community, which has been under a boil water advisory since 2008. Since my email below from last Friday, Emily (the service coordinator) has received the official denial rationale for this request:

We are writing to advise you that your urgent request, **ISC-177781-S8M8** for funding under Jordan's Principle, was reviewed by the National Review Committee of Indigenous Services Canada on **October 19, 2023** and your request for the below noted item(s) has been denied.

- | | |
|----------------|-------------|
| 1. Well Repair | \$21,595.00 |
|----------------|-------------|

The following rationale has been given for denial:

1. Jordan's Principle National Office reviewed all the documentation related to your request, ISC-177781-S8M8 for a New Well for \$21,595.00.
2. It was determined that your request for a New Well cannot be approved, **as Jordan's Principle's authorities around capital infrastructure are limited.**

I would like to flag that this denial does not contain personalized, specific information speaking to the needs or best interests of the child involved, and as such is not in keeping with the Tribunal's orders. The Caring Society continues to see an influx of urgent cases with inadequate denials that leave families with no redress, jeopardizing children's safety and security. With this in mind, the Caring Society is prepared to seek all available recourse to ensure the federal government's compliance with the Tribunal's orders.

We are still asking for an urgent re-review of the request alongside the Tribunal's orders and Back to Basics paying special attention to the specific community circumstances giving way to the request for well repairs.

Thank you very much,
Molly

Molly Rasmussen (she/her), MA

Reconciliation and Research Coordinator

First Nations Child & Family Caring Society

mrasmussen@fncaringsociety.ca

<image001.png>

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>

Date: Friday, November 3, 2023 at 11:37 AM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>

Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Hi Samantha,

Thank you for the update below. I wanted to address some concerns with the determination after speaking with Emily this morning. Emily indicated that the denial she received on the 25th was not accompanied by a rationale with personalized and specific information speaking to why the request was not approved. Because of this, Emily is not in a position to exercise her right to request a time-sensitive appeal of the denial.

This request was for well treatment services so that the family can remain in their home throughout the winter with access to clean drinking water. Pikwakanagan has been under a boil water advisory since 2008; in the Caring Society's view, this denial is not in line with a compassionate, common-sense, reconciliation-first approach to Jordan's Principle, nor is it aligned with the principles of Back to Basics,

which make clear that Jordan's Principle must centre the child's needs and best interests, as well as taking into account distinct community circumstances. Emily noted that if the well repairs aren't made, the alternative is for the family to move, and that they would be looking to Jordan's Principle for support to with first and last month's rent.

We would like to ask for a re-review of the request with these principles in mind.

Thank you,
Molly

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Wednesday, November 1, 2023 at 4:48 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: RE: ON Jordan's Principle: outstanding determination related to clean drinking water

Hi Molly,

To provide a final update on this request, the determination was communicated to the requestor on Oct 25, 2023.

Thank you,

Samantha

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Wednesday, November 1, 2023 12:06 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: ON Jordan's Principle: outstanding determination related to clean drinking water

Hi Samantha,

I'm following up on the below. Has there been any update on this request to ensure that the child will have access to clean drinking water throughout the winter?

Thank you,
Molly

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Date: Tuesday, October 24, 2023 at 6:52 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: ON Jordan's Principle: outstanding determination related to clean drinking water

Good morning Samantha,

The Caring Society was contacted by a Navigator in ON regarding a request for well repairs that was sent to the National Review Committee over a week ago, for a child (Ma.S.) in ON (ISC-177781-S8M8).

In her message to the Caring Society, Emily indicated that the request is becoming urgent, given that the "family needs to make a decision about how to move forward with securing clean drinking water for the winter asap". My understanding of the Tribunal orders on determination timelines is that they apply to the regions as well as the National Review Committee. Given that the time it is taking to determine the request is not compliant with Tribunal orders and the colder months are coming, can someone relay a determination to Emily Pecarski immediately and keep the Caring Society informed?

Emily's email address is: navigation.intake@nigignibi.com.

Thank you,
Molly

Molly Rasmussen (she/her), MA

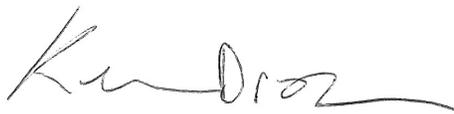
Reconciliation and Research Coordinator

First Nations Child & Family Caring Society

mrasmussen@fncaringsociety.ca

<image001.png>

This is **Exhibit "11"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Date: Tuesday, August 21, 2018 at 12:12 PM

To: valerie.gideon@canada.ca <valerie.gideon@canada.ca>, [REDACTED]
[REDACTED] Jonathan Thompson <JonThompson@afn.ca>, keith.conn@canada.ca
<keith.conn@canada.ca>, David Taylor <dtaylor@conway.pro>, Sarah Clarke
<Sarah@ChildandFamilyLaw.ca>, paula.isaak@canada.ca <paula.isaak@canada.ca>

Subject: Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle.pdf

Hello

Please find attached a final version of the Caring Society's observations regarding Jordan's Principle cases that are coming to our attention.

The remedies are not exhaustive and are made in the spirit of proactive problem solving. The matters regarding improper use of "gaps" for denials, lack of proper identification, backlog at HQ and processing of urgent cases and the issues with group requests are particularly problematic.

I am requesting that DISC respond to the issues raised in this document as they are all linked to CHRT decisions.

Thanks
Cindy

Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle

August 20 2018



**First Nations Child & Family
Caring Society of Canada**

www.fncaresociety.com



1. Substantive Equality

- a. Canada is requiring a substantive equality report to be completed for every case regardless of the child's circumstances. These reports are not necessary in some cases and the reports take a significant amount of time to complete and can delay service provision.
- b. More specifically, a substantive equity analysis does not need to be applied when: i) it is clear and obvious on the facts that substantive equality applies (i.e.: a former child in care struggling with mental health issues) or ii) there is a clear service need (i.e.: child needing medical equipment to breathe).
- c. Canada's practice of requiring substantive equality reports in every case can be highly problematic. For example, a service coordinator submitted a case in the summer of 2018 requesting equipment to assist a child who had difficulty breathing in humid conditions; Canada insisted on having a substantive equality report before making a decision on the case. The initial request had a doctor's note detailing the child's condition and the equipment that would remedy his breathing problems. Canada's requirement for additional information, as well as submitting a substantive equality report, involved time delays over which time the child went into increased medical distress. The service coordinator kept pressing Canada to provide the equipment, emphasizing the deterioration of the child's condition given the hot and humid summer. It took over four weeks before Canada approved what should have been immediately classified as an urgent case.
- d. Requests are being denied on the grounds that family or navigators have failed to demonstrate how substantive equality applies. Focal Points appear to be operating on the assumption that it is the job of families/navigators to demonstrate substantive equality, when in fact this responsibility lies with Canada.

Possible Remedies:

- e. Focal Points should begin with the assumption that substantive equality will apply in cases, so that the burden is on Canada to demonstrate why substantive equality does not apply.
- f. Focal Points should be given clearer guidance on when it is unnecessary to collect information on substantive equality and to apply the substantive equality analysis.
- g. It should also be clear that the burden to prove "substantive equality does not apply" rests with Canada. It is not up to children, families or the service coordinators to prove that "substantive equality does apply." Requests cannot be returned on the grounds that the family/navigator has failed to demonstrate substantive equality. Rather, it is the responsibility of the Focal Point (or Headquarters) to demonstrate, clearly, why substantive equality does not apply.
- h. In cases where the request is denied on other grounds (i.e. not medically necessary), the Focal Point can then undertake a substantive equality report to determine whether the service should be provided on this basis – keeping in mind that the burden rests on Canada.

2. Best Interests

- a. While Focal Points concentrate on getting information from service coordinators on substantive equality, there is no evidence that they are considering the child's best interests in decision making or in the process applied to requests.

Possible Remedies:

- b. Canada needs to develop and train Focal Points on the best interests of the child and ensure that all decisions and processes used for Jordan's Principle cases meet the best interests test.

3. Focal Point Information Requests

- a. Focal Points are often asking service navigators questions on cases that are already answered in the original submission. It appears to the navigators that Focal Points are not always carefully reading the submissions and thus, delaying the processing of cases.
- b. It appears that requests for information are sometimes linked to changes or turnover in Focal Points. The Caring Society is concerned that information provided by families or navigators to one Focal Point may not be passed on to subsequent workers when staff changes occur.
- c. Focal Points do not have a practice of asking for all relevant information at one time. Instead, it is not unusual for a Focal Point to ask for one piece of information and days later ask another question that could have been easily posed in the first contact. The lack of complete information requests and delays between information requests mean that the child's case is not being responded to within the CHRT timeframes.

Possible Remedies:

- d. Focal Points need to carefully read all material submitted to them and only ask for additional information if it is REQUIRED to determine the case.
- e. Requests for information from Focal Points should be made at one time and not staggered so as to avoid time delays.
- f. Canada needs to take measures to ensure its information gathering is absolutely necessary to make a determination of the "requestors needs" and does not amount to an administrative procedure that delays services to children. More specifically, Canada must comply with 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. ii. Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted (p. 2)
 - ii. [135]B.iii. " Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p. 5-6)

4. Routine Referrals to Headquarters

- a. Focal Points are routinely referring the vast majority of cases to Headquarters (HQ) and this results in determination delays that exceed the CHRT ruling. The reason for the referrals are not well understood and there appears to be no official criteria for screening cases at the region.
- b. We were recently advised that all medication requests are to be sent to HQ.

- c. Focal Points seem to have little control in ensuring timely resolution of cases once requests have been sent to HQ.

Possible Remedies:

- d. There must be criteria that clearly state that referrals to HQ are made only when a determination cannot reasonably be made at the regional level and there should be documentation of the reasons.
- e. The systematic tracking of reasons why the decision cannot be made at the region should be reviewed regularly to identify and address any systemic barriers to CHRT compliance.
- f. Referrals to HQ do not absolve Canada of its CHRT time requirements. HQ needs to develop a method to determine cases within the CHRT guidelines.

5. Privacy Concerns

- a. The Caring Society has raised concerns about the apparent lack of protections for the Privacy of Information in Canada's Jordan's Principle process. We have been advised that in one case, a Focal Point in Ontario "lost" a client's file and in Atlantic Region, cases (with identifying information) are being shared with GOC personnel who do not have a direct role in determining Jordan's Principle cases. Canada has previously shared that it is following the Privacy Act and other internal guidelines, but processes appear to vary by region and the actual implementation of the Act and guidelines remains unclear.

Possible Remedies:

- b. Canada must publicly share its procedures for protecting the privacy rights of children and families in Jordan's Principle cases including ensuring that identifying information is not shared with GOC personnel who are not directly charged with the determination of Jordan's Principle cases. These same procedures should be shared with the CCCW committee.
- c. All Focal Points and other GOC staff charged with receiving and determining Jordan's Principle cases must be trained on, and held accountable for, ensuring privacy rights are respected.

6. Lack of a Procedure for Identifying and Responding to Urgent Cases

- a. As raised at the JPOC meetings, the Caring Society noted its concern at the low rate of "urgent" cases identified by personnel at the 24 hour line (one case since the line was implemented). We suspected this was a significant under-representation of urgent cases (per the CHRT order). From August 13-17, 2018, at least two urgent cases that were not treated as urgent by Canada were referred to us. The first is the case discussed in section (1), where it should have been clear and obvious to the Focal Point that a child who is having difficulty breathing should be classified as an urgent request. The second case involved a child with autism who focuses on rotating circles (i.e.: motor vehicle wheels) and thus, the family requested a fence to keep the child safely in the yard to stop him from running into traffic. In the original referral made in October of 2017, the service coordinator included a physician's note confirming the autism diagnosis and the grandparent/parent reports of the child going into traffic or under cars was relayed to the Focal Point. The Focal Point, however, insisted on an assessment linking the request for a yard fence with the autism however, it was relayed to the Focal Point that such assessments are not easily accessed in the community. The Focal Point continued to make information requests instead of responding to the immediate safety need of the child. On August 16, 2018 the child's grandfather wrote an email reporting that the child had dashed toward the tires of a large vehicle but was thankfully caught in time.

Cindy Blackstock brought this case immediately to HQ official's attention stressing that she viewed this as an urgent case per the CHRT and HQ, in turn asking the region to take action. In response, the region sent a request to the service coordinator for five pieces of information and made no provisions for the child's immediate safety. The Focal Point's email was forwarded to Dr. Blackstock and she, in turn, forwarded it to an HQ official who then said the region would follow up in the morning to see what interim safety arrangements could be made.

Dr. Blackstock then had to stress this was unacceptable and not in compliance for an urgent case where a child's safety is clearly at risk. She made clear that the Caring Society's expectation is that Canada immediately approves the fence and any remedial measures, and that the fence construction not be forestalled due to the Focal Point's information needs expressed earlier that day. HQ agreed. The service coordinator informed the family that night so the family could go to the hardware store to see if any interim measures could be employed.

These cases clearly demonstrates that there is either: 1) no process for identifying or managing urgent cases; 2) the processes that exist are inadequate and in both cases, could have resulted in a tragic outcome; and/or 3) there is no effective monitoring system to ensure that cases are classified as urgent or non-urgent properly.

Possible Remedies:

- b. Canada to immediately issue direction to Focal Points to screen all cases to determine and record whether they meet the criteria for urgent cases (i.e.: any reasonable belief that irrevocable harm may come to a child). This must include reminding all Focal Points and persons staffing the 24 hour line of the CHRT provisions regarding urgent cases (and a reminder this applies to all First Nations children, not just those that Canada interpreted as eligible, per Canada's commitment to the Tribunal). This should be immediately signed by a supervisor and if classified as non-urgent, reasons should be appended.
- c. Where there is doubt, focal points and 24 hour line staffers should default to the urgent classification.
- d. Canada to review all existing cases to identify any cases that should be classified as urgent but have not been.
- e. A tracking system for urgent cases needs to be developed and there needs to be a process for continuing to work on urgent cases after business hours.

7. Over-riding Professional Treatment Plans

- a. There are situations where licensed professionals deem a service necessary as a part of a child's safety or treatment plan that are over-ruled by Canada even on appeal. For example, a team of nine professionals noted that a high risk youth's participation in hockey (cost \$1800) was a key part of the youth's health and safety plan. Canada rejected the application because it was not a "gap" in service. The case was also denied because Canada stated the youth already had hockey equipment; the youth's equipment included a helmet held together with duct tape and skates with no blades. This information was repeated to Canada but there is no evidence that the dire condition of his equipment was ever taken into consideration. There is also no evidence that the Focal Point or the person reviewing appeals had the credentials or training to challenge or ignore the treatment plan proposed by the professional team treating the child. The GOC proposed no alternative to meet the youth's needs.
- b. There seems to be a theme when it comes to the Focal Points delaying Jordan's Principle services for reasons of requiring additional or "better" proof of need. The Caring Society believes this could be considered case conferencing, in which case, according to 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. ii. Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted (p. 2);

- ii. [135]B.iii. “ Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor’s clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child’s case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p.5-6).
- c. A related concern is Canada’s use of government officials or government retained experts to review the funding eligibility for the treatment plans of attending professionals. It is unclear to us that when Canada invokes this practice, on what grounds they do so, and if the qualifications of the “reviewer” are relevant to the child’s needs and proposed treatment plan. Moreover when Canada, or its advisors, reject a treatment plan, they do not provide a viable alternative, leaving the child with unmet needs.

Possible Remedies:

- d. Canada must not over-rule professional treatment plans unless it has a qualified professional(s) credentialed in the same area who are prepared to provide a second opinion and identify that such action is in the best interests of the child. Ignoring professional assessments of children’s needs in favour of bureaucratic considerations (ie: a service gap) is not acceptable practice particularly as the CHRT does not allow refusal of Jordan’s Principle claims based on service “gaps.”
- e. Canada must ensure that any “reviewers” of treatment plans submitted by attending professionals are credentialed in the area and follow a standard of review accepted by the profession. Moreover, Canada’s decision to review cases must be clearly articulated and made in a manner consistent with the CHRT decisions.
- f. Confirm that Canada should be very reluctant to over-ride the professional recommendations for service needs and if it does so, it needs to provide a reason (related to the children’s best interest) for the over-ride and provide realistic alternatives for the need to be met. This must be communicated to the requester in writing within the CHRT timeframes.

8. Service “Gap” Rationale for Refusal

- a. In multiple cases across the country, GOC is denying cases as there is no “gap” in service. This is inconsistent with the CHRT rulings requiring Canada to determine cases on the basis of the “needs” of children with their best interests in mind and in keeping with substantive equality.

Possible Remedies:

- b. Canada must immediately communicate to Focal Points and all other relevant staff that a “gap” in services is not a CHRT compliant reason for denial.
- c. Canada must immediately communicate to all Focal Points and all other relevant staff the CHRT compliant requirements for assessing cases.
- d. Canada must review all cases, including those denied on appeal, where the “gap” reason has been given and reassess those claims based on CHRT requirements.

9. Exclusion on the Basis of First Nations Eligibility Criteria

- a. First Nations children without status residing off-reserve continue to be denied access to Jordan's Principle which is problematic and, in the view of the Caring Society, non-compliant. However, there are additional issues relating to Canada's approach to the "All First Nations" children requirement in the CHRT. For example, Focal Points seem to have an uneven understanding that non-status children on reserve are now eligible and it is not clear how retroactive cases are being addressed.
- b. The Caring Society also received a report that a group request for a cultural drumming group was declined as the First Nation refused to guarantee that no non-First Nations children would participate. Not only was this morally untenable for the First Nation from a reconciliation and proper treatment of children point of view, but it would have also required that the First Nation discriminate against children on the basis of race.
- c. Another challenge may involve Canada's approach to pre-natal care programs. While Canada's reasons are still unclear, it appears Canada refused a First Nation's request for a culturally appropriate mid-wifery program because it felt that either: 1) the children were not First Nation (and provided no evidence that this was the case); and/or 2) that Canada was taking the position that because pre-natal children involve children who are not yet born, they were rejecting the case. Both are problematic from ethical viewpoints and fail to respond to the scientific evidence that good prenatal care contributes to healthier babies.

10. Group Requests

- a. The process for the assessment of group requests seems very uneven across Canada and the use of the "gaps" reason for denial is prevalent. There are perceptions from some First Nations and First Nations service providers that the group requests are being handled like "proposals" which would have been with little, or no, attention to the CHRT requirements (particularly regarding assessment criteria and time frames for determination). Moreover, from a service coordinator point of view, Canada is counting these as "one case" to manage rather than taking into account the need for service coordinators to attend to the unique needs and circumstances of all children who may be serviced in the group.
- b. There have been cases where Focal Points have dissuaded communities from putting in applications for group requests. From the Caring Society's perspective, this amounts to a denial.
- c. Concerns regarding Focal Point information requests (see #3) and coordination with other government departments (see #14) are of particular concern with regard to group requests. It appears in many group requests Focal Points are continuously asking for information from the requestors and consulting with other government departments, resulting in delays to the requests.

Possible Remedies:

- d. Canada to clearly communicate with Focal Points and others involved in Jordan's Principle cases the CHRT assessment criteria and the time frames. Canada needs to develop accountability measures to ensure these are being followed.
- e. There needs to be more transparency on the process for appeals of group requests.
- f. Ensure service coordinators have the resources necessary to respond to the unique needs and circumstances of each child receiving services in the group.
- g. There is a need for capital costs to allow for the provision of services per group requests (see also #16).

11. Service Coordination

- a. Canada's existing contracts with many service coordination groups expire on March 31, 2019 and there are currently no details on if, and how, these contracts would be renewed. This means that service coordination groups can only hire staff until March 31, 2019 which makes recruitment and retention of qualified staff difficult. Moreover, service coordinators in some regions report very heavy caseloads which are complicated by multiple information requests from Canada's Focal Points which do not always have an obvious connection to the CHRT orders or the child's needs or best interests (see examples noted earlier).

Possible Remedies:

- b. Canada must approve additional staff where heavy workloads are reported to ensure that children and families receive timely and quality service on Jordan's Principle cases per the CHRT orders.
- c. Absent any evidence, Canada must not state or imply that the service coordinators are unable to manage the heavy workload due to inefficiency on their part or the service coordination bodies part. Canada has the legal obligation to ensure children's access to Jordan's Principle is met and that includes providing adequate and sustained support for service coordination bodies.
- d. Canada needs to provide written assurance to all service coordinators that Canada will continue their contract with them post March 31, 2019.
- e. Canada needs to account for the need for service coordinators to respond to the individual needs of children in group requests when assessing workloads.
- f. Canada needs to improve communication with service coordinators, Focal Points and all others working on Jordan's Principle to ensure all communication is up to date and CHRT compliant. This must also include notice that Jordan's Principle is a legal rule and does not expire after March 31, 2019.

12. Inconsistent Decisions and Handling of Cases

- a. There are many inconsistencies across the provinces/territories in dealing with cases and delivering decisions. As the Caring Society has seen, denial or acceptance rates are often correlated to who the Focal Point in the region is. Cases that may be accepted in one province/territory may not be accepted in another province/territory. If a Focal Point changes positions, there is no guarantee that Jordan's Principle cases will be treated in the same way.
- b. There have also been inconsistencies within the same province. In New Brunswick for example, several schools applied for lunch programs to serve children/youth from the local First Nation community, many of whom do not have enough to eat. Two elementary schools received funding for this program but one elementary school and one high school did not receive funding for the lunch program as there was "no identified gap."

Possible Remedies:

- c. Develop a consistent standard for Jordan's Principle to ensure children access Jordan's Principle in a similar way across the country pursuant to the CHRT.
- d. There must be consistency in case decisions that are similar in nature within a province/territory.

13. Gaps in FNIHB/NIHB Funding

- a. Families and communities are finding that they need to go through Jordan's Principle to access services because the NIHB program remains discriminatory (does not fund the range of services and supports available through the provinces and territories). NIHB response times are also slow and therefore unable to meet the needs of children, even when the service is covered.
- b. In Ontario for example, infant audiology tests are covered for off-reserve infants. FNIHB states that the tests are not OHIP billable thus are not funded however, infants off-reserve get these tests in hospitals and infant development centers so they are provided to kids off-reserve.

Possible Remedies:

- c. Canada must take measures to ensure that FNIHB/NIHB funding covers services that are available to children off-reserve. Reform is also needed to improve response times.

14. Coordination with Other Government Departments

- a. It would appear that Focal Points in at least some regions work closely with the regional FNIHB/NIHB office to prevent duplication of services in the funding of Jordan's Principle cases (the implication being that requests or proposals for duplicate services will be denied). It would also appear that FNIHB/NIHB guidelines and understandings (i.e. that certain services are provincial responsibilities and should not be funded by Canada) are sometimes applied to Jordan's Principle cases. FNIHB staff are not trained on the CHRT orders and their guidance/recommendations to Focal Points may not align with the principles of substantive equality and the best interests of the child.

Possible Remedies:

- b. HQ to provide Focal Points with direction on when it is appropriate to liaise with FNIHB and to remind staff that FNIHB processes and standards are separate from Jordan's Principle and must not be used to determine service requests.
- c. Reiterate to Focal Points that administrative conferencing, such as meetings with government departments, must not delay the timely resolution of cases as per CHRT timelines.

15. Cultural Shifts

- a. Many of the above concerns, requests for further information, referral to HQ, consultation with other departments, etc., appear tied to a culture of restraint and, perhaps, the fear of "mistakenly" approving a case. In some offices, the culture of restraint seems to outweigh the principle of substantive equality or the best interests of the child.

Possible Remedies:

- b. HQ to send a message to all staff stating that the GOC is committed to the best interests of the child and substantive equality and that staff should err on the side of approving cases; that Canada would prefer staff to "erroneously" approve cases, rather than erroneously deny them. HQ to reiterate that staff will not be penalized for erring on the side of substantive equality and the best interests of the child.

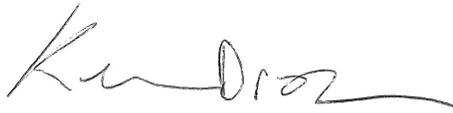
16. Capital Costs

- a. There is a need for major capital costs to ensure adequate space for the provision of services for group requests. Even if a group is granted funding to provide a service through Jordan's Principle, there is often no building or place from which to provide the service.

Possible Remedies:

- b. Canada must make provisions to allow for major capital costs to be covered under Jordan's Principle.

This is **Exhibit "12"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle Updated April 30, 2019



**First Nations Child & Family
Caring Society of Canada**

www.fncaringsociety.com



1. Substantive Equality

- a. Previously the Caring Society had outlined that Canada was requiring a substantive equality report to be completed for every case regardless of the child's circumstances. We highlighted that a substantive equality analysis does not need to be applied when: i) it is clear and obvious on the facts that substantive equality applies (i.e.: a former child in care struggling with mental health issues) or ii) there is a clear service need (i.e.: child needing medical equipment to breathe).
- b. The Caring Society outlined that Canada's practice of requiring substantive equality reports in every case can be highly problematic and was delaying services to families.
- c. Further, we saw cases where requests were being denied on the grounds that families or navigators have failed to demonstrate how substantive equality applies. Focal Points appeared to be operating on the assumption that it is the job of families/navigators to demonstrate substantive equality, when in fact this responsibility lies with Canada.

Possible Remedies:

- d. Given Canada's colonial practices and policies that have harmed and continue to cause harm to First Nations communities, Focal Points should begin with the assumption that substantive equality will apply in cases. This means that the burden is on Canada to demonstrate why substantive equality does not apply.
- e. Canada needs to ensure Focal Points have clear guidance on when it is unnecessary to collect information on substantive equality and to apply the substantive equality analysis and that it is consistent across all provinces and territories.
- f. It should also be clear that the burden to prove "substantive equality does not apply" rests with Canada. It is not up to children, families or the service coordinators to prove that "substantive equality applies." Requests cannot be returned on the grounds that the family/navigator has failed to demonstrate substantive equality. Rather, it is the responsibility of the Focal Point (or Headquarters) to demonstrate, clearly, why substantive equality does not apply.
- g. In cases where the request is denied on other grounds (i.e. not medically necessary), the Focal Point can then undertake a substantive equality report to determine whether the service should be provided on this basis – keeping in mind that the burden rests on Canada.

Progress to date:

Canada created a document outlining substantive equality, including questions to assist Focal Points in applying a substantive equality lens. All Focal Points have this document which is part of the Standard Operating Procedures ("SOPs"). Through JPOC, we also learned that Focal Points took training on the SOPs in November 2018. Information on substantive equality is also provided to those who submit a Jordan's Principle request.

Although there are clearer guidelines regarding substantive equality and its application, the Caring Society continues to see cases where the responsibility of completing a substantive equality report falls to families and regional Service Coordinators, placing a huge burden on families and delaying service provision. As recently as March 2019, families have been asked by some Focal Points to prove substantive equality for their requests even though the responsibility lies with Canada.

When families or groups contact the Caring Society about denials, the rationale given by Canada usually pertains to substantive equality, i.e. “the request does not have sufficient information to determine that the product/service/support would ensure substantive equality” (this is the language used in a denial sent to the Caring Society by a family member on April 29, 2019). This suggests that Canada continues to expect families/navigators to “prove” substantive equality. As per above, the Caring Society’s position is that the burden is on Canada to demonstrate why substantive equality does not apply.

Concerns remain as to whether Canada is properly considering substantive equality information submitted by families. For example, Canada needs to analyze information including family history, geographic location, etc. for substantive equality issues. Families may not flag or frame this information in terms of substantive equality and Canada needs to be alert to their own responsibility to interpret the material through a substantive equality lens. The Caring Society was contacted by at least two families late March -April 2019 whose request were denied on the grounds of not enough information to determine substantive equality. Both families felt strongly that they had provided information about substantive equality that was not properly considered.

2. Best Interests

- a. We were concerned that best interests of children were not being considered while Focal Points were getting information from families and Service Coordinators on substantive equality and in making their decisions.
- b. The Caring Society still believes that a holistic approach to reviewing Jordan’s Principle cases, especially in light of best interests of the child, must be taken. This includes taking into consideration the wellbeing of the entire family, especially if there are other children in the family.
- c. Canada’s practice of only including First Nations children with status or who are eligible for status overrides the best interests of children, especially in life-altering cases (see also #9).

Possible Remedies:

- d. Canada needs to develop and train Focal Points on the best interests of the child (from an Indigenous perspective) and ensure that all decisions and processes used for Jordan’s Principle cases meet the best interests test.
- e. Canada needs to develop and train Focal Points on procedures for urgent/life-altering cases and develop a mechanism to track the number of urgent cases submitted.

Progress to date:

The CCCW has been developing a document on best interests of the child. A comprehensive training plan is needed to train Focal Points and Service Coordinators on the document. Best interests of the child must also be clearly and meaningfully incorporated into the Standard Operating Procedures and be approved by the CCCW and JPOC.

At present, it is unclear how best interests are being considered when approving or denying requests.

3. Information Requests

- a. There continue to be Focal Points who are not carefully reading submissions or not checking their files for questions they have relating to requests, which delays the processing of cases. On March 27, 2019, a mother contacted us as she was having difficulties receiving payment through Jordan’s Principle for her daughter’s orthodontics. Following correspondence with Ontario region, the Focal Point Regional Lead claimed to not have the information however the mother indicated to us that that same person had had previous correspondence with the orthodontist.

- b. It also still appears that requests for information are sometimes linked to changes or turnover in Focal Points. The Caring Society is concerned that information provided by families or Navigators to one Focal Point may not be passed on to subsequent workers when staff changes occur and is resulting in delays. On April 10, 2019, the Caring Society forwarded a case up to HQ and the Jordan Principle Client Support to help a mother who required respite but had been waiting for a decision for months due to Focal Point turnover and the discovery by the Region that her file had been lost (see also #5). The Caring Society continually followed up with Jordan Principle Client Support, citing the timelines of the CHRT. Jordan Principle Client Support proceeded to create a chronology of the case to find out what went wrong from their end, without first assisting the mother. Only after the Caring Society pushed for services for the mother for over 6 days did she get approved for respite.
- c. We still see that some Focal Points are not asking for all relevant information at one time. The lack of complete information requests and delays between information requests mean that the child's case is not being responded to within the CHRT timeframes. The same concerns apply to group requests. On March 20, 2019, a First Nation contacted their Focal point about the process for renewing their Jordan's Principle community Access Worker (a position that was approved for the 2018-2019 fiscal year and was already up and running). The request took over a month to process due largely to multiple and staggered requests for information by the region.
- d. Focal Points, and most recently the Jordan Principle Client Support person, have been asking the Caring Society for information regarding specific requests that the Caring Society has forwarded when requestors are having difficulties. We have seen instances where: Focal Points and the Jordan Principle Client Support are not communicating relevant information; they do not reach out to families to ask for additional information; they are not going back and looking through the files or carefully reading through emails to find relevant information. The most recent example is from April 25, 2019 where the Jordan Principle Client Support asked a Caring Society staff for the file number.
- e. There are a significant number of forms that families are required to fill out and many of these forms are for those who have higher reading levels. On April 16, 2019, Cindy Blackstock sent an email to Valerie Gideon pointing to a Jordan's Principle Claim Form that she ran through a Felsch Kinkaid reading scan that found some parts of the form are hard to understand and are worded at level meant for those who read scholarly papers.

Possible Remedies:

- f. Focal Points and the Jordan Principle Client Support need to carefully read all material submitted to them and only ask for additional information if it is REQUIRED to determine the case.
- g. Requests for information from Focal Points should be made at one time and not staggered so as to avoid time delays.
- h. Canada needs to take measures to ensure its information gathering is absolutely necessary to make a determination of the "requestors needs" and does not amount to an administrative procedure that delays services to children. More specifically, Canada must comply with 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. ii. Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted (p. 2)
 - ii. [135]B.iii. "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p. 5-6)

- i. The Caring Society is not a service provider; our role is to notify ISC when we are made aware of families or groups experiencing difficulties and to flag policies or practices inconsistent with the Tribunal rulings. The onus is on the Focal Points and the Jordan Principle Client Support to locate necessary information or to contact families/organizations for further information regarding requests.
- j. Focal Points should be required to fill out paperwork for individuals submitting requests as well as provide support to groups when filling out paperwork unless otherwise specified by the individual or group, particularly given the uneven literacy levels and access to computers among applicants.

Progress to date:

The Caring Society continues to reiterate that it is imperative for all Focal Points and the Jordan Principle Client Support to be properly and adequately trained on CHRT orders, Jordan’s Principle, substantive equality and best interest of the child, including lessening the burden on families when they make requests. Training needs to emphasize that the CHRT rulings are legally binding directions, not recommendations, it is vital that ISC take every measure possible to resolve cases within the timeframes laid out by the Tribunal.

Focal points need to understand that some families making requests will be unfamiliar with administrative/bureaucratic processes and paperwork and, as such, will require assistance. Due to Canada’s colonial legacy, some families do not trust government processes. Direct work with families requires a different approach than Focal Points may be used to if they are most accustomed to lateral exchange with government colleagues/inter-office communication.

4. Referrals to Headquarters

- a. Focal Points seem to have little control in ensuring timely resolution of cases once requests have been sent to HQ. In the compliance reports filed for the February 15, 2019, JPOC meeting, none of the non-urgent cases sent to HQ were resolved within 48 hours. As one example, a case flagged by a family in the Yukon took 26 days from the date of submission to the date of denial. Some of this delay was due to the family needing to wait on a letter of support, however the bulk of the delay appears to be due to referral to HQ. It should also be noted that this was a time-sensitive request and, as such, the request could have been escalated and potentially approved pending the letter of support.
- b. Another example of a recent case involves a family seeking an MRI, recommended by doctors, for their son with complex medical needs. On April 25th, 2019, the Caring Society received an email update from an ISC Regional Director stating that “[a]s an MRI is considered above the normative standard the request would then be escalated to our National Office for review.” Valerie Gideon responded same day to clarify that requests can be approved based on substantive equality, best interests of the child and cultural appropriateness by the region and do not need to be escalated.

Possible Remedies:

- c. Although there are now clearer criteria in place for the types of referrals to HQ, the CHRT timelines must be followed.
- d. We encourage continued systematic tracking of reasons why decisions cannot be made at the region including regular identification and solutions to any systemic barriers to CHRT compliance.

Progress to date:

As per 4(b), Valerie Gideon’s quick response clarifying the process for referrals to HQ was appreciated. However, it is concerning that a Regional Director was not aware of the referral process, indicating that further training on the process and procedure for escalating cases is still required at all levels.

5. Privacy Concerns

- a. The Caring Society has continued concerns about the apparent lack of protections for the Privacy of Information in Canada's Jordan's Principle process. Canada has previously shared that it is following the Privacy Act and other internal guidelines, but processes appear to vary by region and the actual implementation of the Act and guidelines remains unclear.
- b. As stated in #3b., the Caring Society forwarded a case up to HQ and Jordan Principle Client Support to help a mother who required respite but had been waiting for a decision for months due to Focal Point turnover and the discovery by the Region that her file had been lost. As a result, the mother had to re-submit all documentation and was then asked to provide receipts for the respite she had been receiving even though she did not have to provide them previously. In addition, the regional Focal Point team should have expedited her request for respite services, since CHRT timelines had long passed and it was the region's fault for losing her information. It was discovered her file had been lost on February 19, 2019, and it took two months for the services to be provided.

Possible Remedies:

- c. Canada must publicly share its procedures for protecting the privacy rights of children and families in Jordan's Principle cases including ensuring that identifying information is not shared with GOC personnel who are not directly charged with the determination of Jordan's Principle cases. These same procedures should be shared with the CCCW committee.
- d. All Government of Canada departments are bound by many privacy laws however, as the Caring Society understands, it is the responsibility of the regions to ensure proper handover of personal information. All Focal Points and other GOC staff charged with receiving and determining Jordan's Principle cases must be trained in standardized training programs, and held accountable for, ensuring privacy rights are respected. All regions need to have mechanisms in place to ensure that privacy standards are maintained.

Progress to date:

In June 2018, Bonnie Beach advised the Caring Society that Canada "handle[s] all information as per our privacy statement which can be found in our client friendly package as presented at JPOC a number of months ago. The statement reference subsection 8(2) of the Privacy Act.

The Caring Society is unclear as to whether there are national standardized training programs and mechanisms in place to ensure privacy is maintained for families and groups accessing services under Jordan's Principle.

Given concerns raised in 3(e) above regarding the need for plain language documents, a review of Canada's privacy statement may be needed to ensure the wording is clear and accessible.

6. Lack of a Procedure for Identifying and Responding to Urgent Cases

- a. The Caring Society has had previous concerns around the process for identifying or managing urgent cases, specifically, whether the processes that exist adequately identify urgent cases and if there is an effective monitoring system to ensure that cases are classified as urgent or non-urgent properly. We also consider time-sensitive requests and requests for children in palliative care as being urgent in nature.
- b. Once a case is sent to HQ for review and determination, the Caring Society is unaware if a triage process is in place for urgent cases. In March 2019 for example, the Caring Society was contacted by a mother whose son was in treatment. Despite a professional recommending an extension for treatment, the request for extension was denied because the youth had hit the age of majority during his treatment (see also section 19). The mother panicked because her son required additional treatment in order to help him with his mental health challenges; 30 day treatment was only enough to assist with the physical side of addiction.

- c. As per 6(b) above and 19 below, the Caring Society has concerns about urgent cases involving post-majority youth. When urgent requests are denied due to age, what mechanisms exist to ensure young people are connected with other GOC services in a way that responds to the nature of the situation, i.e. the possibility of irrevocable harm? This is especially concerning in cases involving mental health needs and suicidal ideation.

Possible Remedies:

- d. The GOC must continue to ensure that Focal Points screen all cases to determine and record whether they meet the criteria for urgent cases (i.e.: any reasonable belief that irrevocable harm may come to a child, time sensitive in nature).
- e. Where there is doubt, Focal Points and 24 hour line staffers should default to the urgent classification.
- f. A tracking system for urgent cases needs to be developed and a consistent process needs to be put in place for continuing to work on urgent cases after business hours. The Saskatchewan region, for example, sends a message to all Jordan's Principle service providers before the weekend to provide the contact information for the person who will be on-call to assist with Jordan's Principle requests.
- g. Until an independent body is put in place for appeals, all appeals sent to HQ should be reviewed and 'triaged' to assess for urgency and time-sensitivity.
- h. Urgent cases involving post-majority youth should be covered by Jordan's Principle until a clear mechanism for collaborating with other government departments in a timely way is established.

Progress to date:

The GOC provides members of JPOC and the CCCW with regular updates on the numbers of urgent cases by province and territory they receive as well as the timeline for processing requests for those cases. Canada has also changed policy so that requests are time stamped in order to ensure requests are processed within the CHRT time frames.

The Caring Society has some concerns regarding the process of continuing work on urgent cases after business hours. We continue to receive reports that the 24-hour Jordan's Principle line has been busy or that there was no answer as well as Focal Points not returning calls or voicemail being full. It is imperative that measures are secured to ensure that families and groups are receiving the services they need after hours and especially during holiday times (see also section 20).

7. Questioning and Over-riding Professional Treatment Plans

- a. We continue to see situations where licensed professionals deem a service necessary as a part of a child's safety or treatment plan that are questioned or over-ruled by Canada even on appeal (see also 7c).
- b. There seems to be a theme of Focal Points delaying Jordan's Principle services for reasons of requiring additional or "better" proof of need. The Caring Society believes this could be considered case conferencing, in which case, according to 2017 CHRT 35 (amended orders):
 - i. [3]b.ii. ii. Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted (p. 2);

- ii. [135]B.iii. "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified (p.5-6).
- c. As another example, the MRI for the child mentioned in 4(b) was initially slated for escalation to HQ due to the request being above the normative standard, despite a doctor's recommendation.
- d. The Caring Society is a strong proponent of self-determination and believes that, in general, families what is best for their children. We recognize that there are situations when children require specialized placements (i.e. children with autism and/or children with behavioural challenges, etc). In January 2019, we were contacted by a mother whose son had multiple learning disabilities and behavioural issues. The family approached provincial child welfare for services for support but did not go that route as their son would have to be placed into alternative care to access services. They found out about Jordan's Principle and applied for services. The family had three letters recommending he be placed indefinitely in out of home respite care to assist him.

The family placed their son at a permanent care facility as he was posing a serious risk to the other children in the family household. Funding through Jordan's Principle was being given on a month by month basis while the son underwent an assessment; this process went on for several months. The family wanted the placement to remain a more permanent option, however the Focal Point stated that ISC deemed permanent care was not an option for the child stating "current research on Institutionalized trauma indicates that it may not be in the best interest of a child to be placed in an institutionalized setting for longer periods of time." This rationale was given despite letters from professionals recommending this level of support and despite the wellbeing of the child and their family. The mother contacted the Caring Society as the option given to her was either place the child into care or transition the child back home – neither of which would be ideal for the family. The request was eventually approved.

Possible Remedies:

- e. In cases where the family has submitted a letter from a medical professional, Canada must clearly indicate why it is asking for further documentation and/or why the letter is insufficient. To ensure that the request is not delayed, Canada should continue to review/process the request on the assumption that further documentation is forthcoming; a final decision can be made pending receipt of the requested information.
- f. Canada must not over-rule professional treatment plans unless it has a qualified professional(s) credentialed in the same area who are prepared to provide a second opinion *and identify that such action is in the best interests of the child*. Ignoring professional assessments of children's needs in favour of bureaucratic considerations (ie: a service gap) is not acceptable practice particularly as the CHRT does not allow refusal of Jordan's Principle claims based on service "gaps."
- g. Canada must ensure that any "reviewers" of treatment plans submitted by attending professionals are credentialed in the area and follow a standard of review accepted by the profession. Moreover, Canada's rationale and decision to review cases must be clearly articulated and made in a manner consistent with the CHRT decisions.
- h. Canada should be very reluctant to over-ride the professional recommendations for service needs and if it does so, it needs to provide a reason (related to the children's best interest) for the over-ride and provide realistic alternatives for the need to be met. This must be communicated to the requester in writing within the CHRT timeframes.

Progress to date:

While fewer in number, the Caring Society is still seeing some instances where Canada continues to question the treatment plan outlined by a professional. For example, on April 23, 2019, we received notification from a Jordan's Principle Coordinator that the two letters (social worker and a doctor) were insufficient for the request for a child to attend a specialized school for children with behavioural challenges and that an additional letter from a psychiatrist was also needed. There is no clear indication that the Focal Point had any qualifications to require this information. Consistent with 7(c), this suggests that cases beyond the normative standard are being flagged as needing additional "proof" of need, even when the treatment plan or request is clearly supported by qualified professionals.

8. Service "Gap" and "Normative Standard" Rationales for Refusal

- a. Previous versions of this document noted concerns about numerous cases being denied due to no "gap" in service. We noted that that rationale was inconsistent with the CHRT rulings requiring Canada to determine cases on the basis of the "needs" of children with their best interests in mind and in keeping with substantive equality. We further noted that the Caring Society had seen many denials that state that the request is outside the normative standard but makes no mention of whether the request was also reviewed under the substantive equality lens.
- b. Although we are pleased to note that we have seen fewer cases involving denials related to service gaps or the normative standard, we do not see all decisions given to families/groups.
- c. Unfortunately, as per #1 and #2 above, this concern seems to have been replaced with denials on the grounds insufficient information to determine that the product/service/support would ensure substantive equality. Furthermore, it is unclear how Canada is applying the principle of best interests of the child when assessing and deciding on cases.

Possible Remedies:

- d. Canada must immediately communicate to Focal Points and all other relevant staff that a "gap" in services is not a CHRT compliant reason for denial.
- e. Canada must immediately communicate to all Focal Points and all other relevant staff the CHRT compliant requirements for assessing cases.
- f. Canada must review all cases, including those denied on appeal, where the "gap" and "normative standard" reasons have been given and reassess those claims based on CHRT requirements.

Progress to date:

As noted, our concerns in this area have shifted to reflect a growing number of cases referred to HQ for being beyond the normative standard, or denied due to lack of information about substantive equality. We are also unclear as to how the best interests of the child are being considered in decision making.

9. Exclusion on the Basis of First Nations Eligibility Criteria

- a. On February 21, 2019, the CHRT ruled, that urgent, life-threatening cases for non-status First Nations children recognized by their First Nations must be funded through Jordan's Principle.

- b. The Caring Society is still concerned that First Nations children without status residing off-reserve continue to be denied access to Jordan's Principle, despite the Tribunal's ruling. In February of 2019, the Caring Society was contacted by a mother whose son requires 1:1 support as she is on disability, her partner works full time and the son's regular outbursts were dangerous to the younger sibling. As the child was diagnosed with autism, the family was receiving a little bit of support there but it was inadequate to support their needs. Although mom has status and is a registered member of her community, her son is not eligible for status and she has been unable to get a letter of support from the band in order to obtain services through Jordan's Principle. The Caring Society has spent much time working with the mother to help her get the services her son needs.
- c. In the previous iteration of this document, the Caring Society had expressed concerns around Canada's approach to prenatal¹ care programs and the considerations this poses for determining cases.

Updates:

The matter of the definition of a First Nations child is currently before the CHRT.

10. Group Requests

- a. The Caring Society has raised previous concerns regarding group requests, including: that the process for the assessment of group requests seemed very uneven across Canada; incomplete and staggered requests for information by Focal Points; consultation by Focal Points with other government departments to assess the legitimacy of the request, rather than assessing the request according to Jordan's Principle standards.
- b. The Caring Society continues to have concerns regarding the handling of group requests through Jordan's Principle.
- c. In one email from a region on April 13, 2019, the Focal Point advised agencies "to exhaust all Provincially funded services prior to sending request to Jordan's Principle."
- d. In another instance, funding for an agency's prevention activities were denied through the Child and Family Services program because those services were available through other GOC departments. As the Child and Family Services Program falls under ISC and ISC is bound by the Tribunal orders, the Caring Society believes it was the duty of ISC to provide the agency with the necessary information to apply for the request through Jordan's Principle.
- e. As per the example in 3(c) above, Focal Points continue to "assess" group requests in a staggered and incomplete way that delays decision making.

Possible Remedies:

- f. Canada must clearly communicate with Focal Points and others involved in Jordan's Principle cases that Jordan's Principle is not a last resort measure. Additional training should be provided to ensure this point is clearly communicated and understood by all Focal Points.
- g. Focal Points are required to encourage group requests through Jordan's Principle, especially when they see a gap in service or a need not being met.
- h. Reiterate to Focal Points and others involved in Jordan's Principle that the CHRT timeline of 7 days is legally binding.
- i. There needs to be more transparency on the process for appeals of group requests.
- j. There is a need for capital costs to allow for the provision of services per group requests (see also #16).

¹ In context of this document, the term "prenatal" also refers to perinatal care and the gestational period before birth.

Progress to date:

11. Service Coordination/Fiscal turnover

- a. The Caring Society had raised concerns over Service Coordination contracts expiring on March 31, 2019 and the lack of information on if, and how, these contracts would be renewed.
- b. Fortunately, the Caring Society has not heard of interruption of services for Service Coordinators past March 31, 2019.

Possible Remedies:

- c. Canada must continue to approve additional staff where heavy workloads are reported to ensure that children and families receive timely and quality service on Jordan's Principle cases per the CHRT orders. Canada has the legal obligation to ensure children's access to Jordan's Principle is met and that includes providing adequate and sustained support for Service Coordination bodies.
- d. Canada needs to account for the need for Service Coordinators to respond to the individual needs of children in group requests when assessing workloads.

Progress to date:

Following the March 31st deadline, the transition for Service Coordinator contracts appears to have been relatively smooth. We are uncertain how it may have affected families.

12. Inconsistent Decisions and Handling of Cases

- a. Previously we had outlined concerns around inconsistencies across the provinces/territories in dealing with cases and delivering decisions, along with inconsistencies within the same province or territory and the approval of request at the regional versus national level.
- b. In the Yukon, a group request for a lunch program in one community was approved at the regional level, while a request for the same program was denied by HQ. The denial was issued in February 2019. Our understanding is that the second request was bumped to HQ due to its proposed budget being over \$100k. In comparing the two proposals, the second proposal (which was denied) is more comprehensive. The only difference appears to be that denied proposal required a greater investment of funds. The decision is being appealed.

Possible Remedies:

- c. Continue to train Focal Points and staff at all levels on the Standard Operating Procedures to ensure children access Jordan's Principle in a similar way across the country pursuant to the CHRT.
- d. There must be consistency in case decisions that are similar in nature within a province/territory.

Progress to date:

There appears to have been some positive change in this area but the Caring Society still sees room for improvement in terms of consistencies across all Focal Point teams and others working on Jordan's Principle.

As stated in #3, it is imperative that all Focal Point teams are properly and adequately trained on CHRT orders, Jordan's Principle, substantive equality and best interest of the child so as to ensure a more consistent approach in helping with cases and delivering decisions (see also section 15).

13. Gaps in FNIHB/NIHB Funding

- a. The Caring Society continues to raise concerns about gaps in FNIHB/NIHB funding as a factor contributing to the number of Jordan's Principle cases. We have heard on several occasions over the past two years that Jordan's Principle is being used as a last resort when NIHB will not fund a service, which points to broader systemic issues across GOC services for First Nations.
- b. Too often, families and communities find they need to go through Jordan's Principle to access services because the NIHB program remains discriminatory (does not fund the range of services and supports available through the provinces and territories). NIHB response times are also slow, the process is burdensome and therefore unable to meet the needs of children, even when the service is covered.
- c. In Ontario for example, infant audiology tests are covered for off-reserve infants. FNIHB states that the tests are not OHIP billable thus are not funded however, infants off-reserve get these tests in hospitals and infant development centers so they are provided/accessible to kids off-reserve.

Possible Remedies:

- d. As NIHB is an ISC program stream, train NIHB on Jordan's Principle. Forwarding denied requests from NIHB to Jordan's Principle is an administrative delay. The Department of first contact should be applying the scope/intent of Jordan's Principle and best interests to all requests.
- e. Canada must take measures to address discrimination and poor service in other GOC programs and services for Indigenous people.

Progress to date:

The Caring Society maintains that the large volume of Jordan's Principle requests is directly related to the ongoing barriers and discrimination embedded in all other federal services for First Nations children.

Families need to access services through Jordan's Principle because the NIHB program is slow, burdensome and fails to meet the real needs for First Nations children. Other community-based requests, such as requests for recreation programs, infrastructure, etc., are also likely directed to Jordan's Principle because of a broader, government-wide failure to properly fund these services. Until implementation of the Spirit Bear Plan and until all GOC departments adopt the principles of substantive equality, and the best interests of the child, as outlined by the CHRT, requests to Jordan's Principle will remain high.

14. Coordination with Other Government Departments

- a. The Caring Society has previously raised concerns about Focal Points working with regional FNIHB/NIHB offices to prevent duplication of services in the funding of Jordan's Principle cases (the implication being that requests or proposals for "duplicate services" will be denied).
- b. We have also raised concerns about FNIHB/NIHB guidelines and understandings (i.e. that certain services are provincial responsibilities and should not be funded by Canada) being applied to Jordan's Principle cases. We are uncertain as to whether or not all FNIHB staff are trained on the CHRT orders so their guidance/recommendations to Focal Points may not align with the principles of substantive equality and the best interests of the child.
- c. Conversely, we note that Focal Points should be liaising with other GOC departments (as well as the Province and First Nations agencies) to find out what services are available for families who are denied through Jordan's Principle.

- d. More recently, the Caring Society has received conflicting information about the role and responsibility of Focal Points in coordinating with other government services to assist families who are denied under Jordan's Principle. In January 2019 (in correspondence regarding maternal child health services not covered under Jordan's Principle), Leila Gillis indicated to Cindy Blackstock and other Caring Society staff that "The expectation is that Focal Points work with the expectant mom to access the requested services." She also mentioned that ISC funds a wide variety of community based programs that a Focal Point could direct the person to. Caring Society staff understood this to mean that Focal Points have a responsibility to act as a direct bridge between ISC programs and funding pots when the requested service is not covered under Jordan's Principle.
- e. In April 2019, in correspondence regarding post-majority services for a young person in desperate need, the Ontario region stated that NIHB would follow up on the request and that "Outside of Jordan's Principle - NIHB is the only program stream that is directly managed by ISC. All other programs and services are managed by communities and service delivery organizations through the funds they receive in their contribution agreement." This statement suggests that, once the concern has been passed to another program, there is little responsibility on the part of the Focal Point to ensure follow through. It also implies that ISC is limited in its ability to coordinate with other government departments.
- f. Related to 14(e) the most recent correspondence from ISC suggests that responsibility for ensuring services for this young person have been offloaded to the First Nations Navigator. While the Caring Society fully supports community leadership in caring for their children and youth, we believe that responsibility for this case lies with ISC. Navigators often juggle extremely large case loads and it is unreasonable to assume that Navigators should take the lead in all instances, especially when this case is considered urgent due to the reasonable belief that the young person could come to irrevocable harm.

Possible Remedies:

- g. Clearly articulate and train Focal Points on their responsibilities in terms of coordinating with other programs or departments to ensure services when the request is denied under Jordan's Principle.
- h. HQ to provide Focal Points with direction on when it is appropriate to liaise with broader FNIHB staff and to remind staff that NIHB processes and standards are separate from Jordan's Principle and must not be used to assess or determine requests—this applies to both individual requests and group requests.
- i. Reiterate to Focal Points that administrative conferencing, such as meetings with government departments, must not delay the timely resolution of cases as per CHRT timelines.
- j. Ensure Focal Points have lists of common services (i.e. respite, mental health supports) based on province/territory and where families can access them whether it be from other departments or through the Province or a First Nations agency.

Progress to date:

The differing responses/perspectives discussed in 14(c) and 14(d) indicates that coordination between programs and government departments remains unclear and haphazard. The Caring Society believes that it is the responsibility of Focal Points to assist families in navigating government services. It is imperative that ISC staff working with families on Jordan's Principle are aware of what other programs and departments have available and work to assist families in accessing these supports.

15. Cultural Shifts

- a. The Caring Society maintains that many of the above concerns, requests for further information, consultation with other departments, etc., appear tied to a culture of restraint and, perhaps, the fear of “mistakenly” approving a case. In some offices, the culture of restraint seems to outweigh the principle of substantive equality or the best interests of the child.
- b. The Caring Society also believes that cultural shifts need to happen at the individual level and staff need to undergo training, including what structural barriers look like for families as well as the types of services that many families need.
- c. It appears that many Focal Points have little understanding of what it means to live in hardship. In November 2018, a Focal Point made the following comment about a mother who lives in poverty with three children and clearly struggles day to day: “I am not totally convinced that going to a daily walk in medical clinic to get a doctor’s note is burdensome.” No consideration was given to outside factors (having money to pay for a doctor’s note, bus/taxi fare to get to the doctor’s, fear of racism on the part of an unknown medical professional, childcare considerations, etc.) that may impact the mother from getting to the doctor’s office.
- d. More recently, the Caring Society has raised concerns about the need for an advance payment mechanism for families who are not in a position to pay for approved products or services. In February 2019, the Ontario region advised that advance pay is not a routine process and that there is no regional authority to make advance pay approvals. The fact that advance pay is seen as unusual suggests that current processes ignore the realities of many families applying for support under Jordan’s Principle. Many families do not have the funds to purchase items and claim for reimbursement – they require the funds up front or will not be able to proceed. In regards to this same case, a financial administrator noted that the requester “is working and has a vehicle” – seeming to suggest that someone with a pay cheque and vehicle should have access to discretionary funds. This assumption ignores the reality that many working people live in poverty or live pay cheque to pay cheque, and suggests that further training on the realities of poverty is needed at all levels.

Possible Remedies:

- e. ISC needs to establish a mechanism for advanced payment that recognizes financial hardship as an issue that many families struggle with. Alternatively, ISC needs to assume responsibility for establishing and coordinating direct billing (at present, it seems that families who cannot wait for reimbursement are expected to navigate this option on their own).
- f. HQ to send a message to all staff stating that the GOC is committed to the best interests of the child and substantive equality and that staff should err on the side of approving cases; that Canada would prefer staff to “erroneously” approve cases, rather than erroneously deny them. HQ to reiterate that staff will not be penalized for erring on the side of substantive equality and the best interests of the child.
- g. The Caring Society recommends additional mandatory training about structural barriers for families and communities so that Focal Point teams have a better understanding of differing worldviews and experiences. This training should emphasize that Jordan’s Principle is a legal obligation resulting from decades of harms and discrimination against children. Such training may be needed to address any feeling or perception on the part of ISC staff that they are “doing their best” and families should be grateful for the services and supports provided.

Progress to date:

Training has been developed by GOC on culture sensitivity training and the Caring Society provided feedback. The Caring Society is unsure whether the feedback was incorporated into the documents. We are unaware as to whether a message confirming ISC’s commitment to substantive equality and the best interests of the child was sent to all staff.

16. Capital Costs

- a. We continue to push for coverage of major capital costs to ensure adequate space for the provision of services for group requests. Even if a group is granted funding to provide a service through Jordan's Principle, there is often no adequate building or place from which to provide the service.

Possible Remedies:

- b. Canada must make provisions to allow for major capital costs to be covered under Jordan's Principle.

Progress to date:

Canada will cover minor capital costs (excludes new builds) of up to \$2 million per request. The matter of major capital is under review with the CHRT.

Further work is still needed to inform Focal Points, Service Coordinators, and family/community members that minor capital costs are covered under Jordan's Principle. In our experience, this information is still not widely known.

17. Payment Delays

- a. The Caring Society continues to receive numerous reports/calls from families, Service Coordinators and groups experiencing significant delays in payment for services and products. Canada has committed to processing invoices within 15 business days of receiving invoices. However, it seems this may be an on-paper commitment only. In Ontario at least, there is a clear backlog of invoices and a lack of staff to process invoices, resulting in delays. In late March 2019, we were advised that Canada is working through a backlog in Ontario and are "6-8 weeks from date of receipt to date of payment."
- b. In keeping with 15(d) above, payment delays cause significant stress for many families living in situations in hardship. While a 15 business day turnaround may seem fast in standard government terms, ISC payment timelines, even when working on schedule, do not support the lived realities of some families.
- c. We remain mindful that it is extremely challenging for families to retain services providers, like respite workers, and almost impossible to keep the service if payments are delayed. While services are not technically delayed, payment delays and complaints from unpaid merchants and service providers cause families significant stress and frustration. In too many cases, families risk losing service providers or are forced to pay providers out of pocket, which is often a huge financial burden.
- d. We remain concerned about Canada's record keeping in regards to payment timelines/compliance being skewed. In our dealings with the financial department, it would seem that finance personnel "turn on the clock" when they receive all relevant information from Focal Points, or when they themselves have time to start working on payment. As such, the "clock" does not actually start when families submit their information; invoices and payment information may well be sitting in the Focal Point's (or finance person's) inbox for weeks before attention is given to the file. Even in cases when invoices have been missed by Focal Points or GOC personnel, finance personnel insist there is no way to expedite the process.
- e. There is no process for families to complain about payment delays.

Possible Remedies:

- f. Canada must ensure that adequate staff and clear procedures for payment of invoices are followed without delay and in keeping with the 15 business day commitment.

- g. Consistent with #15, ISC staff working on Jordan's Principle require training on the realities of financial hardship, in order to increase sensitivity to family concerns to payment delays. A reimbursement of a few hundred dollars might seem a small amount to some, especially to those with secure jobs and salaries and/or who are used to processing payment for big ticket items, but for others, this amount may be the difference between making it or not.

Progress to date:

In 2018, the GOC committed to hiring extra staff for the Ontario region however it is not evident that this has occurred and the Caring Society received no response from the Ontario region as to what measures were being taken.

On April 25, 2019, Valerie Gideon advised that she has asked the DG responsible for Accounting Ops to follow-up on reporting back payment times and also on simplifying financial forms. She indicated that the DG responsible for Accounting Ops would be travelling to ISC's accounting ops hub to investigate. Valerie will share a summary of proposed actions ISC will take.

Some First Nations Navigators in Ontario now have agreements in place that allow them to reimburse families or pay for services directly once a request has been approved by ISC HQ. For example, IFN (Independent First Nations) has such an agreement in place and their turnaround time for payments is currently 1-2 weeks. Ontario Focal Points and finance people are supposed to advise families of the community-based payment option (assuming their First Nation has such an agreement in place), however this does not seem to be happening in all cases.

18. Maternal Health and Prenatal Care

In previous versions of this document, the Caring Society had the following concerns:

- a. On January 12, 2019, Leila Gillis confirmed by email that the current definition of child under Jordan's Principle is birth to age of majority. The Caring Society disagrees with the exclusion of maternal and prenatal services.
- b. Whereas Canada has framed the issue as being about the "definition of a child" the Caring Society still sees prenatal services as a matter of maternal health. The Caring Society has expressed concerns about federal child welfare legislation—which is a non-voluntary service—having jurisdiction prenatally without conversations with all First Nations, First Nations child welfare experts, and First Nations women's organizations. However, requests under Jordan's Principle are voluntary by nature, meaning it is families themselves who are asking for help and support. The demarcation between voluntary and involuntary service provision is critical. Requests made under Jordan's Principle are much different from the involuntary context of child welfare where caution needs to be exercised in regards to prenatal intervention.
- c. Given the voluntary nature of Jordan's Principle and the significant evidence regarding the benefits of maternal and prenatal care, the Caring Society supports individual and group requests for maternal and prenatal services under Jordan's Principle. In terms of group requests, we support requests for services where there is demonstrated need (i.e. waitlists for midwifery services or lack of culturally based services) and where participation in such services/programs is voluntary.
- d. In her correspondence of January 12, 2019, confirming the exclusion of maternal and prenatal services, Leila Gillis stated that Focal Points are expected to work with expectant mothers to access the requested services (i.e. the Focal Point could connect with the Maternal Child Health Program for support). As such, it would seem that Canada is already providing maternal and prenatal services on a voluntary basis. As such, extending this support to Jordan's Principle is not outside the scope of Canada's current mandate.
- e. The Caring Society has also received inquiries regarding non-First Nation mothers of unborn First Nation children requiring prenatal services.

Case Example: Midwifery

- f. As Canada knows, the Caring Society supported the Tsuut'ina Health Centre (Alberta) in their application for midwifery services under Jordan's Principle. The Nation approached Jordan's Principle Focal Points after being repeatedly bounced between Alberta Health Services (AHS) and the First Nations Inuit Health Branch, indicating an ongoing jurisdictional issue between levels of government in terms of responsibility for services. Tsuut'ina started the request process in June 2018. The request was ultimately denied in August 2018. The proposal for midwifery was denied based on "no gap in service" and "no medical basis upon review." The rationale was later changed to "no gap in services" and "no evidence to support substantive equality."
- g. The Caring Society received additional information about the rationale for denying Tsuut'ina's request through the Assistant Deputy Minister's office. We were advised that a case review determined the request exceeded the normative standard, as existing services are based within local proximity (the community is adjacent to Calgary) and AHS has a midwifery program that is accessible on an individual basis and has been accessed by families from the Nation (i.e. 12 deliveries).
- h. The local proximity rationale does not address the core reason Tsuut'ina applied for funding under Jordan's Principle. As we understand it, Tsuut'ina's position is that midwifery services provided by AHS are culturally inappropriate and do not need meet the needs of families in the community.
- i. Canada further advised that Budget 2017 "midwifery demonstration projects" in the region are geared toward northern communities where access to services is challenging and women often have to leave communities for long periods of time prior to giving birth. Thus, the current funds targeted for Alberta are for Nations in Northern Alberta. Canada also noted that opportunity may exist to link with CFS prevention initiatives through the Children and Family Directorate at ESDPP.
- j. In December 2018, Tsuut'ina was advised by Canada that there are no federal funds available for midwifery under Jordan's Principle or through any other federal department. Tsuut'ina subsequently contacted AHS to explore funding options, as per Canada's advice, but in January 2019 were advised that provincial funds are scarce with no immediate solutions or ideas to meet the funding gap.
- k. We are aware that Canada has offered to fund/partner with the Tsuut'ina Health Centre to develop a model for midwifery in Indigenous communities. The Caring Society questions the utility of this offer, as there is no indication that the development of such model would translate into funding or the ability to actually implement it.

Case Example – High-risk Pregnancy:

- l. Also in January 2019, we were advised of a case where a pregnant mother with multiple children was on bed rest due to age and it being a high-risk pregnancy. She was not able to do housework or lift objects – yet still needed to care for her other 2 children. She needed assistance with housekeeping chores to assure that her child could come to full-term.
- m. As stated in 18(d), Canada has advised that in such cases, Focal Points are expected to work with the expectant mother to access the requested services through the Maternal Child Health Program. Given that the Caring Society was contacted for assistance in regards to the above case, it seems as though Focal Points are not meeting this expectation (also consistent with #14). In this instance, it seemed clear that the mother's short-term medical condition made it difficult for her to care for her children or meet their needs fully. The Caring Society is aware of cases where in-home family support has been funded to ensure the safety and well-being of children when parents are in need of mental health support; the same standard should apply to medical issues for expectant mothers.

Case example – Car Seats:

- n. Infants leaving the hospital are required to leave in car seats – go home to beds or cradles, have clothing and diapers – and have other baby equipment as required for the normal child. For First Nations parents with financial issues, there may be barriers in provision of these items, resulting in prolonged stays at the hospital and undue stress on mothers/parents.

- o. In her correspondence of January 12, 2019, Leila Gillis stated that car seats are beyond the normative standard, but in the best interest of the child. She indicated that regions should be considering this and looking at requests from a substantive equality perspective on a case by case basis.
- p. The Caring Society has concerns about the “case by case” approach for approval of car seats and other necessities. First, we are concerned that any such requests are being automatically redirected or denied, due to the “birth to age of majority” rule. As stated above, there is no indication that Focal Points are actually working with expectant mothers to access the requested services. Second, babies cannot be discharged from hospital without a car seat and keeping babies in the hospital unnecessarily is not in the best interest of the child. The time for filing and processing a Jordan's Principle case and getting the seat paid for after birth is long. Requiring families to wait until birth to apply for help leaves babies in the hospital unnecessarily and causes hardship on the mothers/parents.

Possible Remedies:

- q. In regards to the case example of car seats, the Caring Society recommends ensuring that an advance payment or pre-authorization of the purchase be readily available for expectant mothers/parents.

Progress to Date

The Caring Society is unaware of any progress that has been made with regard to maternal health and prenatal care.

19. Post-majority services

- a. The Caring Society has serious concerns regarding the lack of post-majority services available through Jordan's Principle.
- b. Youth with significant needs are at risk of losing services, even if the service is clearly in their best interest. As outlined in 6(b), a youth with high needs was denied services due to the fact that the extension for the original request was submitted after he had “aged out” even though the service was recommended by medical professionals and in his best interest. His initial 30-day treatment was inadequate to address the mental health challenges underlying his addictions and treatment only addressed the physical part of the addiction.
- c. As per #14, the process under Jordan's Principle for supporting post-majority youth is unclear. The case referenced in #14 involves a young person whose request for mental health supports was denied due to his aging out at the same time as his application was submitted. In providing an update, the navigator reported that “although he [the youth] doesn't think of suicide as often as before, he does still think about it which is still a red flag.” In response to concerns raised by the Caring Society, the Ontario region acknowledged the seriousness of the situation and stated that NIHB would follow up on the request. It is unclear what sort of follow-up would have occurred had that Caring Society not been made aware of the case. It is also unclear whether the Focal Point will continue to monitor the case to ensure services are provided. Recent correspondence suggests that responsibility for the case may have been offloaded to the First Nations navigator.
- d. Without access to Jordan's Principle, post-majority young people impacted by colonial policies and substantive equality issues and with no supports are expected to pay for services and be successful. In April 2019, the Caring Society learned about a youth in care who was in care for almost the entirety of her life but on paper was only considered as being in care for a year. As such, she does not qualify for any benefits that might be offered to her had she been considered as a permanent ward of the state. She has no familial support as she is the first in her family to attend a Masters program and her First Nation does not provide much funding. She is unsure whether or not she would qualify for a loan.

Possible Remedies:

- e. Funding through Jordan's Principle continues past the age of majority in order to allow for time to find another solution.
- f. Focal Points and/or the Jordan Principle Client Support meaningfully assist families and organizations to access funding through other ISC programs or through the province. This would require a clear direction as the responsibility of Focal Points and should be included in the Standard Operating Procedures.

20. Jordan's Principle 24-hour Call Centre

- a. The Caring Society continues to receive reports that the 24-hour Jordan's Principle Call Centre has been busy or that there was no answer. The last report we received was in April 2019.
- b. Canada has advised that, depending on the volume of calls, the current process is when an agent is not available the option for a call-back is given, or the caller is directed to voicemail. Canada's goal is to return voicemails within 60 minutes. The Caring Society has outstanding question as to why an agent would not be available—why is there no back up person to receive calls?

Possible Remedies:

- c. The Caring Society continues to recommend ensuring that the 24-hour line is adequately staffed at all times.
- d. In Valerie Gideon's affidavit dated April 15, 2019, it is stated that the incoming calls will be recorded. No timeline for this was provided.

Progress to Date

The Caring Society has addressed these issues with HQ and HQ has reached out to the Caring Society on a couple of occasions to report the Call Centre was down. While we appreciate being notified, there needs to be consistency in terms of ensuring that families and others can access the Call Centre in order to get services through Jordan's Principle and to avoid delays.

In December 2018, Cindy Blackstock asked Leila Gillis to include data on how many calls go to the toll-free line go voicemail and the time frame for response as an ongoing data measure, in order to understand the scope of the issue so proper corrective action can be taken. It is also important to ensure integrity in data collection. For example, voicemail issues may result in lower call stats.

21. Retroactive

- a. In 2016 CHRT 2, the CHRT found that the GOC's definition of Jordan's Principle was discriminatory as it limited who could apply.
- b. At this time, there appears to be no national standard in regards to retroactive. = For example, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) website indicates that parents who covered "covered the costs of services for their children in the areas of health, social services and education could be reimbursed retroactively to 2007" - there is no mention of needing to have submitted a request for funding that was denied. See: <http://cssspnql.com/en/areas-of-intervention/health/jordans-principle>.
- c. We have been advised by First Nations in BC that Jordan's Principle will reimburse payments from July 2016 onwards. BC will only reimburse from April 2007 onwards if the request was previously submitted and denied by Jordan's Principle.

- d. The Caring Society believes retroactive should also be extended to those who did not apply to Jordan's Principle – whether they did not know about it or did not think they would qualify.

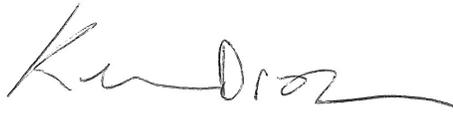
Possible remedies

- e. With the CHRT's ruling in mind, the Caring Society believes that retroactive requests should also cover requests for services that were not submitted due to the GOC's limited definition but would have qualified under Jordan's Principle.
- f. The Caring Society has maintained from the outset that limiting retroactive reimbursement to requests that were denied or only partially approved is under-inclusive, as some families may not have applied (or didn't even know they *could* apply) due to the restrictive nature of the definition.
- g. 2017 CHRT 35 states: "Canada shall review previous requests for funding that were denied, whether *made pursuant to Jordan's Principle or otherwise*, dated from April 1st, 2009, to ensure compliance with the above principles" (emphasis added). This wording indicates that denials by NIHB should qualify (if Jordan's Principle was working properly, NIHB should have either referred families on to Jordan's Principle, or paid for the service/product/support and sought reimbursement from Jordan's Principle after the fact).

Progress to Date

The Caring Society has requested that a section about retroactive funding be added to the Jordan's Principle Standard Operating Procedures.

This is **Exhibit "13"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

JORDAN'S PRINCIPLE OPERATIONS COMMITTEE CONFERENCE CALL
DECEMBER 13, 2022

DRAFT RECORD OF DECISION

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
Welcome and Introductions - Co-Chairs		
	<p><i>Samantha Wilson-Clark- ISC</i> <i>Jessica Quinn, on behalf of Stephanie Wellman- AFN</i></p>	
Committee Business – Samantha Wilson-Clark		
Approval – Record of Decision July 12, 2022	<ul style="list-style-type: none"> No changes or omissions noted. Considered final as no other considerations received by end of week (December 16, 2022) 	
Update on Action Items from July 12, 2022	<ol style="list-style-type: none"> Review old SOPs for references for supports for groceries <ul style="list-style-type: none"> There was no documented policy in regards to the amounts and/or amounts limits to approve and no documented standard in regards to time period groceries could be approved. There was no policy regarding grocery adjudication criteria Previously, regions would typically escalate if 3 months had been approved in region Schedule discussion on having delegated agencies approve short-term supports at future meeting <ul style="list-style-type: none"> Will add to forward agenda for further discussion Funding could flow through a contribution agreement, as currently done for several service coordination organizations who do payments for individual requests. Give examples of keywords for advertising campaigns, explain when/how they are updated <ul style="list-style-type: none"> Spreadsheet outlining keywords for last year's advertising campaign provided with meeting materials. Keywords are optimized on a weekly basis throughout the campaign period. 	<ol style="list-style-type: none"> Add “discussion on having delegated agencies approve short-term supports” to forward agenda

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> • The communications team recommended that a review would be conducted on the existing keywords to add new terms and/or remove those that did not perform well in the past. • Happy to receive comments and ideas on new key words to be used in the advertising campaign, which is currently ongoing. <p>4. Send Communications deck secretarially for input</p> <ul style="list-style-type: none"> • Sent from Secretariat email on July 18. Subsequent input was provided to the Communications team. <p>5. Schedule discussion on social media and include how we can leverage external feeds and content</p> <ul style="list-style-type: none"> • Tentatively scheduled for the next meeting. <p>6. Circulate Terms of Reference and Consultation protocol</p> <ul style="list-style-type: none"> • Consultation Protocol will be circulated secretarially, along with Terms of Reference for JPOC, which were never finalized. • Forward agenda item: Discussion on TORs to finalize. <p>7. Ensure Focal Point guidance is shared with Service Coordinators</p> <ul style="list-style-type: none"> • Guidance pieces will be brought to JPOC for input and can be distributed secretarially once finalized. Organizations can distribute to service coordinators <p>8. Explore possibility of an in-person JPOC meeting</p> <ul style="list-style-type: none"> • Budgeting for in-person JPOC meeting in the new fiscal year (after April 1st) • Determining which items would be best suited for a face-to-face meeting. <p>9. Provide an update on helicopter company question</p> <ul style="list-style-type: none"> • Not related to Jordan's Principle/ outside of ISC 	<p>2. Add Presentation on Social media to next meeting agenda</p> <p>3. Circulate Consultation Protocol and JPOC TORs</p>

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<p>Note re: Ts&Cs circulated secretarily:</p> <p>On November 21st, a draft Terms and Conditions (T&C) entitled: <i>Contribution to Support Infrastructure for First Nations Children</i> was circulated to JPOC members for input.</p> <p>These Terms and Conditions are for capital funding under Jordan's Principle in order to streamline current processes, improve efficiencies and reduce the administrative and reporting burden on requestors. The proposed update will consolidate current authorities specific to infrastructure so that ISC is able to continue to implement Jordan's Principle.</p> <p><u>Questions/Comments:</u></p> <p><u>Jennifer King (Caring Society):</u> Previously, there was a presentation on GCcase scheduled. Was it deferred?</p> <p><u>Samantha Wilson-Clark:</u> For this meeting, we prioritized the updates on the Workplan, training and Back to Basics. A presentation on GCcase is still coming and is part of the forward agenda.</p>	<p>4. Add presentation on GC case to next agenda</p>
<p>Review of today's meeting Agenda</p>	<p><i>Samantha Wilson-Clark – ISC:</i></p> <ul style="list-style-type: none"> No additional items suggested 	
<p>Agenda Items</p>		
<p>Update on AIP Workplan to Improve Outcomes</p>	<p><u>Samantha Wilson-Clark (ISC)</u></p> <p>Workplan items completed or nearing completion:</p> <ul style="list-style-type: none"> ISC welcomed new Ombudsperson Dr. Nadia Ferrara on October 4th. Preliminary meetings with Dr. Ferrara regarding Jordan's Principle, the Workplan and AIP have occurred and these items were identified as a priority for the Ombudsperson. CHRT 41 has been implemented. A number of requests have been received, including many Jordan's Principle requests which are often complex due to being multi-use/multipurpose buildings. Work is being done to ensure funding components related to Jordan's Principle are assessed and allocated appropriately. 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> • Monitoring performance commitments to ensure they are in compliance with CHRT order timelines. • B2B is actively being implemented and operationalized • Re-review function was fully implemented in June. This gives staff an opportunity to re-visit a request which may have been denied, prior to it reaching the External Appeals Committee, when new information is presented or course correction is required. Once a decision is made by Appeals, it is not eligible for re-review. However, the Appeals panel is able to recommend re-review prior to making a decision. • Tracking mechanism for urgent cases implemented in GCcase earlier in the year. The system is sensitive, and flagging some cases where a request is complete but not completed in the system. These processes can be refined moving forward. Tracking has been established and was rolled out between February and April 2022. <p>Workplan items underway/ongoing:</p> <ul style="list-style-type: none"> • Looking to expand the National Call Centre to address call volume and be more effective • Building Back-to-Basics guidance documents. Presentation today to receive feedback and ensure it is implemented as intended • Established a new training and development team, and a new Back-to-Basics integrity team, with a CHRT Focal Point • Established, and currently piloting, a Back-to-Basics foundations course • Change management strategy- internally in department and across regions with Senior Management is in place and ongoing • A number of enhancements to systems and processes, changes to support denial rationales and approvals in GC case have been implemented • Development/implementation of a complaints process. When a complaint is received via phone call, email, or forwarded by Parties, we ensure a response is received. Working to establish a more consistent means of responding, to ensure concerns are followed up on and discussions on changes to processes take place as required. <p>Workplan items still in initial phase:</p> <ul style="list-style-type: none"> • The Back-to-Basics guidance documents focus on individual requests. Conversations are ongoing regarding applying Back-to-Basics to group requests 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> • Payment processes: these processes are outside of the scope of Jordan's Principle. ISC is working with Payments colleagues and Chief Financial, Results and Delivery office (CFRDO) to see how payment processes could be improved- such as connecting GC case to GCIMS (ISC's financial management system) to increase efficiency. • Conversations are ongoing regarding data collection on compliance and markers, independent audit and 3rd party assessment, random audits of decisions. <p><u>Questions/Comments</u></p> <p><u>Jessica Quinn (AFN)</u> : It's promising to hear about so much movement on the Workplan from ISC. After attending some regional meetings, there is concern that information is not being sent to Service Coordinators and First Nations and that there may be differences in implementation.</p> <p><u>Samantha Wilson-Clark (ISC)</u>: We will determine with JPOC how best to bring information to our partners. Communication has been challenging, but Back-to-Basics information has been shared here and can also be shared with Service Coordinators. There will be a presentation on training today and the intention is to include Service Coordinators in training. We will confirm with Regions that information about Back to Basics has been shared with Service Coordinators.</p> <p><u>Jessica Quinn (AFN)</u>: This is good clarity for our regional reps on the call.</p> <p><u>Lisa Paul (Mawiw)</u>: It's important to get Service Coordinator participation, perspective and input prior to the launch of the training.</p> <p><u>Samantha Wilson-Clark (ISC)</u>: Agree, it has been a challenge as Canada made a commitment to immediately implement Back-to-Basics but there wasn't enough time to develop documents and to ensure we included everyone. Finalized guidance documents will include everyone's input before being circulated.</p> <p><u>Jennifer King (Caring Society)</u>: I want to clarify- anything that comes to JPOC can be distributed unless marked otherwise? Understanding it is not JPOC's role to distribute documents.</p> <p><u>Samantha Wilson-Clark (ISC)</u>: The only document that cannot be shared is the Annex B Workplan, which was shared with JPOC members in confidence. Anything else can be shared broadly.</p>	<p>5. Confirm B2B documentation has been shared with Service Coordinator organizations.</p>

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<p>Jennifer King (Caring Society): Also, in regards to the piloting, there are a lot of Service Coordinators at JPAT, it could be a quick way to get them involved in testing and receive on-the-ground feedback.</p> <p>Samantha Wilson-Clark (ISC): I would be happy to explore that with the AFN.</p>	<p>6. Determine if Foundations of B2B course can be shared at JPAT.</p>
<p>Back-to-Basics Implementation: Presentation on Training Plan</p>	<p>Ashley Keays (ISC)</p> <ul style="list-style-type: none"> • A MentiMeter was provided to JPOC members to identify what they feel are the most important aspects in implementing Back-to-Basics. This information will be used to help target the design of the training. The most commonly selected topics of importance were: <ul style="list-style-type: none"> ○ “Cultural competency, cultural safety, cultural humility, cultural awareness” ○ “Examples of how B2B is applied through case studied and hands on experience” ○ Proactively applying Substantive Equality ○ Grounded in Indigenous ways of knowing and being ○ Vision of long-term approach for Jordan’s Principle and Inuit CFI • The Training, Development and Back-to-Basics Integrity team is expanding in order to develop training interventions and resources that are targeted, measurable and ongoing. Training is designed in a manner that considers structural and operational improvements set out in the <i>Work Plan to Improve Outcomes Under Jordan’s Principle</i> and broader departmental reform objectives, including providing support, in consultation with the Parties, on the following: <ul style="list-style-type: none"> ○ Implementation of the ISC Indigenous Cultural Competency Learning Policy; ○ A second pilot test of Jordan’s Principle driven of <i>Understanding the root causes of health and social inequities between Indigenous and non-Indigenous (Settler) people in Canada</i> course through Amy Bombay of Dalhousie University; and ○ ISC’s development of the cultural competency and performance commitments. • Currently, the Training, Development and Back to Basics Integrity team is prioritizing the Foundations of Back-to-Basics course. More role-specific training will be developed in the future. 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> • A training needs analysis was conducted which recognized the complex legal concepts (CHRT orders) that need to be applied, the reality of the impacts of colonization on Indigenous peoples, as well as the importance of recognizing intersectionality and cultural competency. • The training allows for critical reflection on unconscious biases/assumptions that inform our decision making; promotes allyship and anti-Indigenous racism; links colonization and structural racism; and incorporates Indigenous ways of knowing and being (how we teach and transfer knowledge, i.e. oral traditions). • The course is 6 days and includes 5 hours of training on the CHRT orders, as well as other important legal rights drivers such as the Human Rights Act, reports and recommendations regarding MMIWG. and the Truth and Reconciliation Commission. <p><u>Questions/Comments:</u></p> <p><u>Charmaine Pyakutch (FSIN):</u> After the AFN Special Chiefs Assembly, we saw there was no engagement, nothing brought forward from regions on resolutions, and we are seeing it here again. We are seeing things created for First Nations without First Nations input. It is difficult to have things thrown on us and being told, this is what we have to do. How is this compliant with OCAP and what do we do with this information?</p> <p><u>Samantha Wilson-Clark (ISC):</u> The purpose of the presentation is to bring forward the Pilot so we can receive feedback and commentary from this table. Nothing we have developed and brought to JPOC is finalized, and all feedback is welcome. We will make changes as needed to reflect our partner's feedback.</p> <p><u>Charmaine Pyakutch (FSIN):</u> If we move anything forward that involves our First Nations, they should be First Nations led. Nothing without First Nation input.</p> <p><u>Shirley Bighead (SLFN):</u> Agree that anything proposed should include First Nation input. It seems we are complicating something simple- children have needs so let's get the money out. Our concerns should be on the requests coming in, not establishing new groups. I wonder if it's necessary, when there is a lack of response to requests coming in.</p> <p><u>Samantha Wilson-Clark (ISC):</u> Completely understand your frustration. There has been a dramatic increase in requests - more than double what we had last year. On one hand, it's wonderful that more families know about Jordan's Principle and are receiving more supports, on the other hand, it's a massive increase for Canada to adjudicate this many requests. Part of what we are building is guidance to help ensure teams across ISC are able to make quick decisions in line with Back-to-Basics, keeping children at the center,</p>	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<p>and reducing administrative burden for requestors. We are absolutely committed to supporting children and families and continuing to improve, and continue our commitments outlined in the Workplan. This training will hopefully improve outcomes for children.</p>	
<p>Back-to-Basics Implementation: Presentation of Draft supporting documents for discussion</p>	<p><u>Meaghan Mirabelli (ISC)</u></p> <ul style="list-style-type: none"> • Following the sharing of the B2B Approach Document through JPOC in summer, the next step in moving forward with implementation, was to develop guidance documentation to address the ‘how do we implement B2B’ • Aligning with the Agreement in Principle Workplan to Improve Outcomes for Jordan’s Principle, replacing the previous Standard Operating Procedures was needed to ensure B2B decision-making was based on common-sense reasoning reflective of the spirit of Jordan’s Principle. (Desired Outcome #15) • Peer Mentoring and Think Tank meetings started in May 2022 where regions were encouraged to identify and discuss areas of B2B implementation that they would benefit from receiving additional clarification and support. We took a break over the summer to gather and review the information discussed at the meetings which we used to initiate the draft documentation supporting the Back to Basics approach. • When looking to identify the appropriate layout of the guidance documentation, opportunities were identified for best practices as well as operational bulletins, depending on the content. • The initial list of draft documentation includes Best Practices addressing recreational activities; requests for home (furniture and appliances) and fencing. • The Best Practice documentation was drafted to include references to the B2B approach as well as the Foundations of B2B – A Visual Guide. The reference material supports a consistent decision-making approach when considering: <ul style="list-style-type: none"> ○ Professionals/community-authorized Elders and knowledge keepers are acting within their area of expertise; ○ The parent or guardian are acting in the child’s best interest when consenting to the recommended product, service, or support; ○ That substantive equality applies to the child; ○ That the request is specific to that child and their needs; ○ Normative standard is insufficient to deny a request. 	

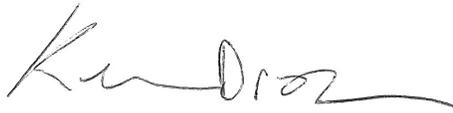
AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> • Best Practice documents bring in case studies to walk through how to apply the guidance that has been provided. Both the Best Practice and the Operational Bulletins are supported by Q&A and additional information where appropriate. • An example of supportive resources can be found under recreational activities where reference to The Truth and Reconciliation Commission of Canada: Calls to Action #87-91 and the UN Convention of the Rights of the Child, can be found. • The draft operational bulletins for consent and prenatal supports are more process focused, outline objectives of the document and are supported by question and answers. • Taking a specific focus on the pre-natal supports, the Operational Bulletin was recently drafted in response to consent order direction regarding requests for the child before first breath. The “how” in this circumstance includes a few examples of what could be considered reasonable i.e. cribs and car seats, along with documenting a data input system change, reflected by screen shots within the Operational Bulletin. • The documentation package was shared with the parties November 14 in support of today’s discussion and we welcome any feedback or comments that will help us to improve the guidance in support of B2B under Jordan’s Principle. • B2B Peer Mentoring and Think Tank Meetings – renamed to B2B Touchpoints will offer peer mentoring opportunities through forward agenda planning and leveraging round tables during the meetings. In line with the functional approach to training, these meetings will identify opportunities to improve communication channels between the HQ teams and the regions to improve the implementation of Back-to-Basics for Jordan’s Principle <p>Samantha Wilson-Clark (ISC): Please note that we have drafted these documents but they have not been shared with front-line staff. We are working with the Parties and JPOC, gathering input, and once we have received that feedback, we will be able to share with everyone including Focal Points and Service Coordinators. We wanted to provide this context first and then circulate the training documents as well as the Back-to-Basics draft documentation.</p> <p>Jessica Quinn (AFN): We need more time to look at the documentation, and appreciate the opportunity for AFN and JPOC as well to provide feedback.</p>	<p>7. Circulate package with Training and B2B Documentation</p>
<p>Community Round Table: Information from ISC- Agreements</p>	<p><u>Samantha Wilson-Clark (ISC)</u></p>	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
<p>with school boards to fund staff through Jordan's Principle</p>	<p>Atlantic:</p> <ul style="list-style-type: none"> • No contribution agreements, staff funded through O&M • Funding approved for EAs, specialist teachers, Guidance Counsellors, school-based mental health supports, tutors, etc. <p>Quebec:</p> <ul style="list-style-type: none"> • Provincial school boards: contribution agreements with 11 school boards. Fund 36 partners (school boards and private schools), 25 are paid by invoice (no signed agreement). • FN Education authorities: 31 contribution agreements with Band Councils, requests from schools are funded through these contribution agreements • Funding for staff includes special education technicians, tutors, resource teachers, EAs <p>Ontario:</p> <ul style="list-style-type: none"> • No contribution agreements with school boards • Approve support workers and other educational assistance services/supports <p>Manitoba:</p> <ul style="list-style-type: none"> • No contribution agreements with school boards • Approve several requests for educational assistants, etc. <p>Saskatchewan:</p> <ul style="list-style-type: none"> • Agreements with 25 First Nation communities, 4 Tribal Councils, 1 non-profit, 2 First Nation regional education alliances/school boards, 2 independently run schools, 11 provincial school divisions • Supports for EAs, mentorship, tutors, transportation, assessments, and allied health services including mental health therapy, speech and language, etc. 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<p>Alberta:</p> <ul style="list-style-type: none"> • Has contribution agreements with both public school boards and community schools. • Community schools funded through contribution agreements with Nations • Education supports also funded through Individual requests • Main requests are for EAs, tutors, and allied health professionals such as occupational therapists, speech language therapy, etc. <p>British Columbia:</p> <ul style="list-style-type: none"> • 1 contribution agreement with public school, 3 with First Nations. • Tripartite agreement with Ministry of Education, connect with school district prior to approving fund in public schools • Most requests were for EAs <p>Northern Region:</p> <ul style="list-style-type: none"> • In Northwest Territories, contribution agreements with 8 district education councils and 1 education authority, 1 school through K'at'odeeche First Nation, equaling 318.5 positions. • In Yukon, contribution agreements with Yukon First Nation Education Directorate and 1 with Tr'ondek Hwech'in First Nation's Department of Education to provide supports in schools. <p><u>Questions/Comments:</u></p> <p><u>Lisa Paul (Mawiw):</u> In New Brunswick, there is difficulty coming to an agreement with provincial schools. Eventually, requests from provincial schools came through the service coordination organization and agreements were made between the organization and provincial schools. How are contribution agreements made with provincial schools?</p> <p><u>Samantha Wilson-Clark (ISC):</u> We can connect to Atlantic region on this question- there are no representatives on the call today but we will ask them to follow-up.</p>	<p>8. Ask Atlantic region representatives about contribution agreements with provincial schools.</p>

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<p><u>Brittany Mathews (Caring Society):</u> Thank you for providing this context. The Caring Society had been made aware of concerns where, when a request for an Educational Assistant was approved for an individual, the school was leveraging that EA to help other kids as well. There is no clarity for regions on what is allowed to ensure the child is receiving the service requested.</p> <p><u>Samantha Wilson-Clark (ISC):</u> If the funding is for that child specifically, the child should be receiving that support directly, and should receive it full time. We can take this offline to look at each case specifically.</p> <p><u>Lisa Paul (Mawiw):</u> There are rules around bringing in EAs, as they are part of unions- there is a provincial process on the side due to agreements on who the province could hire. Also, as to not set a stigma against a child, they want the worker to circulate the room.</p> <p><u>Samantha Wilson-Clark (ISC):</u> Agree that we do not want to single a child out or affect their privacy, and do not want to raise union grievances. That would only result in the children suffering.</p> <p><u>Charmaine Pyakutch (FSIN):</u> It seems like most regions are similar. In Saskatchewan, there is difficulty working with the province, school boards and divisions due to similar problems. We continue to bring the challenges to JPOC but there are no concrete answers, no guidance on how to rectify the problems where children are not getting their needs met.</p> <p><u>Samantha Wilson-Clark (ISC):</u> Now that we are aware of the problem we can go back to school boards. It is a complicated environment with several jurisdictions- Provincial, unions, etc. We don't have an immediate solution but ISC can investigate and come back to JPOC to continue discussions to find solutions.</p> <p><u>Jessica Quinn (AFN):</u> There was a similar situation where there was difficulty hiring staff that were part of a union. The person in Manitoba worked with the school board and a Jordan's Principle navigator to staff the position. Having conversations with Focal Points and Service Coordinators to be able to navigate these situations promotes individual advocacy- people aren't needing to raise this at the national level. This information should be shared broadly at the regional level.</p> <p><u>Christine Simard-Chicago(ISC):</u> Ontario region has an issue with a school board that took advantage of the funding and left the community in a tough spot. We should proceed with caution so First Nations aren't taken advantage of.</p>	<p>9. Follow up on issue of EAs being leveraged for other children not included in request, bring to JPOC for discussion.</p>
<p>Closing Remarks</p>	<p><u>Samantha Wilson-Clark (ISC)</u></p> <p>Dates have not been set for the next few meetings, but once they are set we will send invites.</p>	

This is **Exhibit "14"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Government
of Canada

Gouvernement
du Canada

[Canada.ca](#) › [Indigenous Services Canada](#) › [Indigenous health](#)

› [Health care services for First Nations and Inuit](#)

Jordan's Principle

Services

- [Submit a request under Jordan's Principle](#)
- [Find a contact person in your region](#)
- [Download posters to print](#)
- [Public service announcements about Jordan's Principle](#)

To find out who's covered under Jordan's Principle, visit [Who is covered](#).

Jordan's Principle is free to access

There is no fee for First Nations children to access Jordan's Principle. Regional focal points and service coordinators will help you with a request for free. For help with a request or if you have questions, please [contact us](#).

Available 24 hours, 7 days a week

- Jordan's Principle Call Centre: [1-855-JP-CHILD \(1-855-572-4453\)](#)
- teletypewriter: [1-866-553-0554](#)

On this page

- [Updates on Jordan's Principle](#)
- [About Jordan's Principle](#)
- [Helping First Nations children](#)
- [A legal rule](#)
- [What we are doing](#)

Updates on Jordan's Principle

Jordan's Principle External Appeals Committee

From January to March 2021, Indigenous Services Canada (ISC) issued a call for proposals to seek services from professionals in the health, social and education fields to review appeals and issue recommendations as part of the new Jordan's Principle External Appeals Committee. The call is now closed. Thank you to all those who expressed an interest. ISC will communicate the results of the process to those who applied once the evaluation of the proposals is finished.

Other updates on Jordan's Principle

Under Jordan's Principle we are ensuring that First Nations children can access the products, services and supports they need, when they need them, while we work with First Nations partners, provinces and territories to develop long-term approaches to help better address the unique needs of First Nations children.

On September 29, 2021, the federal court upheld orders by the Canadian Human Rights Tribunal regarding eligibility under Jordan's Principle and compensation. The Government of Canada did not appeal the orders about

Jordan's Principle eligibility for products and services.

This means that First Nations families can continue to access Jordan's Principle under the same eligibility criteria that has been in place since November 25, 2020. To find out more, visit:

- [Who is covered](#)

To learn more about the latest federal court decision on child and family services and Jordan's Principle, or about other related decisions, consult:

- [Timeline: Jordan's Principle and First Nations child and family services](#)

Learn more about the agreements-in-principle related to the First Nations Child and Family Services program and Jordan's Principle:

- [Long-term reform of First Nations Child and Family Services and long-term approach for Jordan's Principle](#)

About Jordan's Principle

Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit and LGBTQQIA children and youth and those with disabilities may have.

Jordan's Principle is named in memory of Jordan River Anderson. He was a young boy from Norway House Cree Nation in Manitoba.

Requests for Inuit children can be made through the [Inuit Child First Initiative](#).

Helping First Nations children

Between July 2016 and
November 30, 2023

more than

4.2 million

products, services and supports
were approved under



speech
therapy



educational
supports



medical
equipment



mental health
services
and more

▼ Text alternative: Helping First Nations children

Between July 2016 and November 30, 2023, more than 4.2 million products, services and supports were approved under Jordan's Principle. These included:

- speech therapy
- educational supports
- medical equipment
- mental health services
- and more

A legal rule

In 2016, the Canadian Human Rights Tribunal (CHRT) determined the Government of Canada's approach to services for First Nations children was discriminatory. One way we are addressing this is through a renewed approach to Jordan's Principle.

Since the ruling, the CHRT has issued a number of follow-up orders about Jordan's Principle. In May 2017, the CHRT ordered that the needs of each individual child must be considered, to ensure the following is taken into account under Jordan's Principle:

- substantive equality.
- providing culturally appropriate services
- safeguarding the best interests of the child

This means giving extra help when it is needed so First Nations children have an equal chance to thrive.

What we are doing

We are supporting children who need help right away and are making long-term changes for the future, such as through reforming child and family services.

For the long-term, we are working to build better structures and funding models. These will make sure First Nations children living in Canada get the products, services and supports they need, when they need them. To do this, we are working closely with:

- provinces
- territories
- First Nations partners
- service organizations

Since 2016, the Government has committed \$3.5 billion toward meeting the needs of First Nations children through Jordan's Principle.

Local service coordinators have been hired in communities across Canada. They can help families who:

- have questions about Jordan's Principle
- would like to submit a request for products, services or supports under Jordan's Principle

We fund these coordinators, who are staffed by:

- local tribal councils
- First Nations communities
- regional health authorities
- First Nations non-governmental organizations, etc.

We also have staff across the country dedicated full-time to Jordan's Principle. They work closely with the local coordinators to make sure all requests are processed as quickly as possible.

Related links

- [Honouring Jordan River Anderson](#)
- [CHRT definition of Jordan's Principle](#)
- [Video: Jordan's Principle: Making sure First Nations children can get the services they need](#)
- [Video: Jordan's Principle Youth Public Service Announcements](#) (developed and made available by the [First Nations Child & Family Caring Society of Canada](#))
- [Jordan's Principle Handbook](#) (developed and made available by the [Assembly of First Nations](#))

Did you find what you were looking for?

Yes

No

What was wrong?

- I can't **find** the information
- The information is hard to **understand**
- There was an error or something **didn't work**
- Other reason

Please provide more details

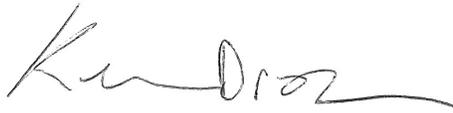
You will not receive a reply. Don't include personal information (telephone, email, SIN, financial, medical, or work details).

Maximum 300 characters

Submit

Date modified: 2024-01-04

This is **Exhibit "15"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Government
of Canada

Gouvernement
du Canada

[Canada.ca](#) › [Indigenous Services Canada](#) › [Indigenous health](#)

› [Health care services for First Nations and Inuit](#) › [Jordan's Principle](#)

Submit a request under Jordan's Principle

Important

If a child needs **immediate** care, please call 911 or your local emergency services number, or visit the nearest health facility.

On this page

- [What is covered](#)
- [Who is covered](#)
- [Who to contact](#)
- [Who can send requests](#)
- [How to send a request](#)
- [Processing requests](#)
- [Reimbursements](#)
- [How to appeal decisions](#)
- [For more information](#)

Every child has
unique needs.

JORDAN'S
PRINCIPLE
CAN HELP.



Available 24 hours, 7 days a week

- Jordan's Principle Call Centre: [1-855-JP-CHILD](tel:1-855-JP-CHILD) ([1-855-572-4453](tel:1-855-572-4453))
- teletypewriter: [1-866-553-0554](tel:1-866-553-0554)

What is covered

Jordan's Principle responds to unmet needs of First Nations children no matter where they live in Canada.

Different levels of government fund different services for First Nations children. As a result, it can be hard to figure out how to access necessary products, services and supports.

Under Jordan's Principle, we can:

- inform families about the help available for their child and how to access it

- coordinate access to products, services and supports
- provide funding when it's needed to make sure products, services and supports are accessed without delay

What is funded

Each child's situation is unique. Please confirm coverage in advance with your regional focal point for Jordan's Principle.

Funding can help with a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit and LGBTQQIA children and youth and those with disabilities may have. Some examples of what has been funded under Jordan's Principle include:

Health

- mobility aids
- wheelchair ramps
- addiction services
- services from Elders
- mental health services
- specialized hearing aids
- traditional healing services
- services for children in care
- assessments and screenings
- transportation to appointments
- medical supplies and equipment
- long-term care for children with specialized needs
- therapeutic services for individuals or groups (speech therapy, physiotherapy, occupational therapy)

Social

- social worker
- land-based activities
- personal support worker
- specialized summer camps
- respite care (individual or group)
- specialized programs based on cultural beliefs and practices

Education

- school supplies
- tutoring services
- teaching assistants
- specialized school transportation
- psycho-educational assessments
- assistive technologies and electronics

Who is covered

On November 25, 2020, the Canadian Human Rights Tribunal (CHRT) released a ruling about Jordan's Principle eligibility. A child under the age of majority in their province or territory of residence can access Jordan's Principle, if they permanently reside in Canada and if the child meets one of the following criteria:

- is registered or eligible to be registered under the *Indian Act*
- has one parent or guardian who is registered or eligible to be registered under the *Indian Act*
- is recognized by their nation for the purposes of Jordan's Principle
- is ordinarily resident on reserve

The eligibility above replaces the CHRT interim motion ruling of February 2019.

To find out more about how to confirm with a First Nations official that a child is recognized by their nation (for the purposes of Jordan's Principle), contact your regional focal point for Jordan's Principle or the Jordan's Principle Call Centre.

If you are a First Nations leader or official, looking for more information about what this means to your nation, please contact your regional office or regional focal point for Jordan's Principle.

Ordinarily resident on reserve means that an Indigenous child:

- lives on reserve
- normally lives on reserve even if the child or one of the members of their household (such as a sibling, parent, extended family living with child) may have been required to spend some time away temporarily from the community to access services such as health care or education where there are no other comparable services available in the community
- was ordinarily resident on reserve immediately prior to accessing Jordan's Principle
- is a dependent of a family that maintains a primary residence on reserve

- returns to live on reserve with parents, guardians or caregivers during the year, even if they live elsewhere while attending school or to receive medical care or other services
- meets student eligibility requirements in Yukon Territory

A child taken into care of a Child and family services agency or into a kinship or informal agreement is considered ordinarily resident on reserve where:

- the child's parent or guardian lived on reserve at the time the child was taken into care
or
- a child goes into the care of a guardian who lives on reserve

Requests for Inuit children can be made through the [Inuit Child First Initiative](#).

Please [contact us](#) if you're not sure how to help an Indigenous child who needs access to products, supports and services.

Who to contact



Update

Requests for access to products, services and supports for Inuit children through the [Inuit Child First Initiative](#) can also be sent to the regional focal points listed on this page.

Update: On September 6, 2019, the Canadian Human Rights Tribunal (CHRT) released a decision related to compensation for certain individuals under Jordan's Principle. This is a complex

decision which the Government of Canada is reviewing. Although you may have questions about this, **the 24/7 Jordan's Principle toll-free line and regional contacts, are intended to help with requests for products, services and supports, and not for requests related to the CHRT order of compensation of individuals.**

For more information:

- [The Government of Canada's assessment of the Canadian Human Rights Tribunal's ruling on compensation](#)

Contact us to:

- get more information about Jordan's Principle
- request funding for a product, service or support
- get copies of forms
- seek reimbursements
- start an appeal

You can reach us through:

- Jordan's Principle focal points across Canada
- local service coordinators for First Nations communities

Regional focal points across Canada

If you can't reach a regional focal point or you are seeking assistance after the listed business hours, please contact the [Jordan's Principle Call Centre](#).

Expand all

Collapse all

▼ National Office

Monday to Friday 8:00am to 4:00pm Eastern time

Indigenous Services Canada

JPCaseMgt-GestCasPJ@sac-isc.gc.ca

▼ Atlantic Region (New Brunswick, Newfoundland , Nova Scotia, Prince Edward Island)

Monday to Friday 8:30am to 4:30pm Atlantic time

For requests:

[1-833-652-0210](tel:1-833-652-0210)

principedejordanatl-jordansprincipleatl@sac-isc.gc.ca

For payment inquiries:

jordansprincipleatl_finance-principedejordan@sac-isc.gc.ca

▼ Quebec

Monday to Friday 8:00am to 4:00pm Eastern time

For requests:

1-855-JP-CHILD ([1-855-572-4453](tel:1-855-572-4453))

principedejordan-qc-jordanprinciple@sac-isc.gc.ca

For payment inquiries:

principedejordanfacturation-qc-jordanprincipleinvoicing@sac-isc.gc.ca

▼ Ontario

Monday to Friday 8:30am to 4:30pm Eastern time

For requests:

1-833-442-2429

jordansprincipleon-principedejordan@sac-isc.gc.ca

For payment inquiries:

1-833-442-2429

principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca

▼ Manitoba

Monday to Friday 8:00am to 4:00pm Central time

For requests:

1-855-JP-CHILD (1-855-572-4453)

jordansprinciplemb-principedejordan@sac-isc.gc.ca

For payment inquiries:

fnihbfnihmbrjp-spnirmbdgpni@sac-isc.gc.ca

▼ Saskatchewan

Monday to Friday 8:00am - 4:00pm Central time

For requests:

1-833-752-4453

principedejordansk_admission-jordansprinciplesk_intake@sac-isc.gc.ca

For payment inquiries:

1-833-752-4453

jordansprinciplesask_finance-principedejordan@sac-isc.gc.ca

▼ Alberta

Monday to Friday 8:00am to 4:00pm Mountain time

For requests and payments:

1-833-632-4453

jordansprincipleab-principedejordan@sac-isc.gc.ca

▼ British Columbia

Monday to Friday 8:00am to 4:00pm Pacific time

For requests:

778-951-0716

principedejordancb-bcjordansprinciple@sac-isc.gc.ca

For payment inquiries:

778-951-0716

paiementsprincipedejordancb-bcjordansprinciplepayments@sac-isc.gc.ca

▼ Northern Region - Yukon, Northwest Territories and Nunavut

Monday to Friday 8:00am to 4:00pm Eastern time

For requests:

1-866-848-5846

principedejordanrn-nrjordansprinciple@sac-isc.gc.ca

For payment inquiries:

1-866-848-5846

principedejordanfinancern-nrfinancejordansprinciple@sac-isc.gc.ca

Who can send requests

A request for a child or children in the same family or with the same guardian can be submitted by:

- a parent or guardian of a First Nations or Indigenous child who ordinarily resides on reserve
- a First Nations, or Indigenous child who ordinarily resides on reserve, at the age of consent in their province or territory of residence. A child at the age of consent can make decisions on their own about the care they need. Age of consent varies by province or territory.
- an authorized representative of the child, parent or guardian
 - written or verbal consent must be provided by the parent or guardian

An authorized representative is an individual or business that the requester has given authorized, written permission to act on their behalf with respect to a Jordan's Principle request.

A request for a group of children from multiple families or guardians can be submitted by:

- a parent or guardian of First Nations or Indigenous children who ordinarily reside on reserve

- a community or Tribal Council
- a community organization or institution
- a service coordinator, navigator or case manager

They can request products, services and supports, such as:

- respite care
- wheelchair ramps
- support programs
- educational assistants
- transportation to school
- local therapeutic specialists

How to send a request



Contact us through our [call centre](#), open 24 hours a day, 7 days a week, or your [regional focal point](#) to start your request to access services through Jordan's Principle.

The call centre or your regional focal point can provide copies of the forms to start a request or assist you with filling them in.

You can also obtain copies of the forms by clicking and downloading:

- [Individual or family request form](#)



How to open the PDF forms

These forms won't open on a mobile device, you will need a computer.

Don't double-click the PDFs. Right click instead.

To access these PDF forms:

1. Install [Adobe Reader 10+](#)  or an alternate reader if you don't already have one
2. [Download and save the PDF file to your computer](#) 
3. Right click on the PDF file you have saved on your computer, select "Open with", choose your PDF reader

We want to make the application process as easy to understand as possible.

Having certain information ready when you contact us can help if you are seeking access to products, services or supports. We start by working with you to gather the basic information to make the request.

To help us confirm the child's [eligibility](#), we may need one of these:

- name, date of birth or registration number of a First Nations child or parent who is registered under the *Indian Act*
- name and date of birth of a First Nations child or parent who is not registered but is entitled to Indian status under the *Indian Act*
- documents confirming a child ordinarily lives on a reserve
- confirmation that your child is recognized by their First Nation for the purposes of Jordan's Principle – visit Confirmation of recognition for more information
 - as a parent or guardian, you could provide a copy of the Confirmation of recognition form completed by a First Nation's designated or deemed official
 - you can also choose to provide consent to Indigenous Services Canada to seek confirmation of recognition from your First Nation on your behalf by completing the Consent to communicate form
 - if you are a service coordinator, a First Nations leader or official looking for more information about what this means to your First Nation, visit Confirmation of recognition

Contact us to obtain copies of these forms.

You will also need to send in a document that shows how the requested product, service or support meets the child's identified health, social or educational need. This document could be from an Elder, knowledge keeper or professional in that field of expertise.

Each request is determined based on the best interests of the child, substantive equality and culturally relevant service provision. If you are unsure of what you should submit, visit document needed for a request or contact your regional focal point.

If you are seeking reimbursement, follow the steps listed in [Step 7. Reimbursements.](#)

Processing requests

The [Jordan's Principle regional focal point in your area](#) will review the completed request. A decision will be sent to you in writing after the request is processed.

How long it takes to process a request

Requests for a child or children in the same family or with the same guardian:

- **urgent requests** (the child's current health or safety is a concern) are processed within 12 hours of receiving all necessary information
- all other requests are processed within 48 hours of receiving all necessary information
 - if we do not have enough information to confirm the type of product, service or support the child needs, more time may be necessary to get this information; however, if the child requires an assessment of their need(s), this can be paid for immediately under Jordan's Principle

Requests for a group of children from multiple families or guardians:

- **urgent requests** are processed within 48 hours of receiving all necessary information
- all other requests are processed within 1 week of receiving all necessary information

Approved requests are managed in 1 of 2 ways:

1. where possible, we arrange for the products, services or supports to be provided directly to the child, or children. In these situations, there is no cost to the family, guardian, child or authorized representative and reimbursement is arranged directly with the service provider or vendor
2. if the family, guardian, child or authorized representative has already paid for the approved product, service or support, then reimbursement of these expenses will be provided

Denied request

If your request is denied, you may appeal the decision up to 1 year from the date the request was denied.

Reimbursements

Each child's situation is unique. For this reason it is important to confirm coverage in advance with your Jordan's Principle regional focal point.

Reimbursement may be provided if the approved product, service or support has already been paid.

Requesting a reimbursement

A reimbursement form is needed:

- to request reimbursement for costs already paid
- for service providers and vendors to request direct payment for services rendered

Follow these 3 steps to request a reimbursement:

1. contact us so we can help you start the process and confirm that the product, service or support will be funded
2. complete a reimbursement form. We can send you the form and help you fill it in
3. send the completed reimbursement form to the Jordan's Principle regional focal point in your area and include all relevant supporting documents

Receiving the payments

Requests for a child or children in the same family or with the same guardian:

- the parent or guardian normally gets the payment if the child is under the age of majority in their province or territory of residence
- children over age 16 may get the payment if they submitted the request
- a vendor or service provider may be paid directly

Request for a group of children from multiple families or guardians:

- payment will be made to the community or group that made the request
- vendors or service providers may be paid directly

How to appeal decisions

Appeals to decisions under Jordan's Principle can be sent to regional focal points across Canada. They will help you start the appeal and work with you throughout the process.

If a request is denied, the requester may appeal the decision within **1 year** of the date of denial. To do so, they must send in a written request to their regional Jordan's Principle focal point.

At a minimum, the request for appeal must contain:

- the child's name and date of birth
- the product or service requested
- the date of denial and a copy of the Jordan's Principle denial letter (if available)

Although it is not required to begin an appeal, you may also include additional information, such as:

- assessments
- information showing that the request will help ensure:
 - substantive equality
 - access to a culturally appropriate service
 - meet the best interests of the child

New or additional information is not needed in order to start an appeal. The appeal process can take up to 30 business days.

Sending a request for appeal

An individual can appeal a decision on behalf of an eligible child as described in Step 2. Who is covered, including

- a parent or guardian of that child
- a First Nations child, or an Indigenous child ordinarily resident on reserve at the Age of Consent in their province or territory of residence
- an authorized representative of the child, parent or guardian

Requests for appeals for a group of children from multiple families or guardians can be submitted by:

- the community or group that submitted the request

Please contact us if you have:

- any questions
- new information about any request under Jordan's Principle that was submitted or denied between 2007 and 2017

For more information

- Jordan's Principle regional focal points across Canada
- local service coordinators in First Nations communities or organizations across Canada (contact your local Jordan's Principle regional focal point to get this information)
- Jordan's Principle Call Centre: 1-855-JP-CHILD (1-855-572-4453), open 24 hours a day, 7 days a week
- teletypewriter: 1-866-553-0554

Did you find what you were looking for?

Yes

No

What was wrong?

- I can't **find** the information
- The information is hard to **understand**
- There was an error or something **didn't work**
- Other reason

Please provide more details

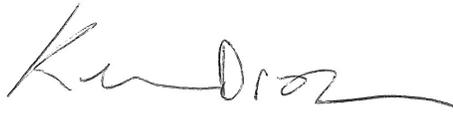
You will not receive a reply. Don't include personal information (telephone, email, SIN, financial, medical, or work details).

Maximum 300 characters

Submit

Date modified: 2023-12-29

This is **Exhibit "16"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: Wednesday, January 11, 2023 7:53 PM
To: Cindy Blackstock
Cc: Brittany Mathews; Jennifer King; Gideon, Valerie; Buckland, Robin; Stephanie Wellman
Subject: RE: Urgent request from [REDACTED] and problems with the 24 hour line

Hello Dr Blackstock,

We are working to change the call tree scripts, but it won't be in place this evening. As I indicated below, we are working with Shared Services Canada to change the call tree, but presently a caller would not be able to signal an urgent request using the current call tree.

At the moment, I don't have the exact time we spoke with [REDACTED] but the NCC sent an e-mail to Manitoba region at 8:35 AM Eastern confirming that they had spoken with [REDACTED] and completed the intake. Manitoba region then confirmed in an e-mail at 11:38 AM Central that accommodations were in place.

We certainly welcome input/advice on call centre technology, and as I indicated, we are actively working with Shared Services Canada to transition to a new call management system.

Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, January 11, 2023 7:17 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Brittany Mathews <bmathews@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>; Stephanie Wellman <swellman@afn.ca>
Subject: Re: Urgent request from [REDACTED] and problems with the 24 hour line

Thanks Samantha

I appreciate you following up and being willing to provide the call tree text.

Does this mean this same recording will be in use tonight and that there are no options for callers to signal an urgent case? While mentioning 911 is a positive step it does not resolve the urgent case scenario.

Can you please let me know what time you reached [REDACTED] as my original call was at 6:15 am won't would be good to know at what time someone at the call center noticed my call and would have returned it had I not been able to reach you by email (which others would not be able to do).

Perhaps Kids Help Phone can assist with training and technology until another plan is in place as they can receive calls without these complications. I am worried about the efficacy of the current system.to receive urgent requests.

I am also copying Stephanie on this for her reflections and input.

Cindy

Sent from my iPhone

On Jan 11, 2023, at 5:55 PM, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca> wrote:

Hello Dr Blackstock,

Since we began implementing Back to Basics, I have been working with the National Call Centre team to expand the number of call agents and enhance the caller's experience when calling the NCC. The current call management system has limitations and we are actively working with Shared Services Canada to move to a different call management system. We expect to move to the new system in Q1 of 23/24. In the interim, we were already working with Shared Services Canada to change the call tree of the current system with an implementation date of February 2023.

The current system has limitations and we are unable to triage between live calls and the call back queue. However, callers very frequently speak directly with a call agent. When a caller requests a call back, the system records the name of the caller and links with the incoming phone number. We don't have the capacity for callers to provide an alternate call back number. After we called [REDACTED] directly and spoke with her this morning, we released her phone numbers and yours from the call back queue. This is why you haven't received a call back. I'm sorry if this caused confusion.

In order to mitigate irremediable harm, we are working to update the call script to ensure that callers are advised to call 9-1-1 if they are facing an emergency.

Finally, we are preparing a document for you with the current call tree, scripts and data related to the NCC call volumes.

Thank you,
Samantha

From: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Sent: Wednesday, January 11, 2023 8:28 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Brittany Mathews <bmathews@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; [REDACTED]
Subject: RE: Urgent request from [REDACTED] and problems with the 24 hour line

Thanks Sam

Sent from my Bell Samsung device over Canada's largest network.

----- Original message -----

From: "Wilson-Clark, Samantha" <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: 2023-01-11 8:25 a.m. (GMT-05:00)

To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: "Gideon, Valerie" <Valerie.Gideon@sac-isc.gc.ca>, Brittany Mathews <bmathews@fncaringsociety.com>, Jennifer King <jking@fncaringsociety.com>, [REDACTED]

Subject: RE: Urgent request from [REDACTED] and problems with the 24 hour line

Good morning Dr Blackstock,
This is definitely out of the ordinary. I'm reaching out to my National Call Centre team to investigate. I'll follow-up with you later this morning when I have more information.

I will also have the team reach out to [REDACTED].

Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Wednesday, January 11, 2023 8:07 AM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; [REDACTED]

Subject: Re: Urgent request from [REDACTED] and problems with the 24 hour line

Hello All

I have called the 24 hour line several times since my original call nearly 2 hours ago with the same result. Is there someone staffing the line? It does not make sense that I would not be able to reach anyone for just about 2 hours and not get a return call.

Thanks
Cindy

From: Cindy Blackstock

Sent: January 11, 2023 6:52 AM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; [REDACTED]

Subject: Re: Urgent request from [REDACTED] and problems with the 24 hour line

Hello all

I called the line back but it does not allow folks to leave a number again - just says a call back is already scheduled.

I also called [REDACTED] - her number below is not working so I left a message at her other number [REDACTED]

Can you please reach out to her at both numbers and via email [REDACTED]?

Thanks

Cindy

Sent from my iPhone

On Jan 11, 2023, at 6:34 AM, Cindy Blackstock <cblackst@fncaringsociety.com> wrote:

Good morning Samantha and Valerie

I called the Jordan's Principle 24-hour line at 6:15 this morning as [REDACTED] needed urgent accommodation in Winnipeg as dad [REDACTED] is in hospital. The hotel ended their stay for bringing their 10-year-old into the room, but this resulted in [REDACTED] driving around Winnipeg waiting for help since 11:30 p.m. last night. [REDACTED] sent me a text saying she needed to talk to someone at Jordan's Principle urgently which I saw when I checked my phone this morning.

I then called the Jordan's Principle 24-hour line and was greeted by a "higher than normal call volume" note followed by a calling tree (about 4 options) asking if I wanted information on the orders, Canada's judicial review application etc. before I even got to the option of speaking to someone about Jordan's Principle.

Then when I made it to the step of getting someone to help- the electronic answering system repeated the higher-than-normal call volumes and said there was no one available and all I could do was leave my name and a call back number (no voice message or option to indicate urgency of the request). I am still waiting for a call back.

Can someone urgently reach out to [REDACTED] at [REDACTED]

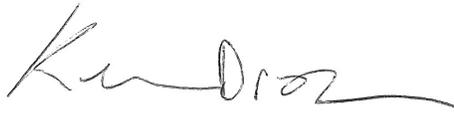
Please correct the calling line so that persons calling do not have to go through the call tree before speaking to someone about a request or receive the "higher than normal volume" message with no option of reaching someone urgently for a request. if you have been receiving a high volume of calls about the orders perhaps another information line is needed but it should not be the Jordan's Principle line.

I am also copying [REDACTED] on this request as he is located in MB and may be able to assist.

I will call back again in a few minutes if I have not heard from anyone. Can someone please let me know when they have reached [REDACTED] and I will also keep the group posted if I am able to contact the 24 hour line.

Thanks
Cindy

This is **Exhibit "17"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Friday, January 27, 2023 at 12:18 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Cc: Stephanie Wellman <swellman@afn.ca>, Schmid, Pam <pam.schmid@sac-isc.gc.ca>, Keagan, Colleen <colleen.keagan@sac-isc.gc.ca>, Legault, Lisa <lisa.legault@sac-isc.gc.ca>
Subject: RE: Jordan's Principle national call center and Jordan's Principle follow up

Hello Dr Blackstock,

I'm following up regarding your question about the percentage of time that the National Call Centre is staff with employees. We took the number of hours that employees are working to answer calls in a 24 hour period and divided it by 24 hours. For example, employees working from 6:00 a.m. to midnight is 18 hours, therefore $18/24=75\%$

Monday to Friday daily average: 83%-87.5%
Saturday and Sunday daily average: 62.5%-75%

Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Thursday, January 19, 2023 11:01 AM
To: Legault, Lisa <lisa.legault@sac-isc.gc.ca>
Cc: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Stephanie Wellman <swellman@afn.ca>; Schmid, Pam <pam.schmid@sac-isc.gc.ca>; Keagan, Colleen

<colleen.keagan@sac-isc.gc.ca>

Subject: Re: Jordan's Principle national call center and Jordan's Principle follow up

Hi Samantha

Do we have information on what percentage of time there were call agents staffing the 24 hour line?

Thanks

Cindy

Sent from my iPhone

On Jan 19, 2023, at 9:21 AM, Legault, Lisa <lisa.legault@sac-isc.gc.ca> wrote:

Good morning Dr. Blackstock.

I was trying to put a comprehensive response together. Hopefully, it is understandable. The responses below are in RED for you to see more clearly.
If you need any more info please let me know.

Lisa

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Tuesday, January 17, 2023 7:28 AM

To: Legault, Lisa <lisa.legault@sac-isc.gc.ca>

Cc: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Stephanie Wellman <swellman@afn.ca>

Subject: Jordan's Principle national call center and Jordan's Principle follow up

Good morning Valerie, Lisa and Samantha

I am writing to follow up on the following:

1. Jordan's Principle proposal. During our last conversation, ISC was to prepare some draft text for the proposal that addresses your concerns. Can you please let me know when the text will be ready? We are eager to move forward so that communities have an optimal opportunity to have their voices heard.

I have attached the revised language prepared by Valerie and the team (word document ISC IFSD Responses...)

2. National Call Centre. Can you please confirm ISC's views and any actions taken to ensure that persons calling the 24-hour line can reach someone to make Jordan's Principle request at any time (particularly for urgent requests) on the following?

1. The automated has been changed to include 911

The broadcast message was updated on Thursday, January 12, 2023. "Welcome to the Jordan's Principle and Inuit Child First Initiative Call Center. If the child is in immediate harm, please call 911, your emergency services or take them to the nearest health facility. To improve the quality of our services, this call may be recorded."

2. Timeframe for deleting the information on the CHRT orders in the call tree and clarifying that the number is for Jordan's Principle

This was actioned with service provider on January 11, 2023. This is still in progress and timeline to delete is has not yet been confirmed.

3. Assurances that there will be no future gaps in staffing the 24-hour Jordan's Principle phone line so that persons with urgent calls can reach someone (GEDS indicates that there are 67 people working on Jordan's Principle nationally so having a person available to receive calls and fill in staff in case of absence is feasible).

National Call Centre Overnight call monitoring was in place in place January 12, 2023, and NCC continues to implement 24/7 call services.

4. Data on dates and time periods where none was available to answer the 24-hour line, dropped calls, and call volumes necessitated the "we are experiencing high call volumes" message on the automated system.

Please see attached NNC Call Abandon Data 2022.

5. Update on conversations with KidsHelp Phone on training and possibly assuming responsibility (along with an ISC person authorized to approve expenses)?

I provided you an update that we are close on the contribution agreement. Sam and I are working together. I've asked Colleen to set up a meeting next week with KHP to start looking at how we can leverage the PMSS contribution agreement to the benefit of supporting the call line.

6. Update on conversations with KidsHelp Phone on trauma-informed best practices for call centers

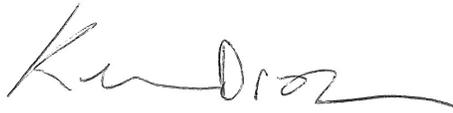
We can do this as part of our follow up. Would you or someone from AFN/CS teams like to participate??

I have copied Stephanie on this note in case I missed any important details and thank you for your prompt response.

Regards,
Cindy

<National Call Centre Call Abandon Data 2022.pdf>
<ISC IFSD Response Jan 17 2023-II.docx>

This is **Exhibit "18"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Thursday, February 9, 2023 8:18 AM
To: Wilson-Clark, Samantha
Cc: Jennifer King; Molly Rasmussen
Subject: Re: Call centre - returning messages

Hi Samathana

It may be helpful for HQ to do an audit of all the phone lines for Jordan's Principle by calling each line at different times. We did this several times in the past and it is a useful tool to detect, and correct, phone line issues.

Cindy Blackstock
Executive Director
First Nations Child & Family Caring Society
cblackst@fncaringsociety.com
613-230-5885

New Address Alert!

The Caring Society will be moving to the address below on February 18, 2022:
First Nations Child & Family Caring Society
350 Sparks Street, Unit 202
Ottawa ON
K1R 7S8

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Thursday, February 9, 2023 at 7:45 AM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>, Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: RE: Call centre - returning messages

Hello Dr Blackstock,
I'm reaching out to the NCC team to inquire and I'll circle back with you.
Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, February 8, 2023 5:47 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: Call centre - returning messages

Thanks Samantha

Can you update us on the results of your inquiries into ██████'s reports of delayed responses from

the call line?

Thank you
Cindy

Sent from my iPhone

On Feb 8, 2023, at 5:35 PM, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca> wrote:

Hello Jennifer,

The region connected with [REDACTED] today to provide an update on requests and a direct line to a focal point.

Thank you,
Samantha

From: Jennifer King <jking@fncaringsociety.com>
Sent: Wednesday, February 8, 2023 3:17 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Call centre - returning messages

Good afternoon Samantha,

We had a call from [REDACTED] today, a grandmother whose name you might remember. She called to see if the Caring Society had a phone number for the ON region because her experience with the call centre is that the line goes to voicemail, and it takes days to receive a callback. It wasn't clear to me how recent this experience with the call centre was; however, I am flagging it for you, given the recent discussions at various tables about the 24-hour line.

[REDACTED] is waiting to hear back on requests submitted a week ago or longer, and I believe she is also waiting for information back from the appeals committee.

I gave [REDACTED] the ON region number from the ISC website. Can ISC make sure she spoke to someone? [REDACTED] also mentioned needing assistance requesting respite, as her previous request for respite was denied for reasons she does not understand.

Thank you,

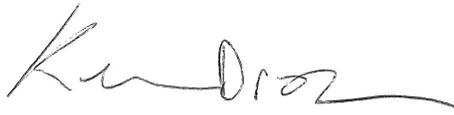
Jennifer

Jennifer King (*she/her*)
Reconciliation and Policy Coordinator
www.fncaringsociety.com
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

New Address Alert!

The Caring Society has moved! Please update our contact information to:
202-350 Sparks Street
Ottawa, ON K1R 7S8

This is **Exhibit "19"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: Wednesday, May 24, 2023 9:11 AM
To: Cindy Blackstock; Gideon, Valerie
Cc: Brittany Mathews; Jennifer King; Gutierrez, Liliana
Subject: RE: 24-hour line staffing

Hello Dr Blackstock,

Thank you for your e-mail. I'm sorry to hear that you didn't receive a call-back. We had a routine update to the Jordan's Principle Case Management System (CGcase) on Saturday May 13 that impacted a number of our systems including VPN access and call centre software. There was a system outage that lasted several hours while we worked with IT and Shared Services to resolve the problem. All calls from that time were returned however, I will follow-up with the team to see if we lost any calls or call data as a result of the outage.

I did see the e-mail from Molly yesterday and my team is following up.

The National Call Centre is staffed with 16 call agents who cover a 24/7 shift schedule.

Sincerely,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, May 24, 2023 8:41 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Cc: Brittany Mathews <bmathews@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>
Subject: 24-hour line staffing

Good morning Samantha and Valerie,

I called the 24-hour line on May 13, 2023, at 8:15 in the morning regarding a request from [REDACTED]. I left a message and waited for a call back over 4-hours before sending an email directly to [REDACTED] who was able to assist.

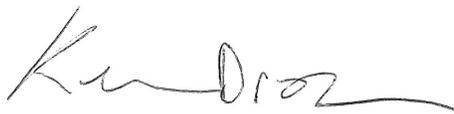
To the date of this email, I still have not received a call back from the call centre.

We have also forwarded to you this week a report from a parent who left a message with the call centre and received no call back.

Can you please confirm that the 24-hour line is fully staffed and what mechanisms are in place to ensure callers receive a callback in a timely manner (i.e.: within 30 minutes for non-urgent cases)

Thank you
Cindy

This is **Exhibit "20"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Cindy Blackstock
Sent: September 30, 2023 10:54 AM
To: St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>
Subject: Re: Follow up from yesterday

Hello Candice

I received a call back on my urgent call about 5 hours after I placed it. When I spoke to the agent and said I had to go to ISC HQ to get it resolved - they did not seem to understand what it was.

I think getting the training materials for this line would also be useful

Cindy

Sent from my iPhone

On Sep 30, 2023, at 8:39 AM, St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca> wrote:

Good morning Cindy

As I mentioned when we spoke yesterday, I did confirm that the Jordan's Principle call centre for this weekend will be staffed as per usual weekend protocol and ensure/confirm that there are staff on this coming Monday as well, given the long weekend. As weekends have a significantly less call volume, the Saturday/Sunday staff are lower however, Monday is the weekday schedule regardless of the long weekend.

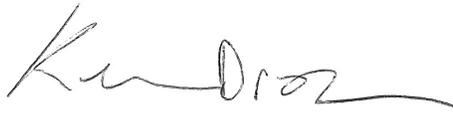
I wanted to note that I have also followed up what we discussed regarding on your calls into the call centre yesterday to see why/where you are experiencing these delays. The call back for urgent requests are typically returned within a minimal timeframe so I am looking into that to understand the lifecycle of a call. I will circle back with you to see what the situation is, but I am also thinking through the technology of it given there are steps to complete after a caller leaves a message to ensure that you are registered in the queue (press '1' to confirm, etc).

Have a great event today and a great National Day for Truth and Reconciliation
Candice

Candice St. Aubin
(she/her/elle/win)

Senior Assistant Deputy Minister / Sous-ministre adjointe principale
First Nations and Inuit Health / Santé des Premières Nations et des Inuits
Indigenous Services Canada / Services aux Autochtones Canada

This is **Exhibit "21"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Castonguay, Julien <julien.castonguay@sac-isc.gc.ca>
Sent: Monday, December 18, 2023 10:12 AM
To: Cindy Blackstock
Cc: Brittany Mathews; St-Aubin, Candice; Wilson, Gina; Wilson-Clark, Samantha (she-elle); Legault, Lisa
Subject: RE: T1340/7008 - FNCFCSC et al v AGC - CS Notice of Motion

Good morning Dr. Blackstock,

Thank you for your e-mail. I am responding on behalf of Candice this week.

I'm writing to reassure you that, as it relates to Jordan's Principle operations, ISC is taking the steps necessary to continue ensuring the safety and wellbeing of First Nations children during the holiday period.

During the holiday period, the Jordan's Principle National Call Centre and regional call lines will ensure sufficient staffing levels. The National Call Centre will prioritize live calls and those requests in the urgent call back queue. Regions will maintain and ensure focal points are on duty, as well as having on-call staff available, specifically to address any urgent requests.

Thank you,

Julien Castonguay (Il | He)
Directeur Général | Director General
Strategic Policy, Planning and Information (SPPI) | Politiques stratégiques, planification et information
First Nations and Inuit Health Branch | Direction Générale de la Santé des Premières Nations et Inuit
Indigenous Services Canada | Services aux Autochtones Canada
julien.castonguay@canada.ca | (613) 295-3190

----- Original message -----

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Date: 2023-12-12 4:29 p.m. (GMT-05:00)
To: "Heus, Katharine" <katharine.heus@sac-isc.gc.ca>, "St-Aubin, Candice" <candice.st-aubin@sac-isc.gc.ca>, Brittany Mathews <bmathews@fncaringsociety.com>
Subject: FW: T1340/7008 - FNCFCSC et al v AGC - CS Notice of Motion

Hello Katherine and Candice,

As discussed, please find attached the Caring Society Motion to the Canadian Human Rights Tribunal respecting Canada's non-compliance with Jordan's Principle.

Our hope remains that Canada takes immediate and effective measures to address these longstanding areas of non-compliance. We have also communicated to Justice our request for Canada to take additional action before the holidays as the Caring Society will be closed and so will many community navigator services. We hope you are able to act on these in the spirit of good faith and to ensure the safety and wellbeing of the children.

Settlement Privileged

I have not yet received from you the names of contact persons that the Caring Society can reliably forward families to who will follow up on cases and the name of contact persons to case manage urgent requests that we discussed on December 1, 2023.

Please feel free to contact me if you wish to discuss the pre-holiday measures or other matters raised in our Notice of Motion regarding Canada's non-compliance.

Respectfully,

Cindy Blackstock

Executive Director

First Nations Child & Family Caring Society

cblackst@fncaringsociety.com

613-230-5885

First Nations Child & Family Caring Society

350 Sparks Street, Unit 202

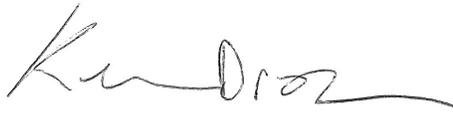
Ottawa ON

K1R 7S8

Arriving by car: entrance to our building is at 361 Queen Street.

Arriving by OC Transpo OTrain: Across from the Lyon Street station

This is **Exhibit "22"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Caring Society Audits of Jordan’s Principle Call Centres:

Between January 2023 and 2024, the Caring Society staff called the National Call Centre **approximately 25 times**.

Date	Caller	Time	Number called	Call-tree options	Results	Notes	Callback details (if applicable)
Wednesday, January 11, 2023	CB	6:15 AM ET	1-855-572-4453	<p>ENG; stayed on line for ‘all other inquiries’</p> <p>Note that at this time, the call tree options began with a notice of higher than normal call volumes, offered information about Tribunal orders, Canada’s judicial review process, before giving callers the option to speak to someone directly.</p>	Unable to connect to a live agent	After approximately 2 minutes, CB hung up and left a callback number.	<p>Did not receive a callback. Questioned whether someone was staffing the call centre, as it did not make sense that CB was unsuccessful in connecting with someone on 7 attempts.</p>
		~ 6:45 AM ET				Because CB had already left a callback number, she was unable to do so again.	
		~ 7:00 AM ET					
		~ 7:20 AM ET					
		~ 7:30 AM ET					
		~ 7:45 AM ET					
		~ 8:00 AM ET					
		Saturday, May 13, 2023				CB	

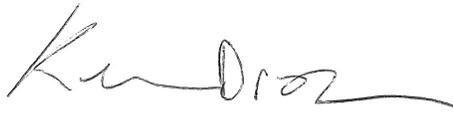
							“routine update” which impacted callers’ ability to speak with someone.
Saturday, June 17, 2023	MR	2:15 PM ET	1-855-572-4453	ENG; Follow up on an existing request	Unable to connect to a live agent.	After waiting approximately 3 minutes, MR hung up and left a callback number.	Received callback on Monday, June 19 at 5:58 PM ET (52 hours after placing call)
Saturday, June 17, 2023	CB	2:35 PM ET	1-855-572-4453	ENG; Submit a new request; urgent request	Unable to connect to a live agent	After waiting approximately 3 minutes, CB hung up and left a callback number.	Did not receive a callback.
Saturday, June 17, 2023	CB	~2:40 PM ET	1-855-572-4453	ENG; Submit a new request; urgent	Unable to connect to a live agent	CB hung up after a few minutes and instead contacted Robin Buckland on a phone number not available to the public.	Did not receive a callback.
August 2023	CB		1-855-572-4453	ENG; submit a new request; urgent request	Unable to connect to a live agent	Was unable to leave a callback number.	Appeared to be a system glitch; CB pressed 1 to leave callback number and

							the call dropped.
Thursday, September 14, 2023	MR	8:51 AM ET	1-855-572-4453	ENG; Submit a new request; urgent request	Connected with a live agent	After approximately 3 minutes, MR spoke with an agent.	
Thursday, September 14, 2023	MR	8:41 AM ET	1-855-572-4453	ENG; Submit a new request; Non-urgent	Unable to connect to a live agent	After waiting approximately 9 minutes, MR hung up and left a callback number.	Received a callback at ~ 8:20 AM ET on September 25. Focal point pointed to backlogs as the reason why it took over a week to receive a callback.
Friday, September 29, 2023	MR and CB	~ 2:20 PM ET	1-855-572-4453	ENG; All other inquiries	Unable to connect to a live agent	After waiting approximately 4 minutes, CB hung up and left a callback number	
Friday, September 29, 2023	MR and CB	~ 2:30 PM ET	1-855-572-4453	ENG; Submit a new request; urgent request	Unable to connect to a live agent	After waiting approximately 13 minutes, CB was informed that “no representatives are available to take your call right now” and was	CB received a callback approximately 5 hours after leaving a callback number.

						instructed to leave a callback number.	
Friday, October 20, 2023	BM		1-855-572-4453	ENG; Submit a new request; non-urgent	Unable to connect to a live agent	After ~9 minutes, BM was informed that “no representatives are available to take your call right now” and was instructed to leave a callback number.	
Friday, October 20, 2023	BM		1-855-572-4453	ENG; Submit a new request; urgent	Spoke to a live agent	After ~4 minutes, BM was connected to a live agent	
Friday, October 20, 2023 JR	JR	8:30 AM ET	1-855-572-4453	ENG; Submit a new request; non-urgent	Unable to connect to a live agent.	After ~9 minutes, JR was informed that “no representatives are available to take your call right now” and was instructed to leave a callback number.	
Friday, October 20, 2023 JR	JR	1:00 PM ET	1-855-572-4453	ENG; Submit a new request; urgent request	Unable to connect to a live agent.	After ~7 minutes, JR was informed that “no representatives are available to take your call right now” and was	

						instructed to leave a callback number.	
Tuesday, December 12, 2023	MR	8:42 AM ET	1-855-572-4453	ENG; Submit a new request; urgent request	Spoke to a live agent	After ~4 minutes MR was connected to a live agent.	
Tuesday, December 12, 2023	MR	9:27 AM ET	1-855-572-4453	FR; Submit a new request; urgent request	Unable to connect to a live agent.	After ~2 minutes, MR was informed that “no representatives are available to take your call right now” and instructed to leave a callback number.	At approximately 10:08 AM ET, the Caring Society received a callback from the call centre, however the employee hung up the call upon being transferred to MR’s direct line.
Friday, January 5, 2024	MR	4:50 PM ET	1-855-572-4453	ENG; Submit a new request; urgent request	Unable to connect to a live agent	After ~8 minutes, BM was informed that “no representatives are available to take your call right now” and instructed to leave a callback number.	

This is **Exhibit "23A"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration I

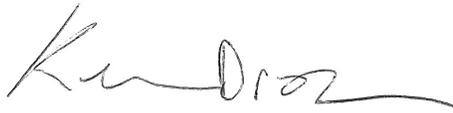
A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Phone Audit - English - December 12, 2023

This is **Exhibit "23B"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration I

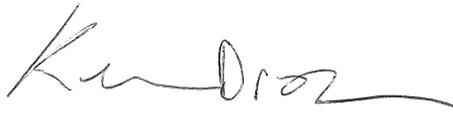
A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Phone Audit - French - December 12, 2023

This is **Exhibit "24"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Jordan's Principle Audit: Regional Phone numbers

Region	Date	Time	Notes
Atlantic Region 1-833-652-0210	Friday, Sept. 15/23	12:42 PM EST / 1:42 PM AST	<ul style="list-style-type: none"> • Someone picked up the phone immediately. No phone tree. She relayed the following: <ul style="list-style-type: none"> ○ Phones monitored from 8:30am to 4:30 pm AST. ○ Not a call centre, but remote federal employees monitoring phones – call goes to the employee's personal phone and callers can leave voicemails. ○ Also advised that callers can call the national line which is available 24/7.
Alberta 1-833-632-4453	Friday, Sept. 15/23	12:45 PM EST / 10:45 AM MST	<ul style="list-style-type: none"> • Phone tree triages calls from the get-go: <ul style="list-style-type: none"> ○ 1 = general inquiries, including making a request ○ 2 = inquiries about current applications ○ 3 = inquiries related to funding • Pressed 1. Waited for 10 minutes before hanging up. Was not connected to anyone.
British Columbia 778-951-0716	Friday, Sept. 15/23	12:38PM EST 9:38 AM PST	<ul style="list-style-type: none"> • Phone goes straight to voicemail after relaying the operational hours, which are 8:30 am to 4:30 pm PST. • Callers are advised to contact the national line if they are calling about an urgent, after-hours request which is advertised as being open 24/7. • No option to speak to a live agent.
Manitoba 204-391-6083	Friday, Sept. 15/23	2:51 PM ET / 1:51 PM CST	<p>Phone tree;</p> <p>1= submit a request</p> <ul style="list-style-type: none"> • 1 = urgent requests • 2= submit via staff member • 3 = info to submit your own <p>3 = info on eligibility 4 = info on CHRT orders 5 = all other inquiries</p> <p>Phone tree recommends contacting your focal point for an update on your request and invites you to visit Canada.ca for list of focal points; -- seems to bring to a national call centre phone tree?</p>

			After 6 minutes I tried to leave a callback by pressing 1; was given the same message about my existing callback queue.
Ontario 613-618-1833	Friday, Sept. 15/23	1:24 PM ET	<p>Phone tree triages calls immediately. The first set of options are as follows:</p> <ul style="list-style-type: none"> • 1 = individual • 2 = group <p>Pressed 1 for individual request and was met with the following options:</p> <ul style="list-style-type: none"> • 1 = finance • 2 = medical transportation • 3 = submit a new request or follow up on an existing request <p>Pressed 3 to submit a new request or follow up on an existing request. Was told almost immediately that there are no available representatives to take the call and to leave a callback number. However, after saying this, the call gets directed back to a phone tree with no option to leave the callback number.</p> <p>From there, you could select the option to identify an urgent case, or to proceed with making a request. This is not a straightforward way of directing calls. I pressed the option to continue making a non-urgent request.</p> <p>I waited approximately 5 minutes before requesting a callback. Like the Northern region, I was told that because I already have a callback on this phone number, I cannot request a second one.</p>
Northern Region 1-866-848-5846	Friday, Sept. 15/23	1:13 PM ET	<p>Pressed 1 to identify English</p> <p>Received a message that no one is available to take the call and that I would need to leave a callback number.</p> <p>After confirming my phone number, was told that “a callback is already queued for this phone number” and the call disconnected.</p>
Saskatchewan 1-833-752-4453	Friday, Sept. 15/23	1:16 PM EST / 11:16 AM MST	<p>Hours: 8-12, 1-4pm SK time, M-F, 1= how to apply; general inquiries, confirmation of receipt 2= current application inquiries</p>

			<p>3= finance No option to select urgent case Reached someone after waiting approximately 3 minutes. Was told:</p> <ul style="list-style-type: none">• Phones are answered by several people throughout the day monitoring different lines on the phone tree. Employees are on hybrid schedules; some are in office, some are at home.• She is unsure if there is a voicemail option but certain that you can leave a callback number.• Callback is done in order of queue, there is no way to determine urgency and call people back accordingly.
--	--	--	--

Regional focal points across Canada

If you can't reach a regional focal point, please contact the [Jordan's Principle Call Centre](#).

▶ National Office

▶ Atlantic Region (NB, NL, NS, PE)

▶ Quebec

▶ Ontario

▶ Manitoba

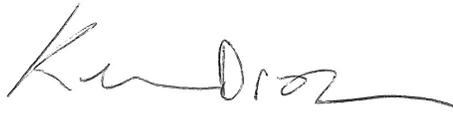
▶ Saskatchewan

▶ Alberta

▶ British Columbia

▶ Yukon, Northwest Territories and Nunavut

This is **Exhibit "25A"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

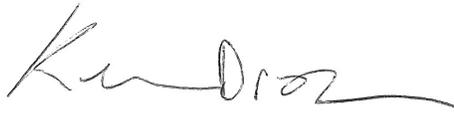
A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Phone Audit with C. Blackstock and B. Mathews – January 5, 2023

This is **Exhibit "25B"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

**UNOFFICIAL TRANSCRIPTION OF CALL MADE TO NATIONAL CALL CENTRE ON
JANUARY 5, 2024 BY DR. BLACKSTOCK AND BRITTANY MATHEWS**

So, today is January 5th. It is at 16.50 and it is Cindy Blackstock and Brittany Mathews and we are about to call the 24-hour line for Jordan's Principle.

Welcome to the Jordan's Principle and Inuit Child First Initiative Call Centre. These initiatives help First Nations and Inuit children get the products, services, and supports that they need. If this is an emergency, please call 911 or take your child to the nearest health facility. We may record this call to help improve our service quality. For English, press 1 or stay on the line. Pour continuer en Francais, appuyez sur la deux.

Pressing 1.

To submit a request under Jordan's Principle or the Inuit Child First Initiative, press 1. For information on eligibility, press 3. For all other inquiries, press 5. For status updates on your request, please contact your regional focal point. To find the information for your focal point, please visit Canada.ca/jordan's-principle under find a contact person in your region. For more information about compensation, please call 1-888-718-6496. To repeat these actions, press *.

There is no indication of being able to select an urgent option on an existing case, so we are now going to press 1 for a new case. Pressing 1.

If your child could be harmed if services cannot be delivered quickly, press 1. To submit a request with one of our staff members over the phone, press 2. To learn how you can submit your own application, press 3. To repeat these options, press *.

Pressing 1.

...

Thank you for holding. In order to main your call priority, please stay on the line. Your call is very important to us. If you would like to leave a call back number and your name, you may do so now by pressing 1.

...

We appreciate your patience. Please hold. A representative will assist you shortly. If you'd like to leave a call back number and your name, you may do so now by pressing 1.

...

We're sorry. No representatives are currently available to take your call. Please stay on the line to leave a call back number and your name.

Let's get your information for the callback. We can call you back at 613-230-5885. If this is okay, press 1. Otherwise, press 2.

Pressing 2.

Enter the 10 digit phone number you would like us to call you back at. When you have finished, press the # key.

You entered 613-xxx-xxxx [redacted]. If this is okay, press 1. Otherwise, press 2.

Pressing 1

Record your name after the tone. When you have finished, press the # key.

Brittany Mathews (pressing #)

Please select from one of the following options: to confirm your recording, press 1; to listen to your recording...

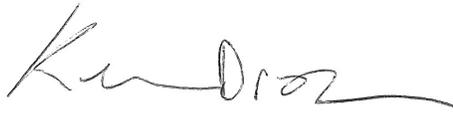
Pressing 1.

We will be contacting you shortly. Thank you.

Dial tone.

So we are now going to call the person on-call at the Department of Indian Affairs or Indigenous Services Canada whose number is not public in order to report this urgent case.

This is **Exhibit "26"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

SCHEDULE “A”

JORDAN’S PRINCIPLE WORK PLAN

1. URGENT CASES

The following measures are intended to ensure the proper identification of urgent cases and to ensure that any reasonably foreseeable irreparable harms are identified and addressed.

#	Proposed Solution	Canada’s Response
1.1	Adopt a presumption that, unless triaged otherwise, all requests received through the National Jordan’s Principle Contact Centre, Regional Contact Centres, and other Jordan’s Principle request mechanisms, including email, fax, and text, or other modalities are urgent.	
1.2	Identify the ISC staff member, and alternate if the employee is no longer working on the request, who is responsible for determining an urgent request in all communications with the requestor or Service Coordinator/Navigator;	
1.3	Where it is clear that the Tribunal-mandated timeframe for determining an urgent individual request (12 hours) or an urgent group request (48 hours) will not be adhered to, Canada must, prior to the expiry of the timeframe or at a sooner time for children at immediate risk, take positive and effective measures to address any reasonably foreseeable irreparable harm.	

2. BACKLOGS

The following measures are intended to reduce the present backlog, address any prejudice that may have resulted, and prevent backlogs from recurring.

#	Proposed Solution	Canada's Response
2.1	Until backlogs of undetermined requests are fully resolved in all regions and at headquarters, provide additional staffing, whether by focal points, other ISC employees on overtime, or contracted agents with authority to review and determine backlogged requests within 48 hours of receiving an individual request or seven days of receiving a group request;	
2.2	Within 30 days, Canada will extend and publicize retroactive meaningful measures to children, youth, and families who experienced a delay, disruption, or denial in services, supports, and products due to ISC's backlogs, and determination and funding delays, and report to the Tribunal on the number of children, youth, and families impacted and provide a summary of the impacts and retroactive measures taken to address any discrimination experienced by the child.	
2.3	<p>Work with the parties to, within 30 days, develop and implement a plan, to be reported to the Tribunal, which will permit the use of greater automation in processing Jordan's Principle requests, including by establishing mechanisms:</p> <ul style="list-style-type: none"> (i) to fill gaps or inadequate response times in other ISC programs that are being filled by Jordan's Principle and; 	

	(ii) for presumptive approvals of requests valued at \$500 or under that are supported by a relevant professional or (for language/culture) an Elder or Knowledge Keeper;	
2.4	Proactively integrate a system wherein families are not required to resubmit documents to extend approved services when needs have not changed and can continue to rely on previously shared documents for the indicated services;	
2.5	At the time of determination, advise requestors of the process to extend approved services, including by clearly indicating this process on Indigenous Services Canada websites and other public information materials;	

3. NATIONAL AND REGIONAL CONTACT CENTRES

The following measures are intended to ensure that ISC’s National and Regional Contact Centres are effective mechanisms for First Nations youth, families, and service providers to submit requests for products, services, and supports pursuant to Jordan’s Principle:

#	Proposed Solution	Canada’s Response
3.1	<p>Immediately take measures to:</p> <ul style="list-style-type: none"> <li data-bbox="422 475 1003 719">(i) ensure the National Jordan’s Principle Contact Centre is adequately staffed 24/7, including with a supervisor and with persons who have authority to receive requests, determine requests, and issue payments in urgent circumstances; and <li data-bbox="422 768 1003 898">(ii) allow persons to leave messages with the National Contact Centre and Regional Contact Centres simultaneously; 	
3.2	<p>Within 7 days, establish effective procedures in the ISC regions to:</p> <ul style="list-style-type: none"> <li data-bbox="422 1027 1024 1125">(i) ensure Jordan’s Principle contact lines are always fully staffed during business hours; and <li data-bbox="422 1174 1024 1417">(ii) clearly indicate on Indigenous Services Canada websites, social media, and other public information materials that Regional Contact Centre Staff are not available outside of business hours and how to contact ISC staff outside of business hours; 	

3.3	<p>Within 7 days, Canada to modify the National Jordan's Principle Contact Centre and Regional Contact Centre scripts and procedures to:</p> <ul style="list-style-type: none"> (i) receive requests by text- and web-based chat and phone and in an automated form on the website; (ii) connect to a live agent 24-hours a day; (iii) Put in place a mechanism to report service outages and mechanisms for making requests if the 24-hour Call Centre and/or the Regional Contact Centres are out of service for any reason. 	
3.4	<p>Within 14 days ensure that:</p> <ul style="list-style-type: none"> (i) all staff the National Jordan's Principle Contact Centre and Regional Contact Centres answer calls as a standard operating procedure (versus returning calls back); (ii) Where call volumes preclude a live answer, adopt a maximum 30-minute response timeline to reach requestors for all urgent cases and a maximum 2-hour callback timeline for non-urgent cases; 	

	<ul style="list-style-type: none"> (iii) Track the number of repeat calls due to persons being unable to reach a live agent at the National Jordan's Principle Contact Centre and Regional Contact Centres; and (iv) Establish procedures for tracking and calling back dropped and/or abandoned calls to the National and Regional call lines within six hours; 	
3.5	<p>Within 30 days, ensure all staff at the National Jordan's Principle Contact Centre and Regional Contact Centres and have the capacity to:</p> <ul style="list-style-type: none"> (i) receive requests; (ii) make determinations about urgent and non-urgent requests; (iii) put in place immediate supports to meet the needs of the child where irremediable harm to the child is reasonably foreseeable; and (iv) provide updates to requestors on the status of a request and reimbursement or payment following an approved request; 	

4. REIMBURSEMENT

The following measures are intended to ensure that approved requests for services are provided within a reasonable time consistent with non-discrimination and that service providers, or the children that they serve, who have been prejudiced by Canada’s lack of timely payments receive redress.

#	Proposed Solution	Canada’s Response
4.1	Adopt and adhere to a 15 calendar day payment standard for service providers and a 5 calendar day payment standard for reimbursements directly to individuals and families;	
4.2	Develop mechanisms to: <ul style="list-style-type: none"> <li data-bbox="422 659 1037 764">(i) issue emergency payments for urgent cases, including electronic funds transfers and gift cards; and <li data-bbox="422 805 1037 1057">(ii) expand use, and range of eligible expenses, of acquisition cards, including by publicly advising requestors and Service Coordinators/Navigators of the availability of acquisition cards within each region; 	
4.3	Within 60 days pay, in full, any interest charges or bank fees for service providers, including Service Coordinator/Navigator organizations, and individuals and families who took on additional financing due to payment delays beyond Canada’s 15-day standard, retroactive to April 1, 2019, and on a go forward basis and post the availability of such relief on its website and in social media;	

5. QUALITY ASSURANCE AND ACCOUNTABILITY MEASURES

The following quality control and accountability measures are intended to ensure continued compliance with the Tribunal’s orders.

#	Proposed Solution	Canada’s Response
5.1	Within 30 days, retain an independent expert on service request contact centres serving children and youth, including those in urgent situations, to conduct an independent audit on Canada’s mechanisms to receive and determine Jordan’s Principle requests and report the expert’s findings and recommendations, as well as Canada’s planned actions in response, to the Tribunal and the Parties within 90 days;	
5.2	Within 30 days, conduct an audit and consult on the results with the parties in order to determine, based on data, the number of Jordan’s Principle requests which are, or are not, urgent and/or time sensitive;	
5.3	Within 30 days, develop effective safeguards to ensure extensive regional, Headquarter and Appeals Committee backlogs do not recur, such as through auditing or monitoring the volume of unopened email requests in each Region, Headquarters and the Appeals Committee, and require Canada to report to the Tribunal and the Parties if backlogs exceed 10 cases per region on any given day;	
5.4	Conduct random sampling and auditing of the Jordan’s Principle National Contact Centre, Regional Contact Centres and regional email inboxes every 60 days and report to the Parties and the Tribunal on any matters of non-compliance including but not limited to: timeframe violations,	

	backlogs in opening, determining, or paying for services; documentation requirements; backlogs at redetermination or appeals.	
5.5	Within 60 days, audit ISC regional offices to understand why compliance rates (against timelines for determining requests) and payment timelines vary by region, to identify “best practices” in regions with higher compliance rates, and to course correct in keeping with the Tribunal’s orders, audit results and best practices;	
5.6	Within 90 days of the order, and with the advice of the expert on service request contact centres serving children and youth, including those in urgent situations, establish a credible and independent national and effective Jordan’s Principle complaints mechanism with authority to approve urgent cases and publicly report on Canada’s compliance (akin to the role currently filled by the Caring Society or those recommended in the report authored by Naiomi Metallic, Hadley Friedland and Shelby Thomas);	

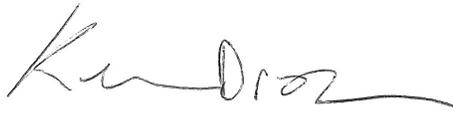
6. REPORTING TO THE TRIBUNAL

The following reporting requirements are intended to ensure continued compliance with the Tribunal’s orders.

#	Proposed Solution	Canada’s Response
6.1	<p>Canada to immediately, and every 14 days thereafter, report to the Tribunal on the number of backlogged cases (defined as cases that are either unopened within four hours of receipt or that have not been determined within the Tribunal-mandate timeframe) in each region and:</p> <ul style="list-style-type: none"> (i) the number of backlogged cases that remain unopened (divided by individual and group requests); (ii) the number of backlogged cases, which, after being opened, were determined in the timeline mandated by the Tribunal for the type of request in question; and (iii) the estimated time at which all backlogged cases will be cleared; 	
6.2	<p>Within 30 days, Canada will report in detail on effective measures, including quality control, to ensure all staff interacting with children, youth and families are compassionate and culturally competent and are able to manage Jordan’s Principle cases in alignment with the Tribunal’s orders;</p>	

6.3	Within 30 days, ISC must implement, and report in detail on, effective document management mechanisms to ensure all contacts between the requestor or service provider owed funds for services rendered and ISC are maintained in a timely fashion in an organized fashion to avoid repeat information requests;	
6.4	Report to the Tribunal and the Parties on measures taken to ensure website publicizing information on Jordan's Principle is accessible, and easy to understand and navigate;	
6.5	Within 60 days, report to the Tribunal and the Parties on measures taken to eliminate internal financial policies not aligned with the Tribunal orders;	
6.6	Within 30 days, report to the Tribunal and the Parties with data going back 12 months about ISC's performance against its reimbursement service standard in each region.	

This is **Exhibit "27"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Jordan's Principle September 2023 Compliance Report

Key Messages

- In September 2023, the Government of Canada's compliance rate for urgent individual requests is 30%, and for non-urgent is 36% (Table 1).
- In September 2023, the Government of Canada's compliance rate for urgent group requests is 19%, and for non-urgent is 42% (Table 1).
- From April 1 to September 30, 2023, the Government of Canada's compliance rate for urgent individual requests is 29%, and for non-urgent is 31% (Table 2).
- From April 1 to September 30, 2023, the Government of Canada's compliance rate for urgent group requests is 24%, and for non-urgent is 43% (Table 2).

Table 1: Jordan's Principle September 2023 Compliance

Region	Individual				Group			
	Urgent		Non-Urgent		Urgent		Non-Urgent	
	Requests	Compliance	Requests	Compliance	Requests	Compliance	Requests	Compliance
Alberta	77	78%	657	53%	0	NA	59	39%
Atlantic	61	38%	1,507	31%	2	0%	162	38%
British Columbia	508	65%	494	28%	0	NA	16	75%
Manitoba	475	18%	1,377	11%	6	0%	27	4%
Northern/Yukon	46	26%	239	38%	19	47%	21	57%
Ontario	817	16%	1,631	38%	20	0%	274	43%
Québec	28	54%	841	70%	0	NA	106	72%
Saskatchewan	205	18%	498	44%	0	NA	140	22%
National Office	178	11%	99	26%	0	NA	1	0%
Total	2,395	30%	7,343	36%	47	19%	806	42%

Notes: 1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region; 2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports; 3) Excludes requests with incomplete information (e.g. date and time); 4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information; 5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days; 6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.

Table 2: Cumulative Jordan's Principle Compliance (April 1 – September 30, 2023)

Region	Individual				Group			
	Urgent		Non-Urgent		Urgent		Non-Urgent	
	Requests	Compliance	Requests	Compliance	Requests	Compliance	Requests	Compliance
Alberta	427	72%	4,654	46%	15	40%	691	17%
Atlantic	386	51%	7,511	21%	9	0%	486	45%
British Columbia	1,545	63%	4,478	22%	7	29%	128	53%
Manitoba	2,083	17%	9,877	16%	9	22%	387	76%
Northern/Yukon	295	31%	1,624	36%	47	74%	191	57%
Ontario	3,987	22%	9,882	32%	70	37%	3,749	43%
Québec	120	53%	4,121	82%	12	83%	577	87%
Saskatchewan	1,180	25%	5,302	26%	6	83%	562	22%
National Office	1,183	9%	862	5%	184	0%	266	9%
Total	11,206	29%	48,311	31%	359	24%	7,037	43%

Notes: 1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region; 2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports; 3) Excludes requests with incomplete information (e.g. date and time); 4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information; 5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days; 6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.

Table 3: Quarterly Jordan's Principle Compliance (April 1 – September 30, 2023)

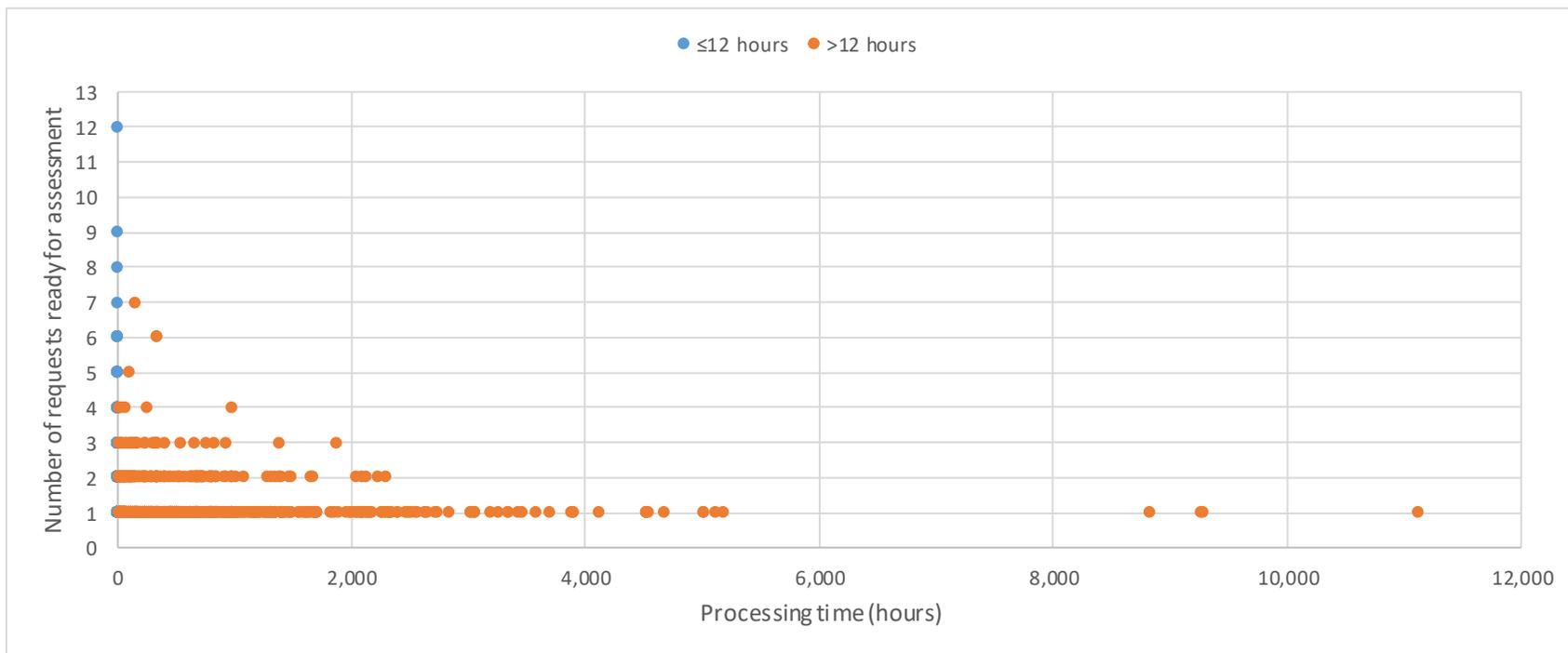
Fiscal year Quarter	Individual				Group			
	Urgent		Non-Urgent		Urgent		Non-Urgent	
	Requests	Compliance	Requests	Compliance	Requests	Compliance	Requests	Compliance
Q1	4,609	28%	25,372	29%	208	14%	3,863	46%
Q2	6,597	30%	22,939	32%	151	37%	3,174	40%
Q3	NA	NA	NA	NA	NA	NA	NA	NA
Q4	NA	NA	NA	NA	NA	NA	NA	NA
Total	11,206	29%	48,311	31%	359	24%	7,037	43%

Notes: 1) Includes requests where submitted on date and time information allows the compliance rate to be calculated. As a result, the number of requests included in the compliance report does not represent the total number of requests received and processed in the Region; 2) Data validation activities are ongoing. Reconciliation may result in slight changes to figures presented in previous reports; 3) Excludes requests with incomplete information (e.g. date and time); 4) NA indicates that there were no requests available to calculate the compliance rate, either because the region did not receive any requests for products and services or the compliance rate could not be calculated due to incomplete information; 5) For individual products and services, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group products and services, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days; 6) The number of requests ready for assessment at the National Office includes requests for products and services escalated by the Regions. As a result, the number of requests ready for assessment at the regional level does not represent the total number of requests processed by the Region.

Methods:

- Compliance evaluated using the time between last date of requestor submission and adjudication date.
- For individual requests, urgent requests must be evaluated and determined within 12 hours and non-urgent requests within 48 hours. For group requests, urgent requests must be evaluated and determined within 2 days and non-urgent requests within 7 days
- Compliance is reported based on the date request intake is completed. As a result, the number of requests included in the compliance report does not represent the total number of requests received and/or adjudicated in the Region
- Compliance is only evaluated for original adjudications. Appeals and re-reviews of past decisions are excluded.

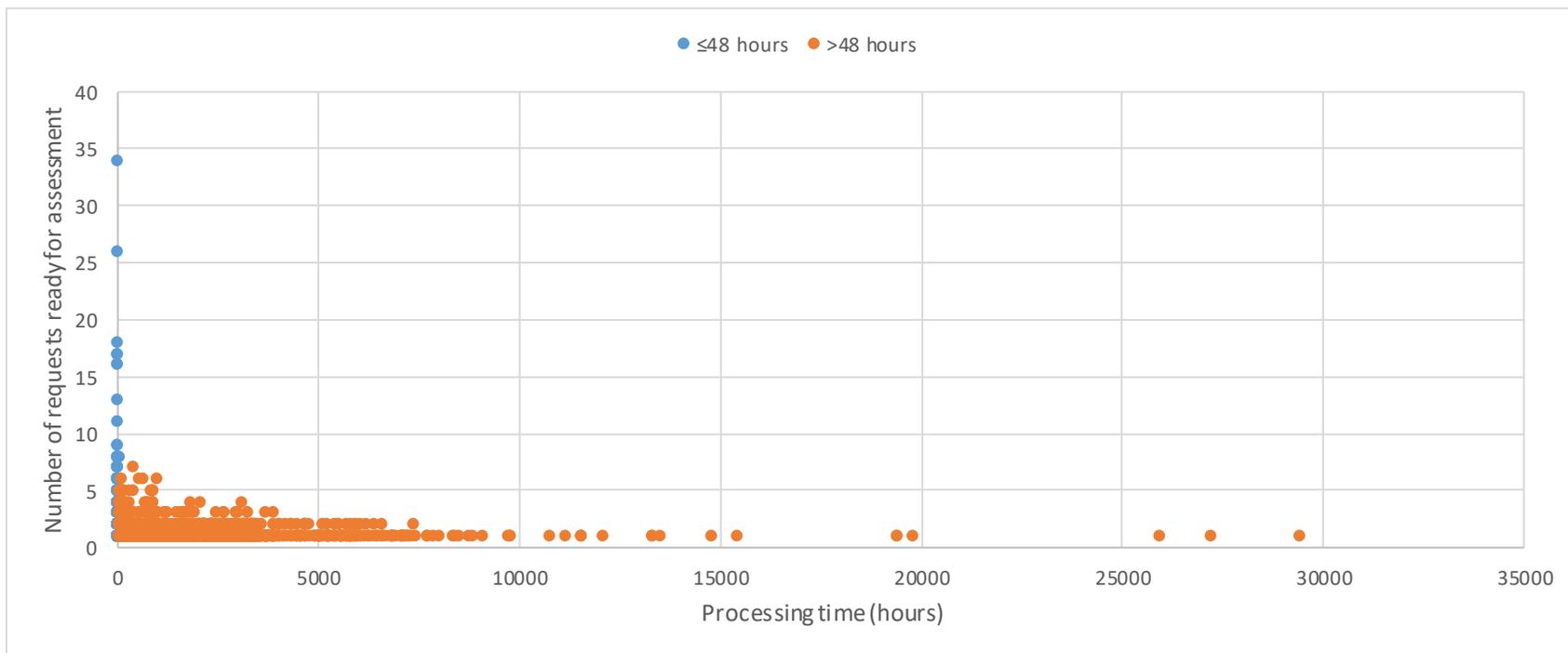
Figure 1: Processing time of urgent individual requests, September 2023



Processing time of urgent individual requests (hours)	Number of requests	(%)
≤ 12 hours	707	30%
> 12 hours	1,688	70%
Total	2,395	100%

Notes: 1) Analyses are by requests for products and services; 2) Excludes requests for Inuit children; 3) Excludes requests with incomplete information; 4) Based solely on requests collected through GCCase and may not align with other analyses; and, 5) The axes for the figures are not the same across figures. Care should be taken when visually comparing figures.

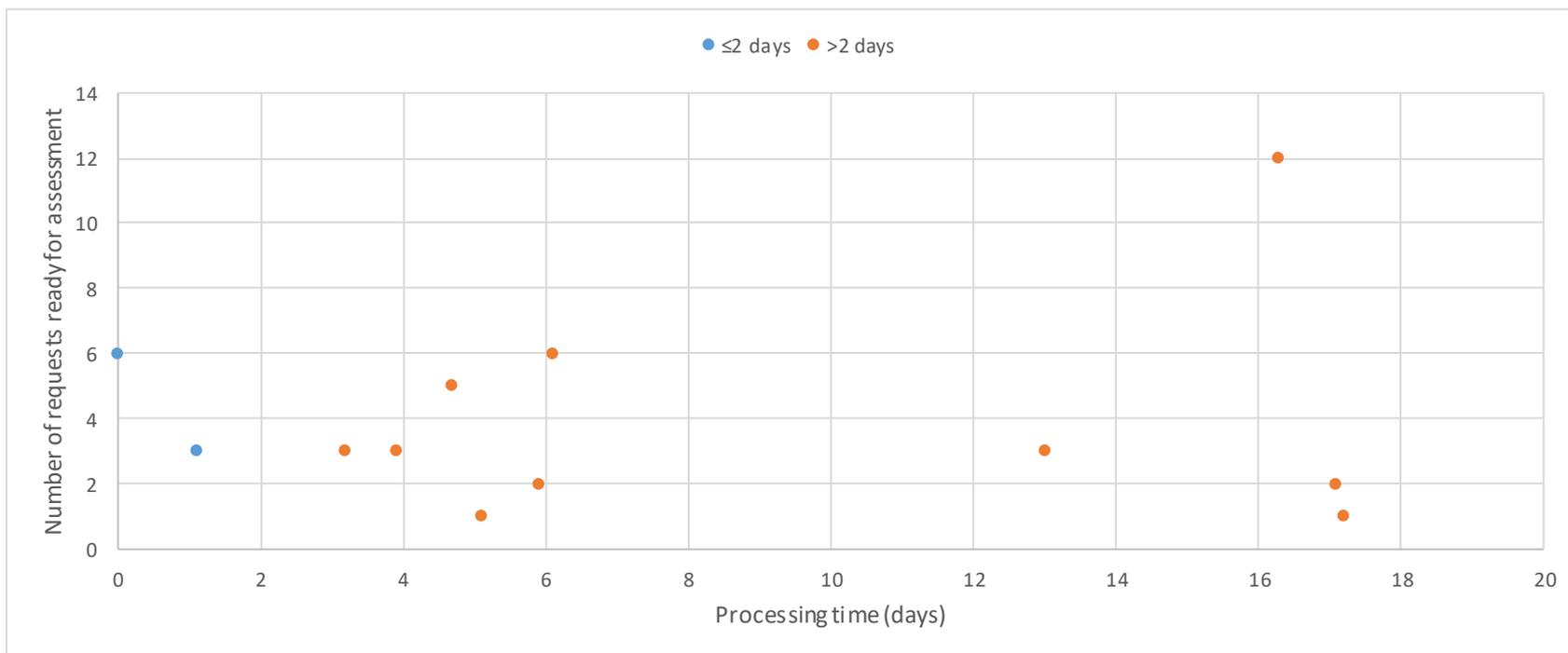
Figure 2: Processing time of non-urgent individual requests, September 2023



Processing time of non-urgent individual requests (hours)	Number of requests	(%)
≤ 48 hours	2,640	36%
> 48 hours	4,703	64%
Total	7,343	100%

Notes: 1) Analyses are by requests for products and services; 2) Excludes requests for Inuit children; 3) Excludes requests with incomplete information; 4) Based solely on requests collected through GCCase and may not align with other analyses; and, 5) The axes for the figures are not the same across figures. Care should be taken when visually comparing figures.

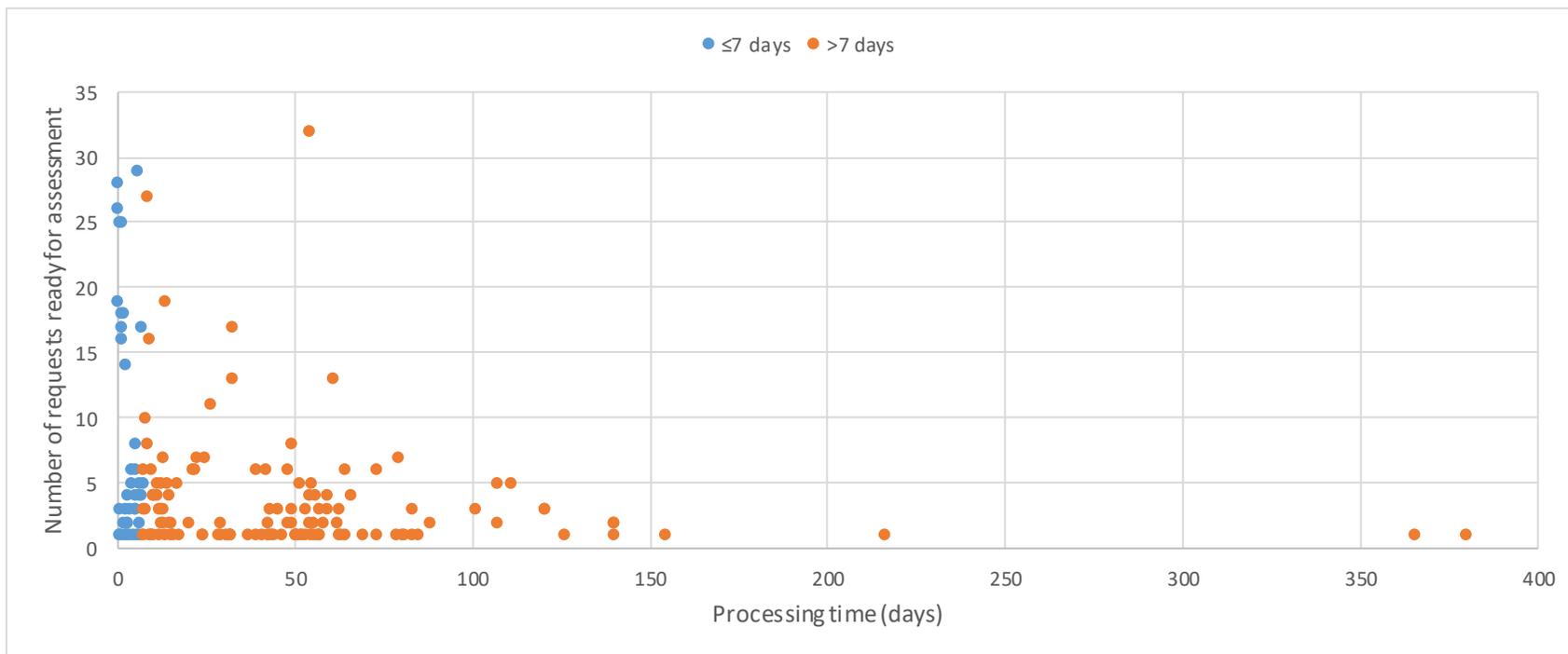
Figure 3: Processing time of urgent group requests, September 2023



Processing time of urgent group requests (days)	Number of requests	Percent (%)
≤ 2 days	9	19%
> 2 days	38	81%
Total	47	100%

Notes: 1) Analyses are by requests for products and services; 2) Excludes requests for Inuit children as well as requests from Nunavut; 3) Excludes requests with incomplete information; 4) Based solely on requests collected through GCCase and may not align with other analyses; and, 5) The axes for the figures are not the same across figures. Care should be taken when visually comparing figures.

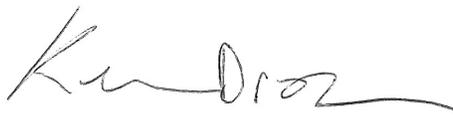
Figure 4: Processing time of non-urgent group requests, September 2023



Processing time of non-urgent group requests (days)	Number of requests	Percent (%)
≤ 7 days	336	42%
> 7 days	470	58%
Total	806	100%

Notes: 1) Analyses are by requests for products and services; 2) Excludes requests for Inuit children as well as requests from Nunavut; 3) Excludes requests with incomplete information; 4) Based solely on requests collected through GCCase and may not align with other analyses; and, 5) The axes for the figures are not the same across figures. Care should be taken when visually comparing figures.

This is **Exhibit "28"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Implementing Jordan's Principle in paediatric practice and advocacy: Barriers and solutions

Canadian Paediatric Society
Annual Conference 2023

May 25, 2023 | Presented by **Jennifer King, Ryan Giroux**



First Nations Child & Family
Caring Society of Canada

Société de soutien à l'enfance
et à la famille des Premières Nations
du Canada



Jordan's Principle ensures First Nations children have access to the services they need free of any discrimination or red tape.

A legal rule per the orders of the Canadian Human Rights Tribunal (2016 – present).

Please do not use the acronym “JP” – reduces Jordan's Principle to the level of a government policy, program, or technical term, and dehumanizes Jordan's legacy.

Read more at JordansPrinciple.ca

CPSP: Jordan's Principle Study (2020)

- Do Canadian paediatricians access supports and services for First Nations children and youth through Jordan's Principle? A survey of knowledge, behaviour, and experiences
- PI: Dr. Radha Jetty
- Co-Is: Dr. Ryan Giroux, Elizabeth Moreau, Dr. Brett Schrewe
- Collaborators: Cindy Blackstock, Nick Barrowman, Dennis Newhook, Jennifer King

CPSP: Jordan's Principle study results

- 265 Respondents
- 232 provided medical care for First Nations children or youth of which 90% were aware of Jordan's Principle
- Only 59% of 219 respondents had ever tried to access services for an eligible patient

Eligibility

- 63% were not familiar or only somewhat familiar with eligibility criteria
- Biggest unknown: eligibility criteria, particularly for First Nations children and youth without Indian Act status, living off reserve and recognized by their nations (47% unaware of this criteria)
- Categories of eligibility confirmed by the Canadian Human Rights Tribunal in 2020 CHRT 36

Application challenges

- 26% reported that they had challenges trying to make contact with someone to discuss an application
- Most common barriers included difficulty reaching someone (78%) which included both at the program level and at the community level

Application challenges 2

- 39% reported that they (or delegate or patient) encountered difficulty in accessing funding on at least one case
- Most common barriers included difficulty reaching someone to assist (60%), excessively time-consuming (53%), difficulty in navigation of the process (50%), or an unreasonable amount of information requested (47%)

Delays and denials

- For non-urgent cases, 69% of respondents said they had no cases that were processed within the 48 hour standard, with 32% reporting longer than 7 days
- 34% have had at least one denial, with 23% reporting one-quarter or more of their applications were denied

Delays and Harm

- 28% reported that there was a negative outcome for a patient or family due to a delay in accessing Jordan's Principle
- Some of the common impacts included developmental/educational, medical complication, worsened mental health, unnecessary separation from the family, delay of therapy, and prolonged hospitalization

The literature needs to catch up with the proper implementation of Jordan's Principle

Description found in the literature	Proper implementation of Jordan's Principle
Jordan's Principle applies only to health services.	Jordan's Principle requests are based on the needs of the child and include health, social, education, and cultural services and supports.
Jordan's Principle applies to all Indigenous children, or uses the terms Indigenous and First Nations interchangeably.	Jordan's Principle applies to First Nations children.
The goal of Jordan's Principle is to provide First Nations children living on reserve with the same level of care and services as children living off reserve.	Jordan's Principle applies to First Nations children living on and off reserve. Requests are based on the needs of the child on a substantive equality basis. Substantive equality means that First Nations children may need services and supports above what is ordinarily provided by the provinces and territories.
Jordan's Principle needs to be ratified by the provinces/territories to have effect.	The federal government is responsible for the implementation of the Canadian Human Rights Tribunal orders on Jordan's Principle.
Jordan's Principle is a policy or guiding principle.	Jordan's Principle is a legal rule.
Jordan's Principle funding has an end date.	Jordan's Principle is a legal obligation on the part of Canada ... there is no end date.

From *Jordan's Principle and Children With Disabilities and Special Needs* (2021)



Back to Basics Approach (B2B)

B2B is an implementation guideline that Indigenous Services Canada (ISC) staff must follow, as of early 2022.

- Substantive equality is presumed. Reference to normative standards cannot be used to deny requests.
- It is presumed that professionals and Elders/knowledge holders are acting within their area of expertise, and also that the request is specific to the child and their needs.
- Minimum information is required for ISC to approve an urgent request + risk mitigation plans must be put in place where the request is unlikely to be determined within CHRT timeframes.
- Examples of urgent requests include end-of-life care, risk of the child entering the child welfare system, physical safety concerns, no access to basic necessities, and mention of suicide.



Back to Basics Approach (B2B) cont.

Documentation should not be a barrier to children accessing supports through Jordan's Principle.

- 1 letter from a professional or Elder/knowledge holder is the presumed requirement.
- ISC does not require a letter for every requested product, service, or support. A letter can speak to multiple needs within the recommending professional's scope.
- Quotes, cost estimates, and length of service are not required for ISC to decide on the request.
- ISC staff will review previous requests for the child and any relevant letters already on file to support new requests that are clearly linked.

Case scenarios – Questions to consider

- What are the biggest barriers identified in the scenario? Is the federal government meeting its legal obligation to First Nations children and families?
- What can you do if this situation happened to a patient or family of yours?
- How might your personal advocacy look in the following spheres:
 - * Within your own clinic, hospital, or institution
 - * Within medical education or continuing education for pediatricians
 - * The work of the CPS
 - * The federal government or public at large

Case 1 (Eligibility)

You are part of the care team who is assisting Shayla, a 11-year-old Cree girl whom you are following for Autism Spectrum Disorder and Intellectual Disability. She recently moved to the city you are working in with her parents and younger brother because many of the services that her parents wanted to access, including extra school supports, autism services, and behavioural interventions, were not available on reserve in a neighbouring province.

You determine that Shayla would benefit from a psychoeducational assessment as well as additional Occupational Therapy and Speech-Language Therapy. Recently, her tablet that she uses to communicate broke, and this has led to her becoming increasingly frustrated that she cannot communicate.

Shayla's provincial funding for Autism services has not been approved, and her family calls your team to help with getting these services. They heard about Jordan's Principle, but when they asked a local Indigenous community centre about it, they said that Shayla isn't eligible because she is non-status.



Eligibility per 2020 CHRT 36

Children meeting **any one** of the following criteria are eligible for consideration:

- A child resident on or off reserve who is registered or eligible to be registered under the Indian Act, as amended from time to time;
- A child resident on or off reserve who has one parent/guardian who is registered or eligible to be registered under the Indian Act;
- A child resident on or off reserve who is recognized by their Nation for the purposes of Jordan's Principle only; or
- The child is ordinarily resident on reserve.

Case 2 (Substantive Equality)

You're part of the care team who is assisting Zayne (they/them), a 15 year old gender non-binary Mohawk teenager who is currently living in a very small and remote rural community. You see them once every two months when you make trips up to their community as part of an outreach pediatric team, but there are nurses and family doctors who also assist with Zayne's healthcare when you cannot be there.

Over the past 4 visits, Zayne has been disclosing serious events of bullying in their school. They don't feel safe in the bathroom, they have been forced to change in a communal locker room for gym class, and their teachers are constantly misgendering them. Their parents are supportive, but feel that the school isn't listening to their concerns. Zayne has disclosed suicidal ideation and self-harm in the past because of their bullying.

Zayne has met a few Trans and non-binary teenagers through TikTok who live in a larger city in their province, and feels that their life would be significantly better if their school environment was different. In fact, Zayne wishes to become a pediatrician to help take care of gender non-conforming youth, but their grades keep slipping due to their experiences at school. Zayne's parents are supportive of what Zayne needs, but don't know how to help. They've heard of Jordan's Principle before and they know they're eligible, but they ask you if it's at all relevant to this.

Case 3 (Communication and Support with Requests)

You're part of the care team who is assisting Brent, a 12-year-old Gitksan boy who recently moved across the country to a new city with his mom. Housing in the new city is incredibly expensive and the family is only able to afford a second floor apartment in an old building that is suspected to have mold. Brent has a history of prematurity with chronic lung disease, and now has moderate to severe asthma, along with environmental allergies. After connecting them to Respiriology services in the new city, his Mom asks if you could assist them in getting a humidifier for Brent's room, as this has helped him significantly in the past when they've dealt with forest fire smoke that aggravated his asthma in the past, and she thinks it will help with the mold in their new home, while they wait for the housing corporation to fix the issue.

You wrote a letter of support and mom submitted the request via an Ontario Focal Point. Three weeks later, you come into your clinic to find out that mom had called for an immediate appointment due to Brent's asthma symptoms getting worse. At the appointment, you learn mom has not heard anything back about the request and feels like giving up. She doesn't know what to do next.



How to Access Services and Supports Through Jordan's Principle

As of April, 2023

What is Jordan's Principle?

Jordan's Principle is a legal rule and child-first principle named in memory of Jordan River Anderson. It ensures First Nations children receive the services and supports they need when they need them. Canada is legally responsible for implementing Jordan's Principle.

Who is eligible?

First Nations children from birth to age of majority in the province/territory of residence who meet any one of the following criteria:

1. The child or one parent/guardian has Indian Act status or is eligible for status.
2. The child is recognized by their Nation for the purposes of Jordan's Principle.
3. The child ordinarily lives on reserve.

What is covered?

Any service, support or item that a First Nations child needs. Multiple requests can be made for each child or group of children. Supports may be above what is normally provided in the province/territory.

Step 1

A First Nations child or a group of First Nations children needs services or supports.

Step 2

Call the 24-hour Jordan's Principle call centre at **1-855-572-4453 (1-855-JP-CHILD)**. You will be connected with a Jordan's Principle Focal Point who will help you through the entire process. If the request is urgent, let the call centre know. Examples of urgent requests include: end-of-life care, risk of child entering child welfare system, safety concerns. If a situation changes to become urgent, call back to update the request.

First Nations Service Coordinators are in some communities and agencies to assist families with requests. You do not need to work with Coordinator to make a request.

Step 3

You will be asked to provide some basic information, including:

1. Child's name
2. One referral from a professional or Elder/knowledge holder
3. Parent/guardian consent
4. Confirmation of eligibility

Quotes, cost estimates and length of service are not required for Canada to decide on the request.

In urgent cases, only verbal or written consent from the parent/guardian is needed; documentation can follow after the immediate needs are met.

In all cases, documentation should not be a barrier to accessing supports through Jordan's Principle.

Canada must approve or deny requests within these timelines:

INDIVIDUAL REQUESTS:
Urgent: within 12 hours
Non-urgent: within 48 hours

GROUP REQUESTS:
Urgent: within 48 hours
Non-urgent: within 1 week

You will receive an official decision letter.

IF APPROVED:

Canada will provide payment and reimbursement details.

IF DENIED:

You will have one year to appeal the decision by emailing or writing a letter to your Jordan's Principle Focal Point. Full instructions will be in the official decision letter.

Learn more at JordansPrinciple.ca



- 24-hour Jordan's Principle line:
1-855-JP- CHILD
1-833-PJ-ENFAN
- Regional Focal Points
- First Nations Service Coordinators/Navigators
- Let ISC know what will happen to the child should services not be determined/provided

Case 4 (Approvals and Denials)

You're part of the care team who is assisting Christina, an eight-year-old Anishinaabe girl with Autism Spectrum Disorder (Level 3). The family lives on reserve but due to services being limited in the community has sought pediatric care at your clinic in the city. Over the past six months, you have been successful in applying for funding for additional time with an in-home occupational therapist.

Recently, the family has had concerns about Christina's safety. The family's house is near a river and a wooded area and submitted a request to Jordan's Principle for a fence so that Christina can play outside safely, as she has attempted to leave the yard on multiple occasions to explore, and once nearly walked onto a road with traffic. You submitted a letter supporting the request explaining that Christina does not fully understand the risks of leaving the yard to explore the river and woods and that an unfenced yard is not safe for her. The request was denied on the grounds that a fence for the family's yard is not child-specific. The family is very disappointed and says they are gathering assessments relating to Christina's autism diagnosis to support an appeal. What do you say?



Re-reviews, denials & appeals

- Requesters have the right to ask for a re-review of a decision, where the response by ISC is clearly not in keeping with the B2B approach or CRHT orders.
- If denied, requesters have one year to appeal the decision in writing by email or letter to their Focal Point.
- Option to include additional or new information, but this not necessary.
- Underscore why/how the request is required to meet the needs and best interests of the child, their distinct community circumstances, and ensure substantive equality.
- **Key question: consequences if the product, service, or support is not received by the child?**
- Appeals are heard by an arm-length Committee made up of health, education, or social services professionals from outside the Government.



Progress is measured at the level of kids. We are long past accepting “best efforts” by Canada.

Systemic concerns should be brought to the attention of Valerie Gideon, Assistant Deputy Minister in charge of Jordan's Principle (cc: Assembly of First Nations + the Caring Society).

Caring Society can try to assist in urgent situations where there is non-compliance by Canada.



Caring Society Resources

Back-to-Basics approach for Improving Outcomes Under Jordan's Principle. (2023, May).

<https://fncaringsociety.com/publications/back-basics-approach-improving-outcomes-under-jordans-principle>

Jordan's Principle: Ensuring First Nations Children Receive the Supports They Need When They Need Them. (2023, May).

<http://www.fncaringsociety.com/publications/jordans-principle-information-sheet>

How to Access Services and Supports Through Jordan's Principle. (2023, April).

<https://fncaringsociety.com/publications/jordans-principle-poster>

Jordan's Principle and Children With Disabilities and Special Needs (2021, May).

<https://fncaringsociety.com/publications/jordans-principle-and-children-disabilities-and-special-needs-resource-guide-and>

fncaringsociety.com

 @CaringSociety

 CaringSociety

 fncaringsociety

 spiritbearandfriends

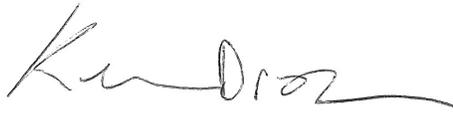
 @SpiritBear



First Nations Child & Family
Caring Society of Canada

Société de soutien à l'enfance
et à la famille des Premières Nations
du Canada

This is **Exhibit "29"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Date: Wednesday, June 1, 2022 at 1:17 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Thanks Samantha

Can you please assure us that HQ is monitoring the situation as the region has made serious errors in handling this case to date. Is there someone new who has a compassionate approach and is fluent in the orders and Back to Basics working with mom now?

Thanks
Cindy

Sent from my iPhone

On Jun 1, 2022, at 1:07 PM, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca> wrote:

Hi Jennifer,

I'm writing to confirm that I received the e-mail you sent last night and that the region is actively engaged to support mom and her children.

Thank you,
Samantha

From: Jennifer King <jking@fncaringsociety.com>
Sent: Wednesday, June 1, 2022 12:22 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome
Importance: High

Good day Samantha,

Checking in to make sure this was received. Can you please advise of the actions taken, especially in terms of immediate measures?

Thank you,

Jennifer

From: Jennifer King <jking@fncaringsociety.com>
Date: Tuesday, May 31, 2022 at 7:10 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Good evening all,

As a follow-up, I checked in with [REDACTED] today by phone to make sure she is still ok. I asked for and received her consent to flag a couple of points that I think need attention.

1. Respite. This is a pressing issue. I understood from [REDACTED] that ISC says it cannot proceed with respite until a vulnerable persons check for the provider is on file with Canada. [REDACTED]'s first choice for respite is her 19-year-old son (who lives outside the home); however, she thinks it will take three weeks to a month to get the records check back. As far as I can tell, no one has worked with [REDACTED] to put a short-term/immediate plan in place while her son gets the recordsf check.
2. Assessments. [REDACTED]'s understanding from the Focal Point is that she needs to get an OT assessment to determine the boys' needs. She does not have ready access to an OT, so this means finding a new provider. When I inquired further, she let me know that this is actually an overwhelming ask, as I suspected it would be for someone recovering from a crisis situation. Regarding CHRT compliance and Back to Basics, the protocol is to work with professionals already in the boys' circle of care. In speaking with [REDACTED], the boys have a speech therapist, and there is also a school liaison working with the family.
3. Daycare. The Focal Point advised [REDACTED] that daycare quotes are needed to proceed. I think [REDACTED] has a school liaison helping with this; however, as per Back to Basics, quotes should not be required to proceed with a request.

██████ was happy to let me know that ISC has approved four months of rent to support the boy's necessities. She also mentioned that she is worried about vehicle payments. On this note, I will add that ██████ let me know she may be called on to do community work (as a traditional knowledge holder) in the next little while which would be income for the family. If this happens, the boys would need 24-hour respite for one week. ██████ has advised the Focal Point of this. The Focal Point indicated that a request to increase respite could be submitted if needed; however, for simplicity's sake, I suggest this is something that could/should be factored into the original request.

██████ said she feels she has hope again since speaking to Cindy and being contacted by Jordan's Principle workers. She has reached out to the family's speech therapist and school liaison. I am not an expert in trauma-informed practice, but I know enough to understand that this sort of outreach and engagement with systems is huge for someone who has been in crisis. I am flagging these issues to ensure that any asks made of ██████ are truly necessary (compliance) and actually in service of substantive equality and the boys' best interests, needs and circumstances.

Thank you,

Jennifer

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Date: Friday, May 27, 2022 at 8:08 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Thank you Samantha

By copy of this email, I will ask Jennifer to check in with the mom today before the weekend to make sure she is OK.

Thanks,
Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: May 26, 2022 8:34 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: RE: Urgent - a single parent of sons with Down Syndrome

Good evening Dr Blackstock,
I'm writing to acknowledge receipt of your e-mail below and to confirm that I will provide an update on the supports that ISC has approved under Jordan's Principle for the boys and mom.
Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, May 25, 2022 9:30 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Hi Samantha

I touched base with mom. The focal point told her that they had called the wrong organization and then when they got no response, they set it aside. They also told her that her rent will "likely be approved" and asked her to go through her original request and see what she still needed which seems inappropriate given that mom is already under a lot of stress. The proper process should have been ISC approving all requests and inviting mom to let them know about any additional needs. I also did not get the sense that ISC worked with mom to ensure her children's urgent needs are met whilst the approved services take effect so perhaps you can confirm if this was done or not.

Mom mentioned that she needed some household items but bought them herself despite her low income as ISC did not get back to her so I said ISC should reimburse her for these expenses. Frankly, if ISC doesn't we will.

Overall, the mom was so grateful that the Caring Society intervened and that someone finally listened to her. She was feeling all alone, desperate and that no one cared about her boys or her.

She made clear that she is very independent and how hard it was for her to ask for help from Jordan's Principle. She also said how desperate she felt when her request was ignored by ISC. Indeed, she went so far as to move her family to the north closer to family because as she was not sure could continue caring for them alone.

She also said that she originally spoke with someone at ISC in Ontario region who told her that many people ask for things they don't need but that her request sounded legitimate. Mom was encouraged by this message, but I am not- there ought to be zero space for focal points to suggest people are asking for things they don't need.

At any rate-this case adds to the serious consequences arising from ISC staff not being compassionate and failing to adhere with the back-to-basics approach. We have, as we noted yesterday, seen several serious and urgent cases where ISC failed families over the past couple of weeks and these are only the cases we know about.

I recognize the efforts you and your office is taking some steps to correct these issues. I am also beyond disappointed that families in clear urgent need are continuing to experience such serious complications accessing Jordan's Principle from ISC 7 years after the Tribunal's order, 4 years since the Caring Society first published the Jordan's Principle concerns document and at time when Canada is clamouring to be rid of the Tribunal's jurisdiction. Clearly, we will need more evidence of Canada's ability to comply with orders and implement back to basics.

I told mom that our Caring Society staff will check in on her in a few days to ensure the supports have been approved and that she has the help she needs.

Please make sure you are tracking the work of these focal points in this case. Mom is relieved by the hope that today brought to her family but nothing has really changed in terms of

support- let's not let her down. I will pay from Spirit Bear's funds if needed to avoid more ISC red tape and family distress so please keep me posted.

Thanks,

Cindy

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: May 25, 2022 4:59 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Great- thank you. Let's unpack what happened here from a learning and policy perspective. I will call mom and follow up as I promised.

Thanks
Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: May 25, 2022 4:48 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: RE: Urgent - a single parent of sons with Down Syndrome

Hello,
I'm confirming that Darla spoke with mom earlier this afternoon and that mom was in good spirits when they spoke.

Darla is working with mom and to ensure that all her children's needs are met, including rent. In keeping with Back to Basics, we have approved the request while we work collaboratively with mom to finalize the additional specific details.

Best,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, May 25, 2022 3:26 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Please send me a note confirming that you have spoken to her and that she is aware her request is approved. She only has rent for June - not July as she has been unable to work as she has had to care for the boys.

Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: May 25, 2022 3:23 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: RE: Urgent - a single parent of sons with Down Syndrome

Hi,
Yes, I completely agree and I have spoken with the team. I shared your e-mail so they had firsthand opportunity to understand the context.
Best,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, May 25, 2022 3:15 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Hi Samantha

I would not just forward the email-I strongly recommend you call the mom. She is exhausted-and if she gets more run around from the Department, I am afraid for what this will mean for her and her family. I will frankly pay for it if it comes to it but please cut through the red tape.

Thanks
Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: May 25, 2022 3:13 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: RE: Urgent - a single parent of sons with Down Syndrome

Hi Cindy,
Thank you, I appreciate the context. I've forwarded your e-mail to Kim and Darla and they will call mom.
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, May 25, 2022 3:06 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome
Importance: High

Hi Samantha

I called the mom and got an answer- she did not pick up because she thought your call was spam. Mom is in a very sensitive place at the moment who is doing her best to look after her kids but is absolutely exhausted. This needs to be dealt with sensitively.

I am not sure who this person is in Alberta - but I highly recommend that this call be managed by someone who is a compassionate.

Please call mom now- she is waiting by her phone and will pick up. I will check on her later this afternoon to ensure she gets the help.

You can call me at [REDACTED] if you need more information but please act ASAP.

Thanks
Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Sent: May 25, 2022 2:37 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: RE: Urgent - a single parent of sons with Down Syndrome

Hello,

I've confirmed that Bethany called mom (left a message with the regional phone number) and she sent an e-mail (her ISC e-mail not a generic inbox). Mom has not responded yet but we are continuing to reach out to mom.

In reviewing GCcase, a number of recent requests were previously approved and we are ready to help mom with additional needs as soon as we are able to connect with her.

Thank you,
Samantha

From: Wilson-Clark, Samantha
Sent: Wednesday, May 25, 2022 2:17 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: RE: Urgent - a single parent of sons with Down Syndrome

Hello,

A team member in Alberta confirmed at 12:13 that she was reaching out to the mom.

I will connect with the team member now and see what the status is.

Thanks,
Sam

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Wednesday, May 25, 2022 2:08 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Re: Urgent - a single parent of sons with Down Syndrome

Hello Samantha

Has this been addressed? Otherwise we will pay and bill back to ISC

Sent from my iPhone

On May 25, 2022, at 10:39 AM, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca> wrote:

Hi Jennifer,
Yes, I will take immediate action.
Sam

From: Jennifer King <jking@fncaringsociety.com>
Sent: Wednesday, May 25, 2022 11:38 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>
Subject: Urgent - a single parent of sons with Down Syndrome
Importance: High

Good day Samantha,

We've been contacted about a single mom of two boys with Down Syndrome. We are told mom has tried contacting Jordan's Principle with no response. As per below, she is now at the point of feeling like "maybe if she ended her life help would come for her children" – this is now urgent. Can you please have someone reach out to [REDACTED] @ [REDACTED] (email is [REDACTED]) and keep us posted on actions taken?

Jennifer

From: [REDACTED]
Date: Wednesday, May 25, 2022 at 11:26 AM
To: Caring Society Info <info@fncaringsociety.com>
Subject: Re: [REDACTED] single parent of two downs syndrome sons

[REDACTED] reached out to me last night saying maybe if she ended her life help would come for her children. I did some DBR work with her and asked her to check in with me this morning.

On Wed, May 25, 2022 at 8:23 AM Caring Society Info <info@fncaringsociety.com> wrote:

Thanks, [REDACTED]. We will get in touch with ISC and keep you posted on their response.

Molly

From: [REDACTED]
Date: Wednesday, May 25, 2022 at 11:19 AM

To: Caring Society Info <info@fncaringsociety.com>

Cc: [REDACTED]

Subject: Re: [REDACTED] single parent of two downs syndrome sons

Molly,

I've copied the mother on this email. Her phone number is: [REDACTED]. I've also been referred to the Downs Syndrome Clinic at the Stollery Hospital for resource support [REDACTED] But was not able to make direct contact with anyone there and left a message.

Your immediate attention to this is very much appreciated.

respectfully

[REDACTED]

On May 25, 2022, at 8:15 AM, Caring Society Info <info@fncaringsociety.com> wrote:

Thanks, [REDACTED].

We can follow up directly with Indigenous Services Canada from our end. We just need the name and phone number that were used for the initial request (assuming this is for [REDACTED]), and I'll pass it off to our team members working directly on the Jordan's Principle file.

Many thanks,

Molly

From: [REDACTED]

Date: Wednesday, May 25, 2022 at 11:12 AM

To: Caring Society Info <info@fncaringsociety.com>

Cc: [REDACTED]

Subject: Re: [REDACTED] single parent of two downs syndrome sons

Hi Molly,

She is First Nations and she has tried the Jordan's Principle line.

On May 25, 2022, at 8:10 AM, Caring Society Info <info@fncaringsociety.com> wrote:

Good morning Patricia,

Thank you for reaching out. I have a few questions for you, just to clarify things a bit on our end – firstly, you mention that your colleague is Indigenous. Are she and her sons First Nations, Metis, or Inuit? Jordan's Principle applies to First Nations children, youth, and families, whereas Inuit have access to the Child First Initiative. Unfortunately, Metis children and families are unable to access either of these supports.

Secondly, has she tried to contact the 24-hour Jordan's Principle line (1-885-572-4453)? If she has gone through that line and has not received a response, this will give us a good indication of the next steps.

Many thanks,

Molly

Molly Rasmussen (she/her), MA
Reconciliation and Research Coordinator
First Nations Child and Family Caring Society
mrasmusen@fncaringsociety.ca

New Address Alert!

First Nations Child & Family Caring Society
[350 Sparks Street, Unit 202](#)
[Ottawa ON](#)
[K1R 7S8](#)

--

From: [REDACTED]
Date: Wednesday, May 25, 2022 at 1:18 AM
To: Caring Society Info <info@fncaringsociety.com>
Subject: [REDACTED] single parent of two downs syndrome sons

Greetings,

I have a colleague who went through Compassionate Inquiry with me. She is Indigenous and on leave from a position with Corrections Canada and in desperate need of support for herself and two downs syndrome sons. She has attempted to access support from Jordan's Principle with no response.

Would you kindly direct me to where I could help her find support?

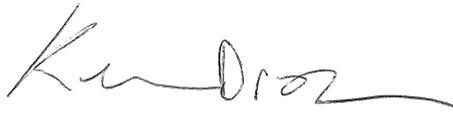
respectfully,

[REDACTED]

[REDACTED]

This email and any files transmitted with it are confidential and intended solely for the use of the individual or organization to whom they are addressed. If you have received this email in error, please notify the author. Note that any views or opinions presented in this email are solely those of the author. Finally, the recipient should check this email and any attachments for the presence of viruses. The organization accepts no liability for any damage caused by any virus transmitted by this email.

This is **Exhibit "30"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Date: Sunday, June 5, 2022 at 9:15 AM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, Jennifer King <jking@fncaringsociety.com>, Brittany Mathews <bmathews@fncaringsociety.com>, Stephanie Wellman <swellman@afn.ca>

Subject: Re: urgent cases

Good morning Samantha

Thank you for this updated information. It is good to know there was a handoff between the region and headquarters. We are preparing a summary of the cases we have addressed and will provide that to the collective.

The reason we are intervening in these urgent matters is that the department did not manage the cases properly when the request was originally made. This left children and families in precarious and sometimes life-threatening situations.

Our focus is on the children and families and while ISC having a change management strategy is good- the reality is that for these families and likely others- there has not been a material alleviation of their needs had it not been for the Caring Society. The orders giving rise to Back to Basics have been in effect since 2017 and

2021 respectively The question needs to be asked why it was only when we intervened often weeks or months after the original requests were made to ISC that the request for the child(ren) was taken up with some immediacy by Canada.

My request for the meeting remains and I look forward to discussing this in detail.

Thank you

Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Sent: June 5, 2022 8:04 AM

To: Cindy Blackstock <cblackst@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Jennifer King <jking@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Stephanie Wellman <swellman@afn.ca>

Subject: RE: urgent cases

Dear All,

I would like to provide some points of clarification.

Regarding June 3 - ISC's first call to mom was just after 2pm MTN (4pm EST) and left a message. Specifically, the employee let mom know that we heard that she may be in need of support and that we are available to connect and see how Jordan's Principle can help. The employee let her know that they would call her again before the end of the day in case we don't hear back. The employee left both their work cell phone number as well as our main line which they let her know would connect her to someone 24/7 in case she does not get the message until later that night/this weekend. ISC on-call staff were briefed to ensure awareness and on-call decision-maker was engaged and prepared to support.

Between April 1 and June 3, 2022 the Caring Society brought to ISC's attention 3 urgent situations, all of which were immediately addressed. In the same time period, the Caring Society sent 19 e-mail inquiries in the areas of: updates on requests not yet determined, denial letters without specific reason for denial, status of appeals, concerns ISC was requesting unnecessary documentation, and requests to re-review denials that the Caring Society felt were inconsistent with the Back to Basics approach.

ISC continues to implement the Back to Basics approach and has in place mechanisms to support rapid consultation and decision-making with CHRT and B2B fluent experts, and subsequent information dissemination to Jordan's Principle staff. Settlement Privileged Jordan's Principle has a comprehensive change management strategy in place to support the ongoing implementation of Back to Basics.

Sincerely,
Samantha

Samantha Wilson-Clark RN, BScN, MHSc
(she/elle)

A/Executive Director, Jordan's Principle and Inuit Child First Initiative
First Nations and Inuit Health Branch
Indigenous Services Canada
samantha.wilson-clark@sac-isc.gc.ca
Tel: 613-404-9159

Directrice exécutive p.i, Principe de Jordan et l'Initiative: les enfants Inuits d'abord

Direction générale de la santé des Premières Nations et des Inuits
Services aux Autochtones Canada
samantha.wilson-clark@sac-isc.gc.ca
Tél: 613-404-9159

-----Original Message-----

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Friday, June 3, 2022 8:23 PM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Jennifer King <jking@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Stephanie Wellman <swellman@afn.ca>

Subject: urgent cases

Hello Valerie and Samantha

I have asked Jennifer to take measures to alleviate the urgent situation that we identified to your office earlier today. Mom was at an appointment and missed the focal points call and voice mail asking mom to call the 1-855 line. However, there was no indication that the focal point briefed the 24 hour line nor that there was any plan for ISC to reach out to mom after hours.

Over this past couple of months the Caring Society has had to fund services to mitigate high levels of child risk in an unacceptable number of cases where ISC botched the implementation of Back to Basics for families facing urgent circumstances. In my professional opinion, the Caring Society's involvement in these cases was absolutely necessary to address discrimination and forestall irreparable harm to children -and in some cases unnecessary death. Several of these families advised us that Canada's conduct deepened their trauma.

If we were not here or if we were unwilling to fund these services out of our own revenue- I would be very worried about what would happen. Needless to say- it is not acceptable that a private organization has to fund public services.

What reliable assurances can you provide that ISC has addressed the multiple failures in its conduct toward these children's and will ensure it does not happen again?

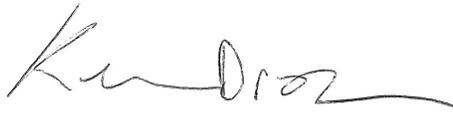
Please provide a detailed response

Thank you,

Cindy

Sent from my iPhone

This is **Exhibit "31"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Date: Tuesday, June 7, 2022 at 9:35 PM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>

Subject: Chart of urgent cases

Good evening Samantha and Valerie

As promised, here is a chart of the urgent cases the Caring Society has intervened in since April of 2022 and raised concerns with you regarding the lack of compliance with the CHRT orders, the AIP workplan and the Back-to-Basics approach.

In my professional opinion, it is clear and obvious that these children were in urgent circumstances. If the Caring Society had not intervened- serious tragedies may well have occurred.

I draw your attention to the correspondence the Caring Society has already sent to ISC on these matters and look forward to your detailed response and action.

Thank you,

Cindy

Urgent cases worked on by the Caring Society since April 1, 2022

Date received by Caring Society	Nature of request (Caring Society categorization)	Region	Non-identifying details
April 22, 2022	Mental wellness, travel	British Columbia	<ul style="list-style-type: none"> • Request for travel supports for Grandma S. and two grandchildren to attend a potlatch and gravestone raising ceremony for the children’s mother (Grandma S.’s daughter) and sibling. Grandma S. spent her savings to host the potlatch. • The child was trans and well supported by the family but was bullied. They died by suicide. Mom passed away a couple of months later. • Grandma S. explained it was extremely important that the children be able to attend the Ceremony for the grieving process of their mother and brother. Culturally and emotionally, this is vital to their mental, physical, emotional and spiritual wellbeing. • The initial request was for travel funds in the amount of \$1,707 (gas money and hotel). The request was escalated to HQ as outside the normative standard. • The request was denied by the Assistant Deputy Minister for First Nations and Inuit Health Branch on April 21. The rationale for the decision was as follows: <i>Denied as not a child specific request.</i> • The Caring Society provided the grandmother with the \$1707.00 in travel funds so the children could attend the memorial service for their mother and sibling. • At the Caring Society’s request, the Service Coordinator worked with Grandma S. to identify the full cost of the potlatch and headstones. Grandma S. provided receipts and notes to show the total cost was \$17,074. • Grandmother asked the Caring Society to advise ISC that it was not about the money- she just wanted her grandchildren to go the memorial. Caring Society relayed that message to ISC.

			<ul style="list-style-type: none"> • ISC overturned its earlier denials and issued apology to grandmother.
May 11, 2022	Medical transportation	Manitoba and Ontario	<ul style="list-style-type: none"> • Request for support for a family living in Winnipeg as child receives treatment for leukemia. • The family comes from a remote community in Northern Ontario. • Chiefs of Ontario (COO) reached out to the Caring Society on May 11 after the family's social worker escalated concerns (May 10 at 9:55 am) and COO themselves escalated concerns indicating urgency on May 10 at 3:26 pm EST. • The family had been receiving emergency rental supports. The landlord served an eviction notice when payment was not received. • ISC and Assembly of Manitoba Chiefs (AMC) EAGLE office stated that Canada had provided emergency housing funds. ISC took the position that it was now the responsibility of the parents to access social assistance. AMC EAGLE raised concerns about duplicating supports available through other programs. • ISC approved extended rental supports for two months based on urgency on May 11 at 10:49 pm EST. • Rent approved until Feb. 2023 with extension as needed, transportation expenses, etc. approved May 16 at 7:07 pm EST.
May 31, 2022	Mental wellness	Ontario	<ul style="list-style-type: none"> • Request for mental wellness supports for youth who recently lost his mother and uncle submitted January 2022. No determination was made. • The Service Coordinator reached out to the ISC region on March 26, 2022, to follow up on the request and advised that the child's mental health was deteriorating without the requested supports. • Caring Society reached out to ISC on May 31 at 3:20 pm EST after receiving an email from the Service Coordinator.

			<ul style="list-style-type: none"> Approval was received on May 31 at 7:03 pm EST. That was five months after the original request and two months and 5 days after the notice to ISC region that the youth's mental health was deteriorating given the lack of services.
May 25, 2022	Basic needs, allied health, respite	Alberta	<ul style="list-style-type: none"> Caring Society was contacted about a single mom (C.) with two boys with Down Syndrome in distress. Caring Society was told mom had tried contacting Jordan's Principle with no response. The friend stated mom was now at the point of feeling like "maybe if she ended her life help would come for her children." Caring Society escalated the situation at 11:38 EST. At 12:13 pm, HQ received confirmation from the region that someone would reach out to C. At 2: 37, HQ confirmed that a Focal Point had called mom and left a message with the regional phone number and sent an e-mail (personal ISC e-mail not a generic inbox). HQ stated that they had reviewed GC Case and a number of recent requests were previously approved. C. Blackstock, who is a registered social worker and social work professor, called mom, who explained she did not answer ISC's call because she thought it was spam. C. Blackstock relayed to HQ that mom was in very sensitive place, doing her best, but exhausted. Following the call C. Blackstock sends a note to ISC emphasizing that the situation needed to be dealt with sensitively and requested that the call be managed by someone at ISC skilled and compassionate. Given concerns for mom's well-being, C. Blackstock suggested the A/ED for Jordan's Principle call mom. HQ responded by assuring the Caring Society that someone from the region would reach out to C. C. Blackstock followed up with mom one more time before day's end. From that call, C. Blackstock learned the

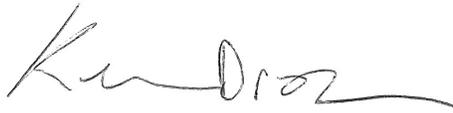
			<p>following: The Focal Point told mom that ISC had called the wrong organization and when they got no response, they set it aside. Focal Point also told her that mom's rent will "likely be approved" and asked her to go through her original request and see what she still needed. The Caring Society regards this as inappropriate given that mom was already under a lot of stress (proper response would be to assist mom fully in identifying needs and minimize or absolutely eliminate paperwork on mom's end). Mom told C. Blackstock that she originally spoke with someone at ISC in Ontario region (?), who said that many people ask for things they don't need but that C.'s request sounded legitimate. Caring Society's position is that there should be zero space for Focal Points to suggest people are asking for things they don't need.</p> <ul style="list-style-type: none">• J. King, who has a Master of Social Work, checked in with mom again on May 31, 2022 and flagged several issues for HQ, including:<ol style="list-style-type: none">1. Respite. Mom was told ISC could not proceed with respite until a vulnerable persons check for the provider was on file. Mom told Canada it could take three weeks to a month to get the records check back. No one worked with mom to put a short-term/immediate plan in place pending the records check.2. Assessments. Mom was told she needed an OT assessment specifically to determine the boys' needs (the proper protocol is to work with professionals already in the children's circle of care.)3. Daycare. The Focal Point said that daycare quotes were needed to proceed with the request.
--	--	--	---

			<ul style="list-style-type: none"> • J. King checked in with mom on June 3. Mom stated that the Focal Point had been in touch and that ISC had addressed the issues identified above on May 31.
June 3, 2022	Natural disaster response (flooding), basic needs	Alberta and Northwest Territories	<ul style="list-style-type: none"> • On June 3, C. (whom the Caring Society had assisted with an urgent request on May 25) asked J. King if she could share Caring Society contact information with a friend named F. who was needing help with Jordan's Principle. C. later contacted the Caring Society to say F. was actually dealing with a lot more than C. realized, falling into a lot of heaviness, stress, and worry. Given that C. had herself recently dealt with crisis, the Caring Society took seriously her concerns about her friend. • J. King spoke with F. at 2:43 pm EST. F. has two children, aged two and six. The older one has autism. • The family is from Hay River, NWT and was forced to move to Edmonton due to the flooding. The family exhausted all their funds to get a place in Edmonton F. mentioned needing help with rent and groceries (basic needs). She was in tears on the phone. • F. stated that she tried asking for help with Jordan's Principle in NWT with the Dene Nation and was told "it would take a month or more for anything to happen." • Given concerns for F.'s well-being, J. King escalated the situation to ISC HQ at 3:04 pm. • AB region called F. just after 4pm EST and left a message. AB region tried calling again before the end of day, but F. was at an appointment and missed both calls. AB left the number for the main line (which is staffed 24/7). • The Caring Society received no indication that the region or HQ would reaching out proactively to F. over the weekend. The assumption seemed to be that it was F.'s responsibility to phone the call centre. Given concerns

			<p>about F.'s well-being, J. King called F. and arranged for the Caring Society to send F. a \$100 gift card for groceries (Walmart) on Friday at 7:54 pm.</p> <ul style="list-style-type: none">• On June 6 at 11:14 am EST (9:14 am AB time), F. messaged the Caring Society to say that she tried calling the numbers provided by the region (24/7 line and Focal Point cell phone) and there was no answer. J. King emailed HQ to ask that someone contact F. right away.
--	--	--	---

**Total number of separate cases or policy issues flagged on by Caring Society since April 1, 2022 (including urgent case above):
21**

This is **Exhibit "32"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Brittany Mathews <bmathews@fncaringsociety.com>
Sent: Friday, May 6, 2022 4:34 PM
To: Gideon, Valerie
Cc: Cindy Blackstock
Subject: FW: ISC-78426-N2X4 - Notification of Decision
Attachments: Invoice & Receipt[69].pdf; Potlatch cost estimate.eml

Good afternoon Valerie,

I wanted to send a quick follow up regarding this case where a grandmother ([REDACTED]) requested travel assistance for her to take her two grandchildren to attend the potlatch ceremony following the deaths of their mother and sibling.

[REDACTED] was quite concerned that she experienced difficulties with this request, particularly given that the family is grieving. She told us that she wants ISC to know that it's not about the money, but about ensuring that her grandchildren are able to access this very important ceremony for their wellbeing. She feels that ISC does not understand the gravity and importance of the ceremony and asked that I forward the department a presentation on potlatch so people could take this opportunity to learn. Here is that link:

[REDACTED]
[REDACTED]. She does not want another family to have to go through this.

As you can see from [REDACTED]'s extremely detailed notes (attached), the amount of organizing and costs that go into holding a potlatch is extensive. The cost of the headstones and potlatch all together totalled \$17,074.

I also wanted to share this news article that details some of what the family went through:

Thank you,

Brittany Mathews (she/her)

Reconciliation and Research Coordinator
First Nations Child & Family Caring Society of Canada
bmathews@fncaringsociety.com
613-230-5885

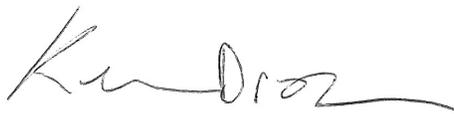
fncaringsociety.com
Twitter: [@caringsociety](https://twitter.com/caringsociety)

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)
Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

New Address Alert!

The Caring Society will be moving to the address below on February 18, 2022:
First Nations Child & Family Caring Society of Canada
350 Sparks Street, Unit 202
Ottawa ON
K1R 7S8

This is **Exhibit "33"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

IFN HEAD OFFICE:

50 Generations Drive
Box 8
Ohsweken, Ontario
N0A 1M0
Tel: (905) 765-2222
Fax: (905) 765-2224



IFN FINANCE OFFICE:

P.O. Box 1634
Cornwall, Ontario
K6H 5V6
Tel: (613) 932-2923
Fax: (613) 932-8460

INDEPENDENT FIRST NATIONS

*Animbiigoo Zaagi'igan
Anishinaabek First Nation*

Dr Cindy Blackstock
First Nations Child & Family Caring Society
Suite 202-350 Sparks Street
Ottawa ON K1R 7S8

*Bingwi Neyaashi
Anishinaabek First Nation*

December 20, 2023

Bkejwanong Territory

RE: Non-compliance and Continued Barriers Accessing Jordan's Principle for our First Nations Children and their families

*Chippewas of Nawash
(Unceded) First Nation*

Overview:

Jordan's Principle was created to ensure First Nation children and youth under 18 have access to health, social, spiritual, and educational support regardless of where they live without denial, delay, or disruption. All Independent First Nation(IFN) communities children and youth need to access support in a timely and barrier-free manner.

Chippewas of Saugeen

Iskatewizaagegan # 39

Kitchenuhmaykoosib

Inninuwug

Issues:

The tribunal ordered that pursuant to the purpose and intent of Jordan's Principle, the government organization that is first contacted should pay for the services without the need for policy review or case conferencing before funding is provided

Mohawks of Akwesasne

Shawanaga First Nation

Temagami First Nation

*" We are pleased to inform you that Jordan's Principle has approved your request on June 28, 2023 for the following support(s)
Reimbursement or medical prescriptions totaling \$4697 for JB – As the child is registered, please direct the request for reimbursement for the meals and any other travel related requests to NIHB using the attached forms...."*

Wabaseemoong First Nation

Whitesand First Nation

1. The "Back to Basics" approach is wanning since it as First Implemented as we see groups being asked to submit consent forms – status numbers- diagnosis for all children and youth who will access the funding. This creates immeasurable delays in accessing needed funding and services and these documents are gathered – in the end – in all actualities it may not be the same children and youth listed that end up accessing the services for various reasons. The government should not be returning to this methodology that "policing" applications and applicants.

2. Urgent requests are taking up to a month to be reviewed
3. Professional recommendations are not being respected as Navigators are often requested for additional 3rd party letters of support for request though it has been

identified at submission that to request additional letters of support would create a barrier to the request

4. Reapplications are often taking over 80 days to get reviewed and causing financial hardships on service providers, families, and creating disruptions in services negatively impacting First Nations children and youth

5. Denial rationale is offensive and or limiting the ability to respond

*"your request does not meet the minimum requirements and cannot be approved"
"It does not align with Jordan's Principle criteria for housing" "Jordan's Principle will consider requests for minor renovations/modifications to an existing, family-owned home, to ensure the home meets the accessibility requirements of a child' – yet we have many approved for mould remediations...."*

"It is determined that your request or Home renovations cannot be approved, as Jordan's Principle' authorities around housing are limited"

"Jordan's Principle is not intended to provide on-going assistance and is not an income supplement program"

"There is not articulated unmet health, social, or educational need, identifies by a licensed/registered professional, within the children's circle of care and making a recommendation within their scope of practice, as to the need for the requested products, supports in response to a request for a waster dryer and watery system care plan)"

6. Compliance time-lines are not being adhered to:
 - a. Urgent files can take up to and over 30 days to get reviewed
 - b. Time sensitive files can take over 100 days to get reviewed
 - c. Files that are renewals can take over 6 months to get reviewed
 - d. Currently we have over 56% (average) of our requests for 2023-24 still waiting review 10% of our 2022-23 files waiting for review

Example: daycare request submitted in May– summer clothing requests – therapy requests are all still outstanding

7. Financial payments made by ISC are delayed, non-compliant, and create barriers for all families accessing Jordan's Principle
 - a. Valuable suppliers and vendors are opting out of supporting our families due to lack of payments.
 - b. Families are opting out of requesting continued or needed support and services due to length of time for reimbursement and the resulting financial hardship and interest charges incurred.
 - c. Attestation requirements impose unreasonable burdens on First Nations, families, service providers and groups
 - d. Payment process for grocery cards

"I am unable to release the funds at this time. In order to reimburse for the approved food support I will require grocery receipts detailing items purchased to submit as supporting documents the gift/grocery cards were used for monthly groceries, please have those receipts sent to my attention..." yet the vendor wrote back to ISC stating Jordan's Principle compensated, the school in question for a few months, but for the 5 months, they were not compensated....needless to say this is causing a great deal of concern as the school is out 2500 and the rules were changed halfway through the game" "our payment guidelines at Jordan's Principle as set out by the Treasury Board of Canada, do require itemized receipts of the purchases made with the gift cards to verify that the items approved as purchased with them.

8. Lack of communication between the government and PTO and IFN Navigators necessary so that we can best support families as they seek the supports and services needed to meet their children's and youth's needs
 - a. Request for staffing -leadership at ISC has yet to be communicated
 - b. Request for changes to the "criteria" ISC used to decide on arbitrary time periods for requests ie grocery-rental support
 - c. Request for information on what makes a request "exceptional "or a "one time approval"
9. Residency Issues: There needs to be an acceptance for the Mohawk Nation at Akwesasne as that Nation is in Quebec-Ontario and New York State but all may just reside across the street from one another.

Most of our members are registered on both sides of the border. They are registered and members with Mohawk Council of Akwesasne (Canada) and St. Regis Mohawk Tribe (U.S.). We have many children registered in Canada but live in the U.S. for one reason or another. In most cases, they live in the U.S. portion of Akwesasne because of the lack of housing.

The reasons for denial are as follows

- I. A child under the age of majority in their province or territory of residence can access Jordan's principle, if they **permanently reside in Canada** and if the child meets one of the following criteria; if registered or eligible to be registered under the Indian Act*
 - II. Has one parent or guardian who is registered or eligible to be registered under the Indian Act*
 - III. Is recognized by their Nation for the purposes of Jordan's Principle*
 - IV. I ordinarily resident on reserve*
10. Documentation requirements and administrative procedures are often unreasonable and burdensome and creates barriers to children and youth accessing the needed services and supports they need in a timely manner.

We request that immediate action be taken, ensuring that our children, youth, and families enjoy the full benefit of the Order and their Human Right to have the fullest life they are able to and want to have....

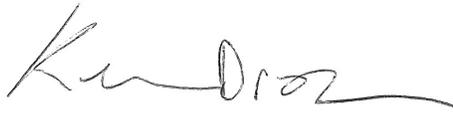
On behalf of the children, youth and families we serve,

A handwritten signature in black ink, appearing to read "Ed Raphael". The signature is fluid and cursive, with a prominent loop at the end.

IFN Executive Chair Chief Roundpoint

cc. IFN Leadership
Chiefs of Ontario
Assembly of First Nations

This is **Exhibit "34"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Cowessess First Nation #73

COUNCIL RESOLUTION

Date:	December 19, 2023
Chronological No.	2023/2024-036
File Reference	Jordan's Principle

DO HEREBY RESOLVE:

- Whereas** Jordan's Principle, named after the late Jordan River Anderson, is intended to ensure First Nations children on and off reserve who are recognized by their First Nations receive the health, education, and social supports they need when they need them;
- Whereas** the Federation of Saskatchewan Indigenous Nations has vigorously supported Jordan's Principle and the landmark Canadian Human Rights Tribunal case filed by the Assembly of First Nations and the First Nations Child and Family Caring Society of Canada (Caring Society) in 2007 (First Nations Child and Family Caring Society of Canada et al v. Attorney General of Canada T-1340/7008);
- Whereas** the Canadian Human Rights Tribunal ordered Canada in 2016 to fully implement Jordan's Principle (2016 CHRT 2) and has issued six further non-compliance orders respecting Jordan's Principle including: 2016 CHRT 10, 2016 CHRT 16, 2017 CHRT 14 (amended as 2017 CHRT 35), 2019 CHRT 7, 2020 CHRT 20, and 2020 CHRT 36;
- Whereas** the Canadian Human Rights Tribunal continues to hold jurisdiction to ensure the discrimination in Jordan's Principle and Child and Family Services ends and does not recur;
- Whereas** Canada has not complied with the Canadian Human Rights Tribunal orders in a manner that creates serious harms for First Nations children, youth and families and places the First Nations coordinators who are supporting in very difficult situations;
- Whereas** First Nations in Saskatchewan have raised concerns with Canada about:
- ISC's practice of having First Nations and First Nations coordinator organizations to accept and fund Jordan's Principle cases without providing adequate resources.
 - ISC's non-compliance places serious pressures on First Nations and First Nation's coordinator organizations as families are not having their child(ren)'s needs met;
 - ISC's non-compliance has resulted in families losing confidence in the First Nations and First Nations service coordinators as they ultimately do not understand that it is Canada's non-compliance that is placing service coordinators in a position of not being able to meet the child(ren)'s needs; and
 - ISC does not proactively fund liability coverage for all First Nations and First Nations coordinator organizations placing individual employees, Coordinator organizations and First Nations at serious risk;
- Whereas** Canada's non-compliance with the Canadian Human Rights Tribunal orders continues to have adverse and harmful impacts on children, youth and families, including:
- Children and families experiencing harms due to Canada's failure to comply with the Tribunal's timelines for determining urgent requests, including children in palliative care not receiving needed supports, families fleeing domestic violence being forced to return to the home of the abuser due to a lack of crisis supports and families fleeing wildfires not having access to basic supports;
 - Children experiencing significant delays or disruptions in professional recommended services and supports, being removed professional waitlists contributing to further delays, or not receiving any services and supports, due to Canada's reported backlogs and serious determination delays;

- c. Families not being able to place urgent requests or report a change in urgency due to Canada's failure to ensure the 24-hour Call Centre is adequately staffed;
- d. Children not receiving services, supports or products due to Canada's failure to adhere to reasonable reimbursement timeframes for approved services; and
- e. Service providers no longer being able to provide services to children who are receiving Jordan's Principle supports due to Canada's failure to adhere to reasonable reimbursement timeframes to services providers.

HEREBY BE IT RESOLVED:

Cowessess First Nation governing body or service provider hereby fully supports the non-compliance motion filed by the Caring Society respecting Canada's approach to Jordan's Principle filed on December 12, 2023 and calls on Canada to immediately comply with the Canadian Human Rights Tribunal orders and implement the measures suggested in Annex A of the Caring Society non-compliance motion;

FURTHER BE IT RESOLVED:

Cowessess First Nation governing body or service provider calls upon Canada to take immediate and positive measures to publicize that it is Canada that is ultimately responsible for implementing the Canadian Human Rights Tribunal orders and that where it relies on First Nations and First Nations Coordinators to assist with implementation of the orders, Canada must provide adequate resources, capacity, liability and workplace safety measures that take into account the distinct circumstances arising

Quorum: Five (5)



 (Chief)



 (Councillor)

 (Councillor)



 (Councillor)

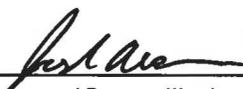


 (Councillor)

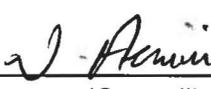
 (Councillors)



 (Councillor)



 (Councillor)

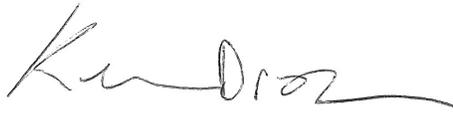


 (Councillor)



 (Councillor)

This is **Exhibit "35"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

	Examples	Notes
URGENT Applications		
<p>1.1 Adopt a presumption that, unless triaged otherwise, all requests received through the National Jordan’s Principle Contact Centre, Regional Contact Centres, and other Jordan’s Principle request mechanisms, including email, fax, and text, or other modalities are urgent.</p> <p>1.2 Identify the ISC staff member, and alternate if the employee is no longer working on the request, who is responsible for determining an urgent request in all communications with the requestor or Service Coordinator/Navigator;</p> <p>1.3 Where it is clear that the Tribunal-mandated timeframe for determining an urgent individual request (12 hours) or an urgent group request (48 hours) will not be adhered to, Canada must, prior to the expiry of the timeframe or at a sooner time for children at immediate risk, take positive and effective measures to address any reasonably foreseeable irremediable harm.</p>	<ul style="list-style-type: none"> • Urgent Criteria of ISC does not meet the standards of needs of children who require immediate assistance. • Urgent applications are not meeting the timing stated by ISC, they are more in time with general applications or longer. 7 Urgent applications submitted and 1 was approved within 24 hrs. • An urgent application submitted on a Thursday was required for accommodation for the weekend, approval was not received until Monday leaving the youth without temporary housing. Not meeting the needs of the child. • Most applications the staff are not identified to the Navigators. This leaves no contact information and emails go directly to the general inbox causing delays in processing time. • Staff turnover has resulted in lost applications. Correspondence of Staff change came through from an application submitted June 2021 on December 14, 2023 asking if the application was still needed. That is almost 2 years 	

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

BACKLOGS		
<p>2.1 Until backlogs of undetermined requests are fully resolved in all regions and at headquarters, provide additional staffing, whether by focal points, other ISC employees on overtime, or contracted agents with authority to review and determine backlogged requests within 48 hours of receiving an individual request or seven days of receiving a group request;</p> <p>2.2 Within 30 days, Canada will extend and publicize retroactive meaningful measures to children, youth, and families who experienced a delay, disruption, or denial in services, supports, and products due to ISC’s backlogs, and determination and funding delays, and report to the Tribunal on the number of children, youth, and families impacted and provide a summary of the impacts and retroactive measures taken to address any discrimination experienced by the child.</p> <p>2.3 Work with the parties to, within 30 days, develop and implement a plan, to be reported to the Tribunal, which will permit the use of greater automation in processing Jordan’s Principle requests, including by establishing mechanisms:</p> <ul style="list-style-type: none"> i) to fill gaps or inadequate response times in other ISC programs that are being filled by Jordan’s Principle and; ii) for presumptive approvals of requests valued at \$500 or under that are supported by a relevant 	<p>Applications are outstanding as far back as 2021. They have been resubmitted several times without a confirmation of receipt and no response regarding these applications.</p> <ul style="list-style-type: none"> • 18 Applications outstanding that were submitted between April 2021 and Dec 2022 • 56 Outstanding application from January 2023-September 1st, 2023 • A youth has been waiting since March 2023 for Dental Surgery and approval has not been received as of Dec 14, 2023 • An application for counselling in the amount of \$600 took over 6 months to have approved. The child’s services were on hold until the approval was received • The delay in applications is causing an increased financial strain on families and services needed are being delayed by months. • An application for continuation of services was submitted in full with Letters of support/Quotes/Request and it has been 6 months without an 	

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>professional or (for language/culture) an Elder or Knowledge Keeper;</p> <p>2.4 Proactively integrate a system wherein families are not required to resubmit documents to extend approved services when needs have not changed and can continue to rely on previously shared documents for the indicated services;</p> <p>2.5 At the time of determination, advise requestors of the process to extend approved services, including by clearly indicating this process on Indigenous Services Canada websites and other public information materials;</p>	<p>approval. Application has not been approved as of Dec 2023</p> <ul style="list-style-type: none"> • Little information is provided on processes for specific services and needs of the children. Navigating a Jordan’s Principle application is extensive and confusing for families to access. It is intimidating for simple services such as counselling for youth. Waiting months for approval has deterred many families from applying. 	
<p>NATIONAL AND REGIONAL CONTACT CENTRES</p>		
<p>3.1 Immediately take measures to:</p> <p>(i) ensure the National Jordan’s Principle Contact Centre is adequately staffed 24/7, including with a supervisor and with persons who have authority to receive requests, determine requests, and issue payments in urgent circumstances; and</p> <p>(ii) allow persons to leave messages with the National Contact Centre and Regional Contact Centres simultaneously;</p> <p>3.2 Within 7 days, establish effective procedures in the ISC regions to:</p>		

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>i ensure Jordan’s Principle contact lines are always fully staffed during business hours; and</p> <p>i clearly indicate on Indigenous Services Canada websites, social media, and other public information materials that Regional Contact Centre Staff are not available outside of business hours and how to contact ISC staff outside of business hours;</p> <p>3.3 Within 7 days, Canada to modify the National Jordan’s Principle Contact Centre and Regional Contact Centre scripts and procedures to:</p> <p>(i) receive requests by text- and web-based chat and phone and in an automated form on the website;</p> <p>(ii) connect to a live agent 24-hours a day;</p> <p>(iii) Put in place a mechanism to report service outages and mechanisms for making requests if the 24-hour Call Centre and/or the Regional Contact Centres are out of service for any reason.</p> <p>3.4 Within 14 days ensure that:</p> <p>i all staff the National Jordan’s Principle Contact Centre and Regional Contact Centres answer calls as a standard operating procedure (versus returning calls back);</p> <p>i Where call volumes preclude a live answer, adopt a maximum 30-minute response timeline to reach requestors for all urgent cases</p>		
--	--	--

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>and a maximum 2-hour callback timeline for non-urgent cases;</p> <p>3.5 Within 30 days, ensure all staff at the National Jordan’s Principle Contact Centre and Regional Contact Centres and have the capacity to:</p> <ul style="list-style-type: none"> i receive requests; i make determinations about urgent and non-urgent requests; i put in place immediate supports to meet the needs of the child where irremediable harm to the child is reasonably foreseeable; and i provide updates to requestors on the status of a request and reimbursement or payment following an approved request; 		
REIMBURSEMENT		
<p>4.1 Adopt and adhere to a 15 calendar day payment standard for service providers and a 5 calendar day payment standard for reimbursements directly to individuals and families;</p> <p>4.2 Develop mechanisms to:</p> <ul style="list-style-type: none"> i issue emergency payments for urgent cases, including electronic funds transfers and gift cards; and 	<ul style="list-style-type: none"> • Reimbursements are taking more than year to receive. • Our organization has 4 outstanding claims that were submitted on the below dates and no payment received as of December 2023: <ul style="list-style-type: none"> 26-Jun-23 20-Oct-22 15-Mar-23 15-Mar-23 	

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>i expand use, and range of eligible expenses, of acquisition cards, including by publicly advising requestors and Service Coordinators/Navigators of the availability of acquisition cards within each region;</p> <p>4.3 Within 60 days pay, in full, any interest charges or bank fees for service providers, including Service Coordinator/Navigator organizations, and individuals and families who took on additional financing due to payment delays beyond Canada’s 15-day standard, retroactive to April 1, 2019, and on a go forward basis and post the availability of such relief on its website and in social media;</p>	<ul style="list-style-type: none"> • Service providers have threatened to terminate Respite services due to not receiving payments after 5 months from submitting the invoice. Children at risk a being removed from homes due to non-payment. The ministry reached out to ask for assistance of a child in a home that was being evicted in 24 hours if payment was not made. Situation caused stress on family, workers and service providers as the payment was over due by 6 months • Parents who paid out of pockets are not getting reimbursed for 6 months to a year. • A reimbursement for daycare to a parent for \$6000 was submitted March 2023 and not received until September 2023 after many emails to ISC. Family was under high stress and working over time to provide for their child while waiting for payment. Daycare was almost cancelled as parents could not afford. • Service provider payments are taking 3 months or longer to receive payment. 3 service providers are submitting invoices monthly and follow up is required after 2 months to receive 	
---	---	--

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

	<p>payment. This has caused service providers to not accept Jordan’s Principle as payment and left children without services.</p> <ul style="list-style-type: none"> • Families are unable to pay for Groceries and needs for their children and submit receipts for reimbursements. This has caused frustration among families with no where to turn to access the funds they were approved. 	
<p>QUALITY ASSURANCE AND ACCOUNTABILITY MEASURES</p>		
<p>5.1 Within 30 days, retain an independent expert on service request contact centres serving children and youth, including those in urgent situations, to conduct an independent audit on Canada’s mechanisms to receive and determine Jordan’s Principle requests and report the expert’s findings and recommendations, as well as Canada’s planned actions in response, to the Tribunal and the Parties within 90 days;</p> <p>5.2 Within 30 days, conduct an audit and consult on the results with the parties in order to determine, based on data, the number of Jordan’s Principle requests which are, or are not, urgent and/or time sensitive;</p> <p>5.3</p>		

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>Within 30 days, develop effective safeguards to ensure extensive regional, Headquarter and Appeals Committee backlogs do not recur, such as through auditing or monitoring the volume of unopened email requests in each Region, Headquarters and the Appeals Committee, and require Canada to report to the Tribunal and the Parties if backlogs exceed 10 cases per region on any given day;</p> <p>5.4 Conduct random sampling and auditing of the Jordan’s Principle National Contact Centre, Regional Contact Centres and regional email inboxes every 60 days and report to the Parties and the Tribunal on any matters of non-compliance including but not limited to: timeframe violations backlogs in opening, determining, or paying for services; documentation requirements; backlogs at redetermination or appeals.</p> <p>5.5 Within 60 days, audit ISC regional offices to understand why compliance rates (against timelines for determining requests) and payment timelines vary by region, to identify “best practices” in regions with higher compliance rates, and to course correct in keeping with the Tribunal’s orders, audit results and best practices;</p> <p>5.6 Within 90 days of the order, and with the advice of the expert on service request contact</p>		
---	--	--

JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>centres serving children and youth, including those in urgent situations, establish a credible and independent national and effective Jordan’s Principle complaints mechanism with authority to approve urgent cases and publicly report on Canada’s compliance (akin to the role currently filled by the Caring Society or those recommended in the report authored by Naomi Metallic, Hadley Friedland and Shelby Thomas);</p>		
<p>REPORTING TO THE TRIBUNAL</p>		
<p>6.1 Canada to immediately, and every 14 days thereafter, report to the Tribunal on the number of backlogged cases (defined as cases that are either unopened within four hours of receipt or that have not been determined within the Tribunal-mandate timeframe) in each region and:</p> <ul style="list-style-type: none"> i the number of backlogged cases that remain unopened (divided by individual and group requests); i the number of backlogged cases, which, after being opened, were determined in the timeline mandated by the Tribunal for the type of request in question; and i the estimated time at which all backlogged cases will be cleared <p>6.2</p>		

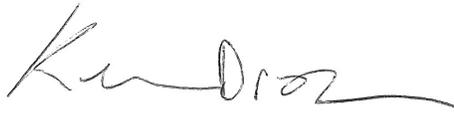
JORDAN’S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

<p>Within 30 days, Canada will report in detail on effective measures, including quality control, to ensure all staff interacting with children, youth and families are compassionate and culturally competent and are able to manage Jordan’s Principle cases in alignment with the Tribunal’s orders;</p> <p>6.3 Within 30 days, ISC must implement, and report in detail on, effective document management mechanisms to ensure all contacts between the requestor or service provider owed funds for services rendered and ISC are maintained in a timely fashion in an organized fashion to avoid repeat information requests;</p> <p>6.4 Report to the Tribunal and the Parties on measures taken to ensure website publicizing information on Jordan’s Principle is accessible, and easy to understand and navigate;</p> <p>6.5 Within 60 days, report to the Tribunal and the Parties on measures taken to eliminate internal financial policies not aligned with the Tribunal orders;</p> <p>6.6 Within 30 days, report to the Tribunal and the Parties with data going back 12 months</p>		
---	--	--

JORDAN'S PRINCIPLE WORK PLAN EXAMPLE DNAAGDAWENMAG BINNOOJIIYAG CHILD & FAMILY SERVICES

about ISC's performance against its reimbursement service standard in each region.		

This is **Exhibit "36"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Indigenous Child and Family Services Directors

Our Children Our Way Society

January 11, 2024

Dr. Cindy Blackstock
Executive Director, First Nations Child & Family Caring Society
Suite 202 – 350 Sparks St.
Ottawa, ON K1R 7S8

Dear Dr. Blackstock,

Thank you for your recent email regarding the Caring Society's non-compliance motion on Jordan's Principle. We often hear about lengthy delays related to Jordan's Principle applications. Four of our member agencies have shared specific details about their recent experiences with the Jordan's Principle application process. Here is the information they provided:

Secwepemc Child & Family Services

In 2023 we supported 16 Jordan's Principle applications. Only six of those were reviewed and approved. Three were approved in a timely manner (4 days, 5 days, 2 weeks, respectively) and the other three after lengthy delays (5 weeks, 7 weeks, 4 months, respectively). The remaining 10 applications are still sitting in the queue—some of them since May.

Ayás Méñmen Child & Family Services

I have many clients waiting for approval, waiting for a file number. Jordans Principle continues to put out notices encouraging people to apply for summer camp coverage (which they put out in June and have not looked at as of December); a notice for people to apply for school clothes and supplies (this was announced in July and they have not approved or looked at many of those applications as of December). High school students are still awaiting computers for their homework/assignments (they announced this in August and have not looked at the files as of December).

I have urgent dental surgeries for young children waiting months for a file number and approval. Orthodontic treatments that are time sensitive that go up to 6 months or more without review. The only way I can get a file through is to mark it as urgent, but I get in trouble for marking files as urgent because that is supposed to be used for life-or-death situations. Many of my clients apply for food security and emergency services that need to happen immediately. These items are taking up to a month or more, even if marked with an urgent status.

The payments department is incredibly difficult. They have been lagging on payments (for months) and I have lost several dentists as vendors due to this wait. Some dentists have explained that they have waited up to a year for payment. I have also lost a psychiatrist that performs assessments due to the payment lag. They have also started denying my clients payment stating that Jordans Principle is a reimbursement model. Many of my clients do not have the funds to pre-purchase services/items and then wait 5 months or more for the repayment. Especially the clients requesting emergency assistance for food, or clothing for their children. If they had the money they would not have applied to Jordan's Principle for the assistance.

This system is not doing what it is supposed to do, it is not filling the gaps fast enough. Clients are waiting months for their application to be looked at, months for an approval or denial and months for payment.

Surrounded by Cedar Child & Family Services

On August 14, 2023 we submitted a request for an NKB Tandem Insulin Pump, supported by medical professionals. I received an auto reply confirming that it was received, but never heard back on the application. On September 18, 2023 we submitted a request for reimbursement for ENW Discovery School Application, supported by psychologist. We have not heard back on the application.

In September, 2023 we submitted a request on behalf of a homeless mother of two for temporary housing (motel), groceries and clothing/school supplies. The family needed to leave their home on-reserve up island as it was infested with rats and mould and the nation wouldn't help with repairs/pest control. Jordan's Principle came back several weeks later, saying that they would not support the housing part of the request (which was the most pertinent) as they needed a letter from the nation confirming the mould and rats, and stating they would not fix the home and the reasons why not.

Vancouver Aboriginal Child & Family Services Society

We submitted a request for funding for respite and prevention-based supports that are necessary to prevent more disruptive measures, such as child removal. We worked closely with a Jordan's Principle coordinator to ensure our request was detailed and complete. Unfortunately, our group submission was denied after a lengthy waiting period (close to a year). We were informed that our request lacked letters of support from licensed/registered professionals (we are professionals within the children's circle of care) and that respite funding should be provided by the Ministry of Children and Family Development (which is exactly the type of jurisdictional dispute that Jordan's Principle is meant to address).

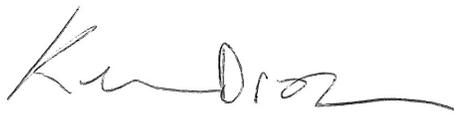
Lately we have been contacted by families we support who are informing us that they have made applications to Jordan's Principle and although those funds have been approved, they have been informed by Jordan's Principle that they need to purchase the items and then submit their receipt for reimbursement. This seems to contradict the whole reason one might make an application for funding under the Jordan's Principle in the first place, being that they do not have the financial resources to make such a purchase. These families then have to turn to other support agencies to request support to purchase the items and then that agency needs to try to secure reimbursement, this in turn can cause further delays in meeting the child's needs.

We greatly appreciate the Caring Society's efforts to address the ongoing challenges within the Jordan's Principle process. I hope the information our agencies have shared is useful to you.

Kind regards,
Tracy Lavin
Manager of Policy, Research & Engagement
Our Children Our Way Secretariat
778-835-9047
tracy.lavin@ourchildrenourway.ca



This is **Exhibit "37"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



KAINAIWA

Chief and Council

Box 60
Standoff, Alberta T0L 1Y0

Phone: (403) 737-3753
Fax: (403) 737-2336

January 8, 2024

By Email to: cblackst@fncaringsociety.com

Dr. Cindy Blackstock
Executive Director
First Nations Child and Family Caring Society of Canada
Suite 202, 350 Sparks Street
Ottawa, ON K1R 7S8

Dear Dr. Blackstock:

RE: Concerns with the Implementation of Jordan's Principle

We are writing you to express the concerns of the Blood Tribe with ISC's implementation of Jordan's Principle.

The Blood Tribe is a member of the Blackfoot Confederacy. We are located in Southern Alberta on 352,600 acres and we are geographically the largest First Nations in Canada. Our under-18 population is over 3,500 children—larger than many First Nations in Canada. As you can imagine, this creates a significant demand for much-needed programs and services for youth. In addition, our community continues to suffer the impacts of substance misuse, specifically opioid overdoses and deaths. This has created significant trauma for our children, families, and community as a whole. To positively address the needs of our children, we have a strong focus on extracurricular activities such as recreation programs, land-based activities, and culture.

As a result, over the past calendar year, the Blood Tribe has submitted seven (7) substantial Group Requests. However, the process of acquiring funding for these much-needed services has been challenging. Here are some examples:

1. **Time-sensitive submissions have not been processed in an expedited manner that adheres to the Tribunal's orders.**
 - a. Due to the long delays in receiving funding for approved Group Requests, our Tribe is covering significant costs until funding is received from ISC. This has resulted in a multi-million-dollar deficit for our Recreation Department which limits their ability to deliver much-needed programs to our child and youth population.

- b. ISC AB-Region has invoked the Financial Administration Act (FAA) as the basis for not approving new requests. Despite the identification of surpluses from prior submissions, ISC-AB Region chose not to fund new Group Requests since September 2023. Furthermore, a senior administrator was subjected to intimidation, with a threat of withholding all ISC funding if the matter was not promptly addressed, disregarding our report on surpluses. Such a heavy-handed approach is unacceptable and does not recognize the primacy of the Canadian Human Rights Act over the Financial Administration Act as stated by the Tribunal in 2021 CHRT 41. As a result, our children have been kept from accessing much-needed programs and services since September 2023. This has caused irreparable harm to our children and our families.
- c. A recent requirement imposed by ISC necessitates the inclusion of a Band Council Resolution (BCR) for each Group Request, whereas previously, a Support Letter from the Council Portfolio holder sufficed. This newly introduced requirement contributes to extended processing times, given the infrequency of Council meetings and the challenging task of securing agenda slots for new BCR submissions amid pressing self-governance issues.
- d. The internal review system employed by ISC AB-Region needs to be improved. Presently, the Focal Point collects Group Request-related information and presents it to the Adjudication Committee. In cases where immediate approval is not granted, the committee often poses additional queries, necessitating further communication with the Focal Point. These additional questions are far too detailed and assume that the Tribe does not know what is in the best interest of the children. Further, this iterative process results in prolonged delays and extended processing timelines.

2. Even though we know what our children need, the circumstances in which our children live—our way of life and the impact of colonialism and racism, and what is in their best interests, the total amount requested is usually not funded. For example:

- a. The establishment of arbitrary approval limits for specific items such as laptops (\$750), clothing (\$500), and food (\$250/month) raises concerns regarding their alignment with the best interests of our children, particularly considering the escalating costs associated with essential goods and services. The predetermined amounts are unrealistic and inadequately address the comprehensive needs of our children. This warrants a reconsideration of the existing limits to ensure they align more effectively with the current economic realities and the well-being of our children.
- b. ISC disallows some essential administrative overhead items, such as professional fees associated with Group Request planning, development, design, and submission. As highlighted in the April 2021 FNCFSCS Report on Concerns with ISC's Compliance with CHRT Orders on Jordan's Principle, "*the process for group requests has become similar to the standard government process for proposals, requiring a level of work and detail that is beyond the operational capacity of many First Nations agencies and organizations.*" In response to these challenges, the Tribe has opted to enlist the services of a professional

consultant to aid in the development of our requests. Regrettably, ISC AB-Region has disapproved of this expenditure under the premise that the First Nations Health Consortium is mandated to provide this service to the Blood Tribe. This stance undermines the Tribe's autonomy to decide with whom we work with and represents a significant overreach that undermines our inherent right to self-government as per Section 35 of the Constitution.

- c. Multiple referrals to Headquarters which adds time to the processing and often means we accept lesser amounts than requested. For example, we asked for \$1000 in clothing for our children, but may only be approved for \$500/child.
- d. Asking for a second Support Letter when a Support Letter has been provided by an Elder or Council member.
- e. Asking for detailed data on children when this is contrary to the Privacy Act and impinges on our Data Sovereignty rights as per OCAP (Ownership, Control, Access, and Possession). Group requests should not be based on a strict per capita approach. Given privacy considerations, group requests should be based on general information about the population requiring services and should not require detailed information about each specific child. Given our large youth population, this is a very large undertaking.
- f. The IFSD (Institute of Fiscal Studies and Democracy) Phase 2 Report recommends that IT be funded at a rate of 5%-6% to assist First Nations in achieving parity with non-Indigenous entities. This critical Digital Equity Fee has been separated from the Administration Fee as it is intended to enhance our capacity to process a substantial volume of children's cases. This cost is under deliberation at Headquarters for a decision despite our identified need for enhancements in IT and the IFSD recommendations.

To address some of these issues, we have asked ISC-AB Region to increase their Jordan's Principle staffing and to better train their Jordan's Principle staff on the principles of Substantive Equality, Best Interest of the Child, Community Circumstances, and cultural sensitivity.

In conclusion, given the impact of opioid deaths in our community, we have many orphaned children who are being raised by their grandparents or other relatives. Therefore, we support the Caring Society's request that familial deaths and First Nations self-identified States of Emergency be included in the Urgent Request category. We also support the Caring Society's December 2023 Motion to the Tribunal.

I commend both you and the Caring Society for undertaking this work on behalf of all First Nation children, and we look forward to a positive outcome.

Respectfully,

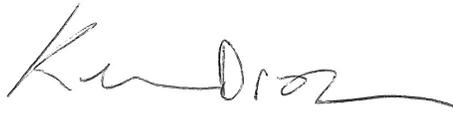


Chief Roy Fox

Makiinima

cc. Chief and Council

This is **Exhibit "38A"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Subject: FW: Jordan's Principle Request ISC-177781-S8M8
Date: Monday, October 23, 2023 at 3:06:28 PM Eastern Daylight Saving Time
From: Caring Society Info
To: Molly Rasmussen
Attachments: image003.png

From: Emily Pecarski <navigation.intake@nigignibi.com>
Date: Monday, October 23, 2023 at 3:04 PM
To: Caring Society Info <info@fncaringsociety.com>
Subject: FW: Jordan's Principle Request ISC-177781-S8M8

You don't often get email from navigation.intake@nigignibi.com. [Learn why this is important](#)

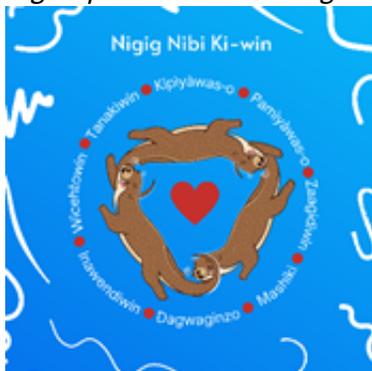
Kwey Good Afternoon,

I've just sat through the wonderful Jordan's Principle: Back to Basics meeting and wanted to reach out regarding this particular Jordan's Principle request that I'm working on for a community member of the Algonquins of Pikwakanagan. I received an email that the application when to the National Review Committee last Monday, and the family has to make a decision about how to move forward with securing clean water for the winter ASAP.

Let me know if I can send anything else that could help, but I would appreciate the agency flagging this application as urgent to ISC.

Miigwech,

Emily Pecarski
First Nations Child Welfare Navigator
Child and Youth Counsellor
(613) 625-2173
Nigig Nibi Ki-win Gamik Society
Algonquins of Pikwakanagan First Nation



This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com Miigwech!

From: [REDACTED]
Sent: Monday, October 16, 2023 4:27 PM
To: Emily Pecarski <navigation.intake@nigignibi.com>
Subject: Jordan's Principle Request ISC-177781-S8M8

Good day Emily,

I am writing to advise you that the below noted request for (Ma.S.) was sent to the National Review Committee for a funding decision. We will be in touch again as quickly as possible once a decision has been provided.

- **Well Repair - \$21,595.00**

Take care and be well,

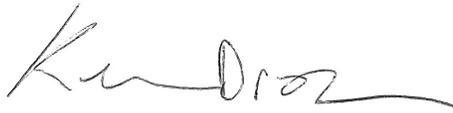
Jordan's Principle / Inuit Child First Initiative

Ontario Region / First Nations and Inuit Health Branch

Indigenous Services Canada / Government of Canada

Email: jordansprincipleon-principedejordan@sac-isc.gc.ca / Fax: 1-833-495-1227

This is **Exhibit "38B"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz", written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Wednesday, November 22, 2023 2:31 PM
To: Emily Pecarski
Cc: [REDACTED]
Subject: Re: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Hi Emily,

No problem at all! I can imagine that you've got a full plate, so I just wanted to check in to see if there was anything you needed from me, for instance if you submitted the application but were still waiting to hear back.

Sending the appeal to the region was the right move. When it comes time for you to submit the request for the water tank, that's what I would send right up to HQ directly. They'll be aware of this request because of all the back and forth when we fought for the initial re-review. The one thing that I'll note is that [per Back to Basics](#), quotes aren't required in order for ISC to determine a request. If you feel like it's going to hold up the process to get the quote, you can certainly do it after you've received a formal approval.

I'm here if you need me!

Molly

From: Emily Pecarski <navigation.intake@nigignibi.com>
Date: Wednesday, November 22, 2023 at 2:22 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Cc: [REDACTED]
Subject: RE: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Hi there Molly,

I submitted the appeal on Friday, and haven't heard back. Should I have sent it directly to HQ? I did get a email receipt back saying it was accepted. [REDACTED] will be reaching out to Mackinnon today and hopefully they will be able to come by the end of the week to assess her land, determine how big outdoor storage tanks would fit and then we'll be able to get a quote.

We're going to go ahead with asking for a Stokke Tub along with some other needs like a car seat and winter clothing for [REDACTED]. I plan on doing that application tomorrow, I've just been crazy busy here the past few days.

We appreciate your continued support and guidance on this!

Best,

Emily Pecarski
First Nations Child Welfare Navigator
Child and Youth Counsellor
(613) 625-2173
Nigig Nibi Ki-win Gamik Society



This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com
Miigwech!

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Wednesday, November 22, 2023 2:07 PM
To: Emily Pecarski <navigation.intake@nigignibi.com>
Cc: [REDACTED]
Subject: Re: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Hi Emily – just checking in. How are things going with this request? Don't hesitate to let me know if and when you'd like me to give HQ a nudge.

Many thanks,
Molly

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Date: Friday, November 17, 2023 at 2:33 PM
To: Emily Pecarski <navigation.intake@nigignibi.com>
Cc: [REDACTED]
Subject: Re: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Hi Emily,

I'm glad that you could reach a temporary solution. I'm sure you know, but going with option two right now doesn't mean that option one is off the table forever! You can certainly revisit it in the spring, and keep me posted about whether we can support with a letter to MacKinnon.

Yes, you are more than welcome to email the Director General of Jordan's Principle directly. Her name is Samantha Wilson-Clark, and you can find her contact information [here](#). I would definitely flag this as an urgent request, and you can let her know that you were advised by colleagues at the Caring Society to contact her directly. If you don't hear from them in a timely manner (i.e., a day max..) let me know and I'll contact her as well.

Warmly,
Molly

From: Emily Pecarski <navigation.intake@nigignibi.com>

Date: Friday, November 17, 2023 at 2:11 PM

To: Molly Rasmussen <mrasmussen@fncaringsociety.com>

Cc: [REDACTED]

Subject: FW: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Good Afternoon Molly,

I discussed our potential options with [REDACTED] and she believes that option two of asking for a Stokke Tub and looking into if Mackinnon would be able to put in a temporary water storage tank in their home that we can apply to have Jordan's Principle pay for as well as monthly/however often the tank must be refilled until they can re-assess their options and finances in the spring.

We both appreciate your support and navigation tips on this process. Let me know if I can still have contact info for Jordan's Principle HQ to propose this alternative option. I should have everything prepared by Monday afternoon at the latest.

Emily Pecarski

First Nations Child Welfare Navigator

Child and Youth Counsellor

(613) 625-2173

Nigig Nibi Ki-win Gamik Society

Algonquins of Pikwakanagan First Nation



*This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com
Miigwech!*

I'm so sorry to hear that the denial was upheld. That's certainly not the response that we were hoping for.

I'm going to bring your questions about Jordan's Principle being a co-signer to my team, and potentially our legal counsel. I recall hearing about similar cases taking place, but I haven't worked directly on them. In the meantime, yes, definitely start the appeals process and I will get back to you with some insights as soon as possible!

Talk to you soon,
Molly

From: Emily Pecarski <navigation.intake@nigignibi.com>

Date: Wednesday, November 15, 2023 at 1:21 PM

To: Molly Rasmussen <mrmussen@fncaringsociety.com>

Cc: [REDACTED]

Subject: FW: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Hi there Molly,

I was out of office too, no worries. Unfortunately, we got back a denial on Friday, and this afternoon I will be starting the appeal process for [REDACTED]. I suggested to [REDACTED] that we could apply for rent somewhere else for the time being, but this won't solve her issue of needing clean water. Her daughter is outgrowing the infant tub they bathe her in and will soon need to be bathed in the bathtub. It's not exactly convenient for them to do this as you probably imagine! What do you suggest we do?

Both [REDACTED] and her partner are ineligible for a payment plan for the well due to their finances. [REDACTED]'s in-laws own the home and they have explored re-mortgaging; however, this would affect her in-law's home in another province. Would Jordan's Principle consider being a co-signer to the purchase?

Any suggestions would be greatly appreciated!

Best,

Emily Pecarski

First Nations Child Welfare Navigator

Child and Youth Counsellor

(613) 625-2173

Nigig Nibi Ki-win Gamik Society

Algonquins of Pikwakanagan First Nation



This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the

*named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com
Miigwech!*

From: onprincipedejordanaegc-onjordanprincipleaecm <onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca>
Sent: Friday, November 10, 2023 5:10 PM
To: Emily Pecarski <navigation.intake@nigignibi.com>
Subject: Jordan's Principle Request - ISC-177781-S8M8 - Re-Review Decision Notification

Good day Emily,

RE: **M.S.**

We are writing to advise you that your urgent request, **ISC-177781-S8M8** for funding under Jordan's Principle, was re-reviewed by the National Review Committee of Indigenous Services Canada on **November 10, 2023** and that your request for the below noted item(s) has been denied.

- Well Repair \$21,595.00

The following rationale has been given for denial:

- Jordan's Principle National Office reviewed all the documentation related to your request, ISC-177781-S8M8 for a New Well for \$21,595.00.
- It was determined that your request for a New Well is not approved, as the request falls beyond the scope of Jordan's Principle.
- Jordan's Principle's off reserve capital infrastructure authorities are limited.
- If there are additional products, services and or supports that Jordan's Principle can assist with to ensure your child's nutritional need are met, please reach out to the Jordan's Principle Ontario Region for products/services/supports.

Should you wish to appeal this decision, please submit a request in writing to your regional Jordan's Principle Focal Point contact within one (1) year of this decision to this email address: onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca.

Additional information explaining the appeal process can be found here:

<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-8.html>

Thank you,

Jordan's Principle / Inuit Child First Initiative

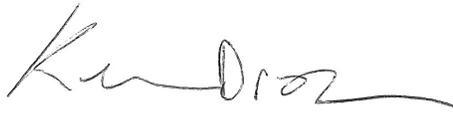
Ontario Region / First Nations and Inuit Health Branch

Department of Indigenous Services Canada / Government of Canada

Email: onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca

24/7 Call Centre: 1-855-JP-CHILD (1-855-572-4453) / Fax: 1-833-495-1227

This is **Exhibit "38C"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Tuesday, November 28, 2023 9:16 AM
To: Emily Pecarski
Subject: Re: Partial decision notification: ISC-177781-S8M8

Oops – one more thing! Do you recall what date this was submitted? And if you flagged it as an urgent request or not? Just want to make sure I've got all my bases covered! Thanks Emily!

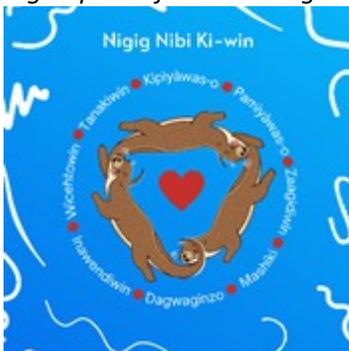
From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Date: Tuesday, November 28, 2023 at 9:14 AM
To: Emily Pecarski <navigation.intake@nigignibi.com>
Subject: Re: Partial decision notification: ISC-177781-S8M8

Perfect! Thanks for being so quick. Will write to them now and report back 😊

From: Emily Pecarski <navigation.intake@nigignibi.com>
Date: Tuesday, November 28, 2023 at 8:35 AM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: FW: Partial decision notification: ISC-177781-S8M8

This was the email we received regarding ██████'s most recent request. Thanks again for being a great advocate for us 😊

Emily Pecarski
First Nations Child Welfare Navigator
Child and Youth Counsellor
(613) 625-2173
Nigig Nibi Ki-win Gamik Society
Algonquins of Pikwakanagan First Nation



This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in

*reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com
Miigwech!*

From: Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>

Sent: Thursday, November 23, 2023 12:28 PM

To: Emily Pecarski <navigation.intake@nigignibi.com>

Subject: Partial decision notification: ISC-177781-S8M8

Good afternoon Emily,

We are pleased to inform you that Jordan's Principle has partially approved your request on **2023-11-23**, for the following support for M.S.:

- Infant bathtub and stand: \$195.50 total

This email serves as official notification of the Government of Canada's commitment to fund the above noted support.

***Note:** Jordan's Principle does not provide funding in advance. If this is not an option for you, direct billing should be arranged with a service provider/vendor. For instructions of how to arrange for this billing option, please see attached instructions.

I am also writing to advise you that the below noted request was sent to the National Review Committee for a funding decision. We will be in touch again as quickly as possible once a decision has been provided:

- Water holding tank: \$10,000.00

For finance and related inquires please contact:

principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca / 1-(855)-JP-CHILD (1-855-572-4453)

For any general inquiries please contact:

jordansprincipleon-principedejordan@sac-isc.gc.ca / 1-(855) – JP-CHILD (1-855-572-4453)

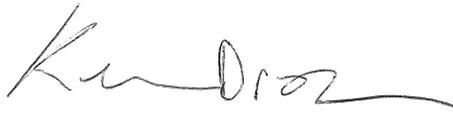
Take care and be well

Jordan's Principle, FNIHB Ontario Region

Department of Indigenous Services Canada/Government of Canada

Fax: 1-833-495-1227

This is **Exhibit "38D"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Tuesday, November 28, 2023 11:11 AM
To: Wilson-Clark, Samantha
Cc: Cindy Blackstock
Subject: Re: ON Jordan's Principle - M.S. - urgent request for water tank

Hi Samantha,

Thank you for the update!

Best,
Molly

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Tuesday, November 28, 2023 at 10:50 AM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: RE: ON Jordan's Principle - M.S. - urgent request for water tank

Hello Molly,

To provide an update, the determination for the request will be communicated to Emily and mom today.

Thank you,
Samantha

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Tuesday, November 28, 2023 10:11 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: ON Jordan's Principle - M.S. - urgent request for water tank
Importance: High

Good morning Samantha,

I'm writing regarding a request placed by Emily Pecarski, navigator at Nigig Nibi Ki-win Gamik Society in Pikwakanagan, regarding an urgent request for a water tank that was placed on November 23. The request was escalated to the National Region on November 23, and is awaiting determination.

As you may recall, Emily placed a request in October for well repairs to ensure M.S. and her family could have access to clean water throughout the winter. The request was denied, and upon re-review, the denial was upheld with the rationale that off-reserve capital requests are limited. Emily has now placed this request for a water tank as a stop gap measure to ensure that the family can remain in their home, with access to potable water, since the full repair of the well is not a possibility.

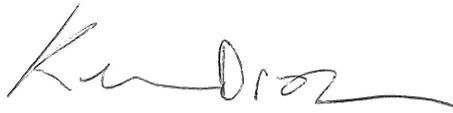
Given that this urgent request was placed 5 days ago, can someone please contact Emily with an immediate determination? <mailto:navigation.intake@nigignibi.com>

Thank you,
Molly

Molly Rasmussen (she/her), MA
Reconciliation and Research Coordinator
First Nations Child & Family Caring Society
mrasmussen@fncaringsociety.ca



This is **Exhibit "38E"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Thursday, November 30, 2023 9:42 AM
To: Emily Pecarski
Cc: [REDACTED]; Snider, Debra
Subject: Re: Jordan's Principle Request - ISC-177781-S8M8 - Decision Notification

Hi Emily,

I'm so sorry to hear this. Truly shameful of ISC. This is absolutely something that Jordan's Principle should fund, as it's an item that will support [REDACTED]'s wellbeing as an individual child, not a request for capital assets.

I think it's certainly worth appealing, but yes, do go ahead with Plan C (!) to ensure that [REDACTED] and [REDACTED] have someplace warm to stay over the winter. I wish that there was more that we could do on our end, Solicitor-Client Privileged [REDACTED]
[REDACTED]

Keep me posted about this new request, and as always, if you need me to give ISC a push I'm happy to do so.

Talk to you soon,
Molly

From: Emily Pecarski <navigation.intake@nigignibi.com>
Date: Wednesday, November 29, 2023 at 4:01 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Cc: [REDACTED] Snider, Debra <dsnider@foglers.com>
Subject: FW: Jordan's Principle Request - ISC-177781-S8M8 - Decision Notification

Good Afternoon Molly,

We got unfortunate news that [REDACTED]'s alternative plan of a water holding tank has also been denied by Jordan's Principle. I have explained [REDACTED]'s situation and unfortunate experience with this Jordan's Principle request to our agency's legal team, and they will be looking into documentation to see if anything further can be done on our end.

I plan on appealing this decision, of course, and [REDACTED] and I will go ahead with a 2.0 alternative solution requesting for 4 months of rent as the family will be displaced for the winter. [REDACTED] is returning to work in April, I believe, so I will be asking for rental support funding for the family from January-May so that the family has secured housing.

Miigwech for your on-going support as I help [REDACTED] navigate this! We are both so grateful for your support.

Best,

Emily Pecarski
First Nations Child Welfare Navigator
Child and Youth Counsellor
(613) 625-2173
Nigig Nibi Ki-win Gamik Society
Algonquins of Pikwakanagan First Nation



This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com
Miigwech!

From: onprincipedejordanaegc-onjordanprincipleaecm <onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca>
Sent: Wednesday, November 29, 2023 3:16 PM
To: Emily Pecarski <navigation.intake@nigignibi.com>
Subject: Jordan's Principle Request - ISC-177781-S8M8 - Decision Notification

Good day Emily,

RE: M.S.

We are writing to advise you that your request, **ISC-177781-S8M8** for funding under Jordan's Principle, was reviewed by the National Review Committee of Indigenous Services Canada on **November 24, 2023** and that your request for the below noted item(s) has been denied.

- Water Holding Tank \$10,000.00

The following rationale has been given for denial:

- Jordan's Principle National Office re-reviewed all the documentation related to your request, ISC-177781-S8M8 for the installation of a Water Holding Tank for \$10,000.00.
- It was determined that your request for a Water Holding Tank is not approved, as the request falls beyond the scope of Jordan's Principle.
- Jordan's Principle's off reserve capital infrastructure authorities are limited.
- If there are additional products, services and or supports that Jordan's Principle can assist with to ensure your child's nutritional need are met, please reach out to the Jordan's Principle Ontario Region for products/services/supports.

Should you wish to appeal this decision, please submit a request in writing to your regional Jordan's Principle Focal Point contact within one (1) year of this decision to this email address: onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca.

Additional information explaining the appeal process can be found here:

<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/submit-request-under-jordans-principle-step-8.html>

Thank you,

Jordan's Principle / Inuit Child First Initiative

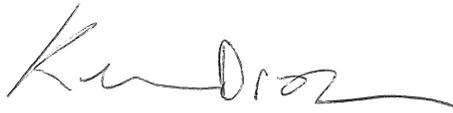
Ontario Region / First Nations and Inuit Health Branch

Department of Indigenous Services Canada / Government of Canada

Email: onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca

24/7 Call Centre: 1-855-JP-CHILD (1-855-572-4453) / Fax: 1-833-495-1227

This is **Exhibit "38F"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Emily Pecarski <navigation.intake@nigignibi.com>
Sent: Monday, December 11, 2023 1:01 PM
To: Molly Rasmussen
Cc: [REDACTED]
Subject: FW: Jordan's Principle Request - ISC-193871-X3M4
Attachments: Direct Deposit Form 2021.pdf; Jordan's Principle Claim Form Template.docx; Payment Package Instructions Dec 6 2021.docx

Thank you again for the on-going support regarding [REDACTED]'s family. We're so appreciative for your liaising with Jordan's Principle on our behalf. We received an approval for the rental support, car seat, and clothing.

I hope you have a wonderful Christmas and Happy New Year 😊

Best,

Emily Pecarski
First Nations Child Welfare Navigator
Child and Youth Counsellor
(613) 625-2173
Nigig Nibi Ki-win Gamik Society
Algonquins of Pikwakanagan First Nation

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please notify me immediately at navigation.intake@nigignibi.com

Miigwech!

From: onprincipedejordanaegc-onjordanprincipleaecm <onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca>
Sent: Monday, December 11, 2023 11:41 AM



To: Emily Pecarski <navigation.intake@nigignibi.com>

Subject: Jordan's Principle Request - ISC-193871-X3M4

Good day Emily,

RE: M.S.

We are pleased to inform you that Jordan's Principle has approved your request for **ISC-193871-X3M4**, for the following items/support(s):

- Clothing \$500.00
- Car Seat \$621.47
- Rent Support – 6 Months \$12,000.00

This email serves as official approval of the Government of Canada's commitment to fund the above noted supports.

**Note: Jordan's Principle does not provide funding in advance. If this is not an option for you, direct billing should be arranged with a service provider/vendor. For instructions of how to arrange for this billing option, please see attached instructions.*

For finance and related inquires please contact:

principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca / 1-(855)–JP-CHILD (1-855-572-4453)

For any general inquiries please contact:

jordansprincipleon-principedejordan@sac-isc.gc.ca / 1-(855) – JP-CHILD (1-855-572-4453)

Take care and be well,

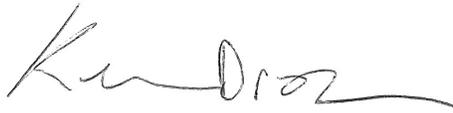
Jordan's Principle / Inuit Child First Initiative

Ontario Region / First Nations and Inuit Health Branch

Indigenous Services Canada / Government of Canada

Email: onprincipedejordanaegc-onjordanprincipleaecm@sac-isc.gc.ca / Fax: 1-833-495-1227

This is **Exhibit "38G"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Subject: RE: Questions re: M.S.
Date: Thursday, January 11, 2024 at 11:11:49 AM Eastern Standard Time
From: Emily Pecarski
To: Molly Rasmussen
Attachments: image001.png, image002.png

Hi Molly!

The New Year has been busy so far, but I'm hanging in there. Had a lovely, restful holiday break and have been back for about two weeks.

I'm so glad that ██████'s case can be used for something useful! To answer your questions, during the two months that we were in touch about the water tank request, the family had limited access to water. Their well had little water in it, and they would essentially turn on the water one-two times a day to flush the toilet after using it multiple times throughout the day without flushing.

We had put in for a separate application to cover Culligan water for them to cook with and bathe ██████ with, so that's how they were getting by for those needs. She was approved for \$2450 in Culligan for a 7-month period (until the end of her maternity leave). In terms of showering and doing laundry, ██████ was driving to her Mom's daily to use her shower and washer/dryer.

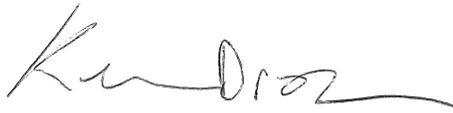
I can't definitively say whether or not ██████ would have ended up in care if the family did not receive rent assistance, however, they would certainly be at an increased, substantial risk of interaction with the mainstream child welfare system. ██████'s situation is unique because she is employed by our agency, a First Nations Child and Family Services agency. At any point, ██████ could have been reported to mainstream Family and Children's Services that would have warranted an investigation.

████████ and her family live in Chalk River, ON, and have not been impacted by the drinking water advisory. Unfortunately, our First Nation has a multi-year waitlist for housing. ██████'s father's parents have a home that ██████'s father grew up in. The home is still in ██████'s grandparents name, who live in Nova Scotia. ██████ and her partner are responsible for paying the mortgage on the home and utility bills.

Let me know if you have any more questions!

Emily Pecarski
First Nations Child Welfare Navigator
Child and Youth Counsellor
(613) 625-2173
Nigig Nibi Ki win Gamik Society
Algonquins of Pikwakanagan First Nation

This is **Exhibit "39A"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: [REDACTED]
Sent: Friday, July 7, 2023 5:58 PM
To: Molly Rasmussen
Subject: Re: Emergency

Hi Molly
Thanks again for your help when i had to leave

It all worked out good yes
We got home on June 26 & on June 23 i had a natural miscarriage so i didnt need to have the surgery (dnc) which is how i prayed it would go because i still breastfeed my youngest (2yo) cause i always hear you cant breastfeed after being put to sleep

Ive been emotional alot lately 😞 but will take it a day at a time
My four babies i have here at home make me feel complete with their hugs and i love you mommy ❤️

Thanks for the email Molly
Hope to stay in touch with you ❤️

On Fri., Jul. 7, 2023, 6:21 a.m. Molly Rasmussen, <mrasmussen@fncaringsociety.com> wrote:

Hi [REDACTED],

I hope you are doing well! I wanted to check in – did everything end up working out alright with your travel? Hoping that you and your daughter are back at home safe and sound! 😊

Don't hesitate to reach out if you need support down the road!

- Molly ❤️

From: [REDACTED]
Date: Saturday, June 17, 2023 at 11:50 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: Emergency

Hi i found out about that question

Its just an estimate on how long benefits are needed

Praying we wont be out there long as i have three kids ill be leaving home as well 🙏

Thank u for contacting JP for me

Flights booked for the morning



On Sat., Jun. 17, 2023, 7:18 p.m. Molly Rasmussen, <mrasmussen@fncaringsociety.com> wrote:

Hi [REDACTED],

I'm so glad to hear!!!

For specific questions about your request like this, you're best to contact the person who called you. My office doesn't work directly on requests so unfortunately I don't have access to your files! But if you contact the person you spoke to originally, you should be able to find out about the dates.

Take good care! ❤️

Molly

From: [REDACTED]
Sent: Saturday, June 17, 2023 6:22 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: Emergency

Hi molly

I recieved email from JP me, my escort and my babys flight and accommodations

Thank you so much for your help 🙏❤️💯

Question. It says june18-27 does that mean we will be out there until then?

On Sat., Jun. 17, 2023, 1:42 p.m. Molly Rasmussen, <mrasmussen@fncaringsociety.com> wrote:

Hi [REDACTED],

Me again - I just heard from Jordan's Principle and they spoke with your nurse, and they are going to call to arrange travel for you, your daughter, and one person to accompany you to stay with her. They will take care of flights and accommodations. You should expect a call from them today and plan to travel tomorrow.

You are more than welcome to reach out to me if you don't hear anything, or if you ever need anything in the future.

Take good care,

Molly

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>

Sent: Saturday, June 17, 2023 2:15 PM

To: [REDACTED]

Subject: Re: Emergency

Hi [REDACTED],

I'm sorry you haven't heard anything. Do you know approximately how much it would cost for you to get to Sioux Lookout today? Are the nurses recommending that you go today? You would need travel for you and your daughter, correct?

I am going to call Jordan's Principle and try and get this going for you. I may reach back out to ask for more details as I need them.

Talk soon,

Molly

From: [REDACTED]
Sent: Saturday, June 17, 2023 11:12 AM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: Emergency

Hi good morning Molly

I really appreciate you keeping in touch with me 🙏❤️

I got one call yesterday but no update yet

The nurse in charge here at the clinic told me she will call me when she knows something

Praying super hard that my unborn baby is okay 🙏🙏🙏😭 i have had way to many miscarriages

Also praying i get to take my youngest child with me because she still breastfeeds

Itll break my heart if i left her ❤️ she is too small to be without me

I hope to hear something today

I dont really wanna travel super last minute, its hard when travelling with a young child

Thanks again Molly 🙏❤️

On Sat., Jun. 17, 2023, 6:36 a.m. Molly Rasmussen, <mrasmussen@fncaringsociety.com> wrote:

Hi [REDACTED],

I was told last night that someone has gotten in touch with you to help. Were you able to get your request processed? Did they give you an update?

Many thanks,

Molly

From: Caring Society Info <info@fncaringsociety.com>
Sent: Friday, June 16, 2023 3:19 PM
To: [REDACTED]
Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: Emergency

Hi [REDACTED],

I'm so sorry to hear this!

As you may know, my office (the First Nations Caring Society) is a party to the Canadian Human Rights Tribunal case that made Jordan's Principle a legal rule, and because of this, we can often weigh in when families are having challenges with Jordan's Principle.

Because of this emergency situation, I have connected with my contacts at Jordan's Principle HQ and asked that someone get in touch with you **immediately** to help sort this out. I hope that is okay. I gave them your email address and your phone number.

Please don't hesitate to get in touch with me if you have any questions. I'll be following up to make sure that someone has contacted you within the next hour or two.

Talk soon,

Molly

Molly Rasmussen (she/her), MA

Reconciliation and Research Coordinator

First Nations Child & Family Caring Society

mrasmussen@fncaringsociety.ca

TW: @CaringSociety | FB: CaringSociety | IG: spiritbearandfriends

From: [REDACTED]
Date: Friday, June 16, 2023 at 3:00 PM
To: Caring Society Info <info@fncaringsociety.com>
Subject: Emergency

Hi im from fort hope ontario

Tried calling the jp line a lot of times

Earlier today i went to the clinic, dr decided to send me out to sioux lookout because of bleeding

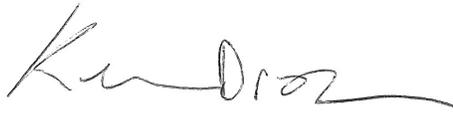
I am 7 weeks and 2 days pregnant and also breastfeeding

Please help me with getting my youngest child covered 🙏 she is 2 yrs old

My number is [REDACTED]

Also left a message on jp line

This is **Exhibit "39B"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Thursday, August 17, 2023 11:56 AM
To: Cindy Blackstock; Brittany Mathews
Subject: FW: Urgent: Jordan's Principle J.S. - Ontario
Attachments: InitialResponse_ Caring Society_7_14_23.docx

From: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Date: Friday, July 14, 2023 at 4:19 PM
To: Cindy Blackstock <cblackst@fncaringsociety.com>, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>
Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>, Jennifer King <jking@fncaringsociety.com>, Brittany Mathews <bmathews@fncaringsociety.com>
Subject: RE: Urgent: Jordan's Principle J.S. - Ontario

Good Afternoon Dr. Blackstock,

Sam is currently on leave; she will be back next week.

Please see attached an initial response to your questions.

I hope you have a great weekend.

Liliana

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Thursday, July 6, 2023 4:17 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>; Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>
Subject: Re: Urgent: Jordan's Principle J.S. - Ontario

Good afternoon Samantha

The Caring Society is pleased to provide this timeline on the interactions the Caring Society had on J.S.'s for your consideration and response.

Among other concerns, this case raises concerns for the Caring Society regarding the 24 hour line. We would be looking for assurances of the following:

- 1) That the urgency message is available to all callers versus being restricted to callers to the "new cases" line;
- 2) That those calling with urgent calls are not placed on hold;

- 3) That ISC has protocols for handing off cases that require urgent responses or must be determined during outside of work hours to comply with the CHRT orders;
- 4) That personnel staffing the call center call back ALL calls that are dropped to ensure that the calls are returned and do so promptly;
- 5) That ISC provide updated material on the working methods of the call center, training for staff persons, supervisory oversight, etc.
- 6) That ISC continue calling parents, professionals in urgent situations until they speak with someone and not just rely on a message.
- 7) That ISC undertakes measures to mitigate the risk in urgent cases taking longer than the 12 hours ordered by the CHRT

I would also still like to know why I was put on hold when I pressed the “new case option” and then pressed “urgent” versus going directly to a live agent and when I dropped the call (b/c I had Robin Buckland’s contact details) that no one from the call center ever called me back despite having a record of my call. Indeed, in the 9 occasions I have called the 24 hour line in the past six months (8 of which related to urgent situations), I have never received a call back and have instead had to pursue other avenues (not available to the public) to access ISC staff to support children and families. We are also receiving regular reports from navigators and parents that they have called the Call Centre and have not heard back- some have given up calling because of this.

We Settlement Privileged urge Canada to act with dispatch to ensure the 24 hour line is functioning in a manner that:

- 1) Complies with the CHRT orders – in particular- the Caring Society takes the position that the urgency clock starts when the caller contacts ISC – not when ISC responds if there is no one staffing the 24 hour line or monitoring email and other communication methods.
- 2) Ensures callers with urgent cases reach a live agent immediately and cases are managed per the orders and Back to Basics
- 3) Ensures callers with non-urgent cases receive a call back within 30 minutes and consistent with Back to Basics all callers are advised that they can call back if their cases become urgent.
- 4) That there are hand off procedures in place that ensure the seamless manage of cases after business hours and then back to staff working during the day if needed.
- 5) That there is supervision to ensure all cases are handled with compassion and consistent with the CHRT orders and Back to Basics including taking measures to mitigate the risk if determination takes longer than 12 hours.

I also wish to request information on the number of dropped calls and what Canada has done to address those at the 24 hour line and regional call lines, the working methods/policies guiding these call lines and the afterhours management of cases, as well as data on cases that Canada deems to require “further information” and thus does not determine (number by month, region, what information was deemed essential and not provided, what follow up was done to get such information and what ISC does before it ceases to take action on the case). This will be help us provide constructive suggestions to your department and fashion solutions for long term reform.

I may have other remedies/data requests to propose but wanted to get this to you so that you can prepare a response but more importantly take measures to address operational/policy issues so that the 24 hour line is functioning properly.

Please let us know if you require any further information or wish to discuss further.

Have a good afternoon,

Cindy Blackstock
Executive Director

First Nations Child & Family Caring Society

cblackst@fncaringsociety.com

613-230-5885

New Address Alert!

The Caring Society will be moving to the address below on February 18, 2022:

First Nations Child & Family Caring Society

350 Sparks Street, Unit 202

Ottawa ON

K1R 7S8

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Date: Thursday, June 22, 2023 at 4:55 PM

To: Cindy Blackstock <cblackst@fncaringsociety.com>, Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>

Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>, Jennifer King <jking@fncaringsociety.com>, Brittany Mathews <bmathews@fncaringsociety.com>

Subject: RE: Urgent: Jordan's Principle J.S. - Ontario

Hello Dr Blackstock,

I've taken some time to gather facts and connect with those directly involved. This situation is complex and the request was for urgent medical transportation for a pregnant adult being made to NIHB through the nursing station.

Steps Taken (timeline)

- ON region contacted the mother/patient (██████) by phone on Friday afternoon (June 16). ██████, who is over the age of majority, is pregnant and needed to fly out of community on Monday morning (June 19) to attend to urgent health needs related to her pregnancy. ██████ was informed that NIHB had not yet responded to the request for her medical travel and was seeking compassionate transportation for her older child who is still breastfeeding. NIHB can support breastfeeding infants to fly out of community with their registered parents. It's unclear as to the circumstances on Friday June 16 that made accessing NIHB travel supports unsuccessful.
- Saturday morning Jordan's Principle ON region spoke with the Nursing Station just after 10:00 a.m. who advised that they did not yet have confirmation from NIHB that the travel was approved. While Jordan's Principle could support compassionate travel for the older sibling, flights can't be arranged for a minor without the adult booking.
- Later Saturday (~2:45 p.m.), Jordan's Principle ON region contacted the Nursing Station and subsequently the on-call Delegated Decision Maker (Robin Buckland) as travel for ██████ had not yet been arranged through NIHB. On-call Delegated Decision Maker approved urgent medical travel for the pregnant mother and her nursing infant. Jordan's Principle ON region arranged medical transportation.
- Flight was booked on Saturday June 17 with ██████ and her child en route to Sioux Lookout via Thunder Bay on the next available flight (Sunday at 10:15). Travel vouchers were sent to the family and accommodations were made to stay at SLFNA.

National Call Centre

I want to confirm that this past weekend, the NCC was staffed 24 hours a day 7 days a week. During the weekend, there were zero calls queued in the urgent callback queue. This means that every person who called and pressed 1 in response to "If your child could be harmed if services are not delivered quickly, press 1" was connected directly to a live call agent.

In looking at the system, we can see the call from the Caring Society at 2:33. However, the caller did not select this option and did not request a call back from the regular queue. The caller waited 181 seconds and then hung up.

2023-06-17 02:33:01 PM

00:03:45

FIRST NATION CH (tel:+16137938440)

Here is the script for the main NCC broadcast:

- To submit a request under Jordan's Principle or the Inuit Child First Initiative, press 1
 - If your child could be harmed if services are not delivered quickly, press 1
 - PRIORITY 1 LIVE AND CB QUEUES
 - To submit a request with one of our staff members over the phone, press 2
 - To learn how you can submit your own application, press 3
- For a status update on a request, press 2
- For information on eligibility, press 3
- For information on Canadian Human Rights Tribunal Orders, press 4
 - For information on capital assets, press 1
 - For information on compensation and long-term reform, press 2
 - For information on Canadian Human Rights Tribunal orders for Jordan's Principle, press 3
- For all other inquiries, press 5

As always, the Jordan's Principle teams across the country continue to work towards removing administrative barriers to support First Nations children and their families in accessing Jordan's Principle supports.

Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Tuesday, June 20, 2023 7:56 AM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>

Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>

Subject: Re: Urgent: Jordan's Principle J.S. - Ontario

Thank you Samantha

We look forward to a prompt response given the problematic nature of being unable to address urgent cases via the 24 hour line.

Thank you
Cindy

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Sent: June 19, 2023 3:51 PM

To: Cindy Blackstock <cblackst@fncaringsociety.com>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>

Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>

Subject: RE: Urgent: Jordan's Principle J.S. - Ontario

Hello Dr Blackstock,

I'm writing to confirm that I've received your e-mail yesterday and that I'm working to gather additional information in order to provide a detailed response.

Thank you,
Samantha

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Sunday, June 18, 2023 10:23 AM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>; Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>

Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>

Subject: Re: Urgent: Jordan's Principle J.S. - Ontario

Hello Everyone

We will send a more detailed update on Monday but the no one spoke to the mom and she reached out to our info line over the weekend on an emergency basis. Thankfully, Molly checked it and she called the 24 hour line pressing the button for existing Jordan's Principle request which, as it turns out does not offer a press for urgent option. Molly left a message and is still waiting for a call back. I called the 24 line at 2:33 yesterday and pressed the "new request" and urgent option - I just got a "your call is important to us" no one answered. I hung up and we then resorted to calling Robin Buckland and were able to reach her but we emphasize that her number is not available to the public.

Mom was flying out this morning with her daughter to get the medical attention she needed.

This is the third time (two urgent calls) I have personally called the helpline in 6 months and I have never reached a person despite repeated assurances from ISC that the line is staffed 24/7. Moreover- I am not sure why there is no urgent option for existing cases when Back to Basics anticipates cases can become urgent. This case was urgent and was not followed up over the weekend in a manner that met the child's needs.

Can you please advise me as to whether there was someone staffing the line at 2:33 pm yesterday and why they did not answer and left me on hold after I pressed the button indicating urgency? Moreover, can you please advise why there is no option for urgency on the existing request option?

Thank you,
Cindy

Sent from my iPhone

On Jun 16, 2023, at 5:26 PM, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca> wrote:

Hello Molly

I'm confirming that the team has contacted Mom and will work with her regarding her request.

Thank you,
Samantha

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>

Sent: Friday, June 16, 2023 3:17 PM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Jennifer King <jking@fncaringsociety.com>;

Brittany Mathews <bmathews@fncaringsociety.com>

Subject: Urgent: Jordan's Principle J.S. - Ontario

Importance: High

Hi Samantha,

We received an urgent email just now from a mom in Fort Hope who has tried contacting the 24-hour line multiple times but needs to place an urgent request for her young daughter.

Mom is pregnant and needs emergency medical travel to Sioux Lookout – she did not mention what the application is for, but I suspect it's related to medical travel for her daughter to accompany her.

Can someone please contact [REDACTED] immediately to help her with the request? Her phone number is [REDACTED]. Her email address is [REDACTED]. Please keep me apprised of any updates. Given the urgency of the situation, my expectation is that someone from the region will connect with [REDACTED] within the next couple of hours.

Thank you,
Molly

Molly Rasmussen (she/her), MA
Reconciliation and Research Coordinator
First Nations Child & Family Caring Society
mras mussen@fncaringsociety.ca

TW: @CaringSociety | FB: CaringSociety | IG: spiritbearandfriends

The Caring Society is pleased to provide this timeline on the interactions the Caring Society had on J.S.'s for your consideration and response.

Thank you for Caring Society's timeline summary of the interactions regarding J.S. We will review and identify areas of potential improvement.

Among other concerns, this case raises concerns for the Caring Society regarding the 24 hour line. We would be looking for assurances of the following:

- 1) That the urgency message is available to all callers versus being restricted to callers to the "new cases" line;

ISC is exploring options on the implementation of a new national call system which will allow ISC to continue to meet the needs of requestors. This will include the urgency message being the first option to all callers.

ISC intends to seek support of JPOC in the development of an updated call tree when the system is ready for upgrade.

- 2) That those calling with urgent calls are not placed on hold;

ISC can not provide assurances that urgent calls will not be placed on hold due to unknown call volumes at any specific time. ISC has a separate queue for urgent calls where the goal is to address the call back (when requested by the requestor) within 30 minutes.

The call centre is not intended to be a replacement for emergency services. If there is an immediate risk of harm to the child, the requestor should call 911. This is conveyed in the call centre script. Jordan's Principle staff are not equipped or trained to provide emergency service support.

- 3) That ISC has protocols for handing off cases that require urgent responses or must be determined during outside of work hours to comply with the CHRT orders;

ISC has protocols in the 24/7 National Call centre, with the on call decision makers, who are available to support and process urgent requests that are received after hours.

- 4) That personnel staffing the call center call back ALL calls that are dropped to ensure that the calls are returned and do so promptly;

Call centre staff are not required to call back dropped calls where there is no request to do so, at this time. There may be privacy implications regarding calling back dropped calls without a request to do it.

- 5) That ISC provide updated material on the working methods of the call center, training for staff persons, supervisory oversight, etc.

To answer this question we would like clarification on the meaning of the term "working methods".

- 6) That ISC continue calling parents, professionals in urgent situations until they speak with someone and not just rely on a message.

ISC will make a best effort to call a parent, professional or other responsible individual and will leave a message when a call back request is not answered. However, ISC can not provide assurances that additional contact attempts will be made due to unknown call volumes at any specific time.

- 7) That ISC undertakes measures to mitigate the risk in urgent cases taking longer than the 12 hours ordered by the CHRT

ISC produces a daily report, that is communicated to senior management, with notifications of urgent requests approaching CHRT timelines to mitigate the risk of urgent cases taking longer than 12 hours. The reporting mechanism was launched March 25, 2022 as in the AIP Workplan to Improve Outcome under Jordan's Principle.

I would also still like to know why I was put on hold when I pressed the "new case option" and then pressed "urgent" versus going directly to a live agent and when I dropped the call (b/c I had Robin Buckland's contact details) that no one from the call center ever called me back despite having a record of my call.

Call centre staff are not required to call back dropped calls where there is no request to do so, at this time. There may be privacy implications regarding calling back dropped calls without a request to do it.

All calls are responded to by a live agent or as soon as an agent becomes available. The call centre is currently staffed 24/7.

Indeed, in the 9 occasions I have called the 24 hour line in the past six months (8 of which related to urgent situations), I have never received a call back and have instead had to pursue other avenues (not available to the public) to access ISC staff to support children and families. We are also receiving regular reports from navigators and parents that they have called the Call Centre and have not heard back- some have given up calling because of this.

Please refer to the above responses regarding calls back without a request for a call back.

We [REDACTED] Settlement Privileged but urge Canada to act with dispatch to ensure the 24 hour line is functioning in a manner that:

- 1) Complies with the CHRT orders – in particular- the Caring Society takes the position that the urgency clock starts when the caller contacts ISC – not when ISC responds if there is no one staffing the 24 hour line or monitoring email and other communication methods.
- 2) Ensures callers with urgent cases reach a live agent immediately and cases are managed per the orders and Back to Basics
- 3) Ensures callers with non-urgent cases receive a call back within 30 minutes and consistent with Back to Basics all callers are advised that they can call back if their cases become urgent.
- 4) That there are hand off procedures in place that ensure the seamless manage of cases after business hours and then back to staff working during the day if needed.

- 5) That there is supervision to ensure all cases are handled with compassion and consistent with the CHRT orders and Back to Basics including taking measures to mitigate the risk if determination takes longer than 12 hours.

Settlement Privileged

I also wish to request information on the number of dropped calls and what Canada has done to address those at the 24 hour line and regional call lines, the working methods/policies guiding these call lines and the afterhours management of cases, as well as data on cases that Canada deems to require “further information” and thus does not determine (number by month, region, what information was deemed essential and not provided, what follow up was done to get such information and what ISC does before it ceases to take action on the case). This will be help us provide constructive suggestions to your department and fashion solutions for long term reform.

ISC is working on the data request for dropped calls in the National Call Centre and will provide once available.

There is currently no standardized data collection mechanism to provide any data on cases that Canada deems to require “further information” and does not determine for the 24/7 Call Centre.

I may have other remedies/data requests to propose but wanted to get this to you so that you can prepare a response but more importantly take measures to address operational/policy issues so that the 24 hour line is functioning properly.

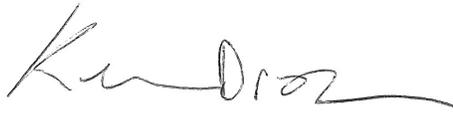
Please let us know if you require any further information or wish to discuss further.

Have a good afternoon,

Thank you so much and have a great weekend!

Settlement
Privileged

This is **Exhibit "40"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: [REDACTED]
Sent: Wednesday, November 1, 2023 12:20 PM
To: Molly Rasmussen
Subject: Re: Regarding my denied request

My partner has made his finally decision to stay home with our children, so everything is fine now. I hope Jordan's principal can help in the near future if I request anything next time, thank you for your help.. I appreciate it

On Nov 1, 2023, at 11:09 AM, Molly Rasmussen <mras mussen@fncaringsociety.com> wrote:

Hi [REDACTED],

I'm sorry to hear this 😞 I totally understand that you've got a lot to worry about right now and don't want to have to worry about any extra stress.

I do want to do what I can do to make sure that Jordan's Principle gives your case a fair shot. Would you be open to me contacting them on your behalf to get this re-reviewed to see if they'll reconsider? You wouldn't have to do anything extra. We don't have to wait until we get the official denial letter either. Honestly, I think it's really important that you have your loved ones with you while you welcome your new baby!

Let me know what you think.

Molly

From: [REDACTED]
Date: Wednesday, November 1, 2023 at 10:34 AM
To: Molly Rasmussen <mras mussen@fncaringsociety.com>
Subject: Re: Regarding my denied request

Hi good morning, instead of going through the whole hassle of this denied request. I think everything is working out on my end now, my partner has decided to stay home with our children when I leave to go wait for our new baby to be born.. Thank you so much for your fast response & have yourself a great day

On Oct 31, 2023, at 1:23 PM, Molly Rasmussen <mras mussen@fncaringsociety.com> wrote:

Thanks so much for sending this to me, [REDACTED]! So it looks like they're going to provide the full reasoning soon... hopefully there's something in the full reasoning that you can challenge. In the meantime, I will wait to hear from your worker!

From: [REDACTED]
Date: Tuesday, October 31, 2023 at 12:47 PM
To: Molly Rasmussen <mrmussen@fncaringsociety.com>
Subject: Re: Regarding my denied request

This is what I received Monday morning, I'll give the worker your email / phone number to get in contact with you...

I called non-insured & asked to be rebooked until November 5, So I am hoping to get accommodations/travel/meals covered for my children & second escort / second escorts daughter before November 5..

<image0.png>
Sent from my iPhone

On Oct 31, 2023, at 12:35 PM, Molly Rasmussen
<mrmussen@fncaringsociety.com> wrote:

Hi [REDACTED],

Hmm... it sounds like it was your worker in Fort Hope who put the request in and received the denial letter. Did they tell you why the request was denied? Once we have this information, we can talk about submitting an appeal or even asking for a re-review. But unfortunately, in order to do either of those things, we need to know why Jordan's Principle felt they could not approve the request.

If you want, you can have your worker get in touch with me (you can give them my email address or phone number – 613-230-5885) and we can see what the letter says.

Thanks!
Molly

From: [REDACTED]
Date: Tuesday, October 31, 2023 at 11:57 AM
To: Molly Rasmussen <mrmussen@fncaringsociety.com>
Subject: Re: Regarding my denied request

There was no denial letter sent from Jordan's principal, the worker here in Fort hope told me about my request being denied.

Sent from my iPhone

On Oct 31, 2023, at 10:12 AM, Molly Rasmussen
<mrmussen@fncaringsociety.com> wrote:

Good morning [REDACTED],

Thanks so much for connecting with us. I'm so sorry to hear that your request was denied.

As a party to the Canadian Human Rights Tribunal case that made Jordan's Principle a legal rule, my office (the Caring Society) can often intervene to support families when they are having difficulties with Jordan's Principle. If you're okay with it, I am happy to see what we might be able to do to help.

When you submitted the request, did you receive an official denial letter? If so, would you be able to share it with me so I can see why the request was denied, and what we might be able to do about it?

Thank you!
Molly

Molly Rasmussen (she/her), MA
Reconciliation and Research Coordinator
First Nations Child & Family Caring Society
mrmussen@fncaringsociety.ca

<image001.png>

From: [REDACTED]
Date: Monday, October 30, 2023 at 5:41 PM
To: Caring Society Info <info@fncaringsociety.com>
Subject: Regarding my denied request

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

Hello, this is [REDACTED]

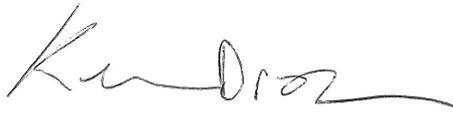
I have filled out request forms for my 4 children, second escort & second escort's daughter for travel / accommodations / meals, my requests have been denied... I am 37 weeks & 1 day pregnant, I am also

breastfeeding my toddler. Me & my partner have no one here in Fort Hope as a care giver for long term for our children, I have my travel from non-insured for Wednesday November 1st but I won't be getting on that flight until my children + second escort & second escorts daughter is approved.

I am trying to put as much detail, but not good at writing emails. If you want to know more please give me a call on my cell [REDACTED].

Thank you, & I hope to hear back from you.

This is **Exhibit "41"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Rhoda Hallgren <rhallgren@csfs.org>
Date: Thursday, August 10, 2023 at 12:51 PM
To: Brittany Mathews <bmathews@fncaringsociety.com>
Subject: RE: Jordan's Principle

Hello Brittany,

At our last meeting with ISC, they did indicate that they are short-staffed and that they had put in for additional staffing, but that has to go through the treasury board.

Samantha was in attendance and they indicated that they are severely short staffed because there has been a 400% increase in applications coming in. Only 46% of those applications go through service coordinators which means that the review staff in Vancouver are assisting families with the application process.

As of July 28th, they had 1000 applications in queue and 2000+ applications that are unopened in their inbox waiting for review.

There are also issues arising from misinformation being spread through social media where people are making false claims regarding what Jordan's Principle will cover – this takes up ISC reviewers time as well because clients are calling into ISC for coverage based on Facebook posts (i.e. Facebook post stated that if you call ISC and show them your insurance and registration, Jordan's Principle will pay for your vehicle insurance for one year).

Ultimately, the backlog is due to short staffing and the increase in applications. Vanessa Sabitova would likely have the PowerPoint presentation that was shared with us.

Thanks for reaching out Brittany and please let me know if you have any additional questions,

Rhoda Hallgren (*she/her*)

Director of Community Health



Creating wellness together.



Physical Address (no mail delivery to this location):

308 Tsa Street, Burns Lake, BC, V0J 1E0

Cell: 778.349.1759

Email: rhallgren@csfs.org

Web: www.csfs.org



Sign up for our CSFS [Goozih Dust'lus Magazine](#)

Privacy Notice: The contents of this e-mail, including any files attached, are confidential and may be privileged. Any unauthorized copying or distribution is strictly prohibited. If you receive this e-mail in error, please contact the sender immediately and delete this e-mail.

--

From: Brittany Mathews <bmathews@fncaringsociety.com>

Sent: August 10, 2023 8:00 AM

To: Rhoda Hallgren <rhallgren@csfs.org>

Subject: Jordan's Principle

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good morning Rhoda,

I hope this email finds you well! My name is Brittany and I work over at the Caring Society. You may remember me from JPOC.

Cindy asked that I reach out to you regarding your point at the last JPOC that the BC Region has 2000 delayed requests. If I understood you right, the Director General (Samantha Wilson-Clark) indicated that these 2000 requests have been determined, but the region has not let families know. Is this correct?

We have been hearing from a lot of families and service coordinators about the significant and serious delays in BC Region. We are aiming to ensure ISC solves this so that kids aren't experiencing delays and has safeguards in place to ensure it does not happen again.

Don't hesitate to reach out with any questions/concerns!

In good spirit,

Brittany Mathews (*she/her*)

Reconciliation and Policy Coordinator

First Nations Child & Family Caring Society

bmathews@fncaringsociety.com

613-230-5885

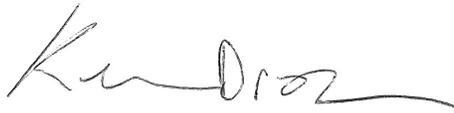
fncaringsociety.com

Twitter: [@caringsociety](https://twitter.com/caringsociety)

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)

Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

This is **Exhibit "42"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

BC Aboriginal Child Care Society

102 — 100 Park Royal South
West Vancouver, BC V7T 1A2
Telephone: (604) 913-9128 Facsimile: (604) 913-9129

Cindy Blackstock
Executive Director
First Nations Child & Family Caring Society
Suite 202 – 350 Sparks Street, Ottawa ON K1R 7S8

Dear Cindy:

Re: **Jordan's Principle Enhanced Service Coordination Hub's experiences of Jordan's Principle delivery in BC 2022/23**

History:

Jordan's Principle delivery in British Columbia underwent a significant change in 2021 with the introduction of the Enhanced Service Coordination (ESC) Network. The Network of in-community partnered organizations, funded by Indigenous Services Canada (ISC), is intended to enable the delivery of Jordan's Principle by local experts in the position of Service Coordinator. ISC BC provides minimal financial and policy support, while the British Columbia Aboriginal Child Care Society via the ESC Jordan's Principle Hub, as a center of excellence, provides peer professional support to bolster and develop the Network. As of January 2, 2024, there are 32 community partnered organizations hosting 39 Service Coordinators with nine Service Coordination positions to be filled.

Current Status:

The following stats for the 2022/23 fiscal were released by ISC BC to the Hub and various partners.¹

- 113%. Increase in funding from previous fiscal.
- An average of 33 requests per day received by ISC. This is an increase of almost 200% over previous fiscal.
- ISC BC receives an average of 50 calls a day requesting payments follow up.
- 3300 requests in ISC queue. This is a back log.
- 2850 vendor invoices in ISC payment queue. This is a back log.
- Health requests: 2475.
- Education requests: 793.
- Social requests: 3173.

In 2023 ISC supplemented the ESC model with an initial financial component for 10 of pilot sites, including BCACCS, to process funding requests for families and service providers in a more timely manner. This additional funding support comes in the form of an Approved Request Contingency Fund (ARC Fund) and along with it a full-time position to manage it. It is the intent of ISC BC to have each partnered host organization have access to an ARC Fund by April 2024. The intention to allow partnered organizations to flow approved funds to families and services providers to alleviate the burden from ISC payments. Holders of an ARC Fund do not have the authority to receive, approve or deny a request. Payment of requests, whether for a family or service provider, must be pre-approved by ISC BC.

Concerns and Recommendations:

Concerns

Future Capacity to deliver Jordan's Principle.

The current demand for support (requests being made) has exceeded the capacity of the ESC network and will continue to do so at a time when Jordan's Principle is becoming well known in BC as the first and/or final funding option for Indigenous children for whom the normative systems have failed.

The ESC Network's response to demands and changes.

The Network slow to respond to changes and demands upon it by those who access it for the following reasons:

- I. ISC policy regarding delivery is focused on a regional level. Beyond general TORs ISC does not provide operational policy for a partner organisation. It is up to each organization to develop its own operational policy consistent with its current general policy.
- II. If policy is developed at an organizational level, it is frequently not standardized across the partnered organizations. This means that families will receive various levels of support by Service Coordinators. This could lead to delays in submission, delays in service provision and delays in adjudication.

Service Coordinators in the BC region have acknowledged this concern and are currently working to produce their own standards of practice to inform policy development.

High Profile of Jordan's Principle in BC.

Jordan's Principle has become known in BC to be slow but effective. This means that families are making multiple repeat applications for services and items. There is a concern by stakeholders in the Network that families are not utilizing already in place systems.

As an example, within the request queue there are multiple requests for 'necessities of life' support in the form of food, rent, and utilities from the same family. Families could be repeatedly accessing Jordan's Principle to actively by-pass in place systems, or to supplement income as a letter of recommendation is all that is required to substantiate need.

Jordan's Principle is faster in these cases as 'necessities of life' are considered 'Urgent' requests.

There is a concern that Jordan's Principle is being/could be 'abused,' thus delaying or denying access to children for whom Jordan's Principle would be a necessity. Those needs that are 'Urgent' for other reasons may not be addressed in a timely manner.

Regional disparities in approvals.

It is generally known that BC Region, and other regions in Canada, do not share the same adjudication 'criteria.' Communication has expanded between the various delivery regions of Jordan's Principle and there is solid evidence that each region 'approves' uniquely. This is a concern because the argument of 'unique' regional differences has been used to justify not approving items or services that have been recommended and that have been approved in other regions.

Recommendations

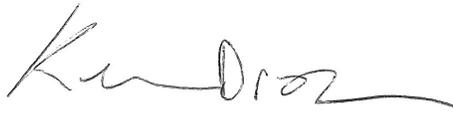
1. First Nations leadership of BC to empower a body to designate a set standards of practice that Service Coordinator's in BC are to follow. This will allow management in partnership with the Hub to support delivery and Service Coordinators. Service Coordinators have recognized this need and have begun their own process. It would be beneficial if they had leadership's support. ISC is currently looking to the Network and the Hub, as its support, to develop policy around standards of practice.
2. First Nations leadership of BC to have a direct role in policy development, delivery planning and oversight and the monitoring of the Network and ISC BC.
3. Aggregated regional data to be collected and analysed so that a detailed understanding of BC's 'needs' can be achieved independent of ISC shared data. This would support policy development and advocacy for local communities and organizations.

Sincerely,

Karen Isaac
Executive Director, BC Aboriginal Child Care Society

Raymond Cauchi
Manager, Jordan's Principle Hub BC

This is **Exhibit "43"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



General Delivery
Pinaymootang First Nation
Fairford, MB. Canada ROC 0X0
T – (204) 659-4465
F – (204) 659-2147

October 5, 2023

Dr. Cindy Blackstock

Executive Director of First Nations Child & Family Caring Society of Canada

CC:

Karl Zadnik, CEO IRTC, Board of Directors IRTC ;
Chairman Chief McLean IRTC ;
Canadian Human Rights Tribunal
240 Sparks Street, 4th Floor West
Ottawa, ON,
K1A 0X8
Telephone: (613) 995-1707

Subject: Urgent Appeal for Assistance in Addressing Funding Shortfall for Respite Care Services

Dear Members of the Canadian Human Rights Tribunal,

I am writing to you on behalf of the Interlake Reserves Tribal Council (IRTC) of Manitoba to express our deep concern regarding the current funding crisis we are facing in delivering essential respite care services to our First Nation community members. Our organization, IRTC, serves as a crucial lifeline for Indigenous individuals and families in need of support in the region of Manitoba and is composed of 7 Manitoba First Nation Communities, but due to a severe shortage of funding from Indigenous Services Canada (ISC), we are regrettably unable to meet the increasing demand for our services.

The mandate of the Canadian Human Rights Tribunal to ensure substantive equality for First Nation children is a principle that we hold in the highest regard. However, it is with a heavy heart that we must inform you that this mandate is not being fulfilled within the IRTC region due to the overwhelming financial challenges we are grappling with. The dire situation we find ourselves in has left us with no choice but to seek your assistance in rectifying this issue, as the well-being and safety of our community members hang in the balance.

Under the Respite Care Act of Indigenous Services Canada (ISC), the Interlake Reserves Tribal Council (IRTC) is entrusted with a critical mandate. This mandate encompasses the provision of high-quality respite care services to our First Nation community members who are living with disabilities, medical conditions, or other exceptional needs. The Respite Care Act is not merely a piece of legislation but a commitment to ensuring that these individuals have access to the support and care they require to lead dignified lives, free from unnecessary hardship and suffering.

To provide some context, the demand for respite care services within our region has experienced an alarming increase of over 316% in recent years 2022-2023. Concurrently, the costs associated with each case have risen significantly. Despite our best efforts to secure adequate funding, we have received only a meager \$2.5 million from the government. This funding falls drastically short of our budgeted expenses, which exceed \$17 million, as outlined in the most recent funding proposal we submitted to ISC in May 2023 to Glenn C. Howell and Joe Gacheru, Jordan's Principle, First Nations and Inuit Health Branch of ISC. Members of the ISC organization including M. Gacheru, also stated many times that all requests are approved, and it has created a great demand for client support but yet ISC has stopped the funding. This has led to stress within IRTC organization as well client stress and for families of first nations children

This funding gap is not only unsustainable but also poses a grave threat to the well-being of those we are committed to serving. As a result of the inadequate financial support, we currently face a backlog of more than 100 cases that remain untreated, including individuals in dire need of assistance. If this funding crisis persists, we will be forced to deny vital support to those who are in danger and require immediate respite care services.

We humbly implore the Canadian Human Rights Tribunal to intervene on our behalf and advocate for the necessary funding to ensure that substantive equality is upheld for our First Nation children and their families under the Respite Care Act of Indigenous Services Canada. The urgency of this matter cannot be overstated, as lives are at stake, and the suffering of our community members continues to escalate.

We kindly request that the Canadian Human Rights Tribunal undertake a thorough investigation into the funding shortfall for respite care services within the IRTC region. Your intervention and advocacy for additional financial support from Indigenous Services Canada are essential to our ability to fulfill our mandate under the Respite Care Act and ensure the safety and well-being of our community members.

We are hopeful that, through your assistance and the unwavering commitment to justice and equality that the Canadian Human Rights Tribunal embodies, we can swiftly address this crisis and prevent further harm to our most vulnerable citizens.

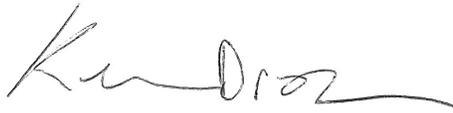
We thank you for your time, attention, and consideration of this urgent matter and look forward to your prompt response and support in securing the funding required to continue our vital work.

Sincerely,




Charmaine Delaronde
Health Director
Interlake Reserves Tribal Council
Sub office:
225-300 Alpine Way
Headingley, MB R4H 0E1
Phone: 204-390-8730
Fax: 204-942-8840

This is **Exhibit "44"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



CARRIER SEKANI
FAMILY SERVICES

Creating wellness together.



www.csfs.org

January 10, 2024

Cindy Blackstock
Executive Director
First Nations Child & Family Caring Society
Suite 202 – 350 Sparks Street, Ottawa ON K1R 7S8

Dear Cindy:

Re: CSFS Experiences with Jordan's Principle

This letter provides response to our discussion regarding challenges we have experienced in operationalizing Jordans principle in the hopes of improving services to children. “Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit and LGBTQQIA children and youth and those with disabilities may have. In April 2021, the First Nations Child and Family Caring Society of Canada updated their document, “Concerns with ISC’s Compliance with CHRT Orders on Jordan’s Principle”. Nearly a year latter, the CSFS Jordan’s Principle Service Coordinators are still experiencing some of the issues outlined in that report. Additionally, recent changes to ISC processes have further impeded the ability of First Nations Children to receive the products, services, and supports they need when they need them.

We have encountered a number of challenges that have also been noted in the Caring Society Report. Processing time is unreasonably long and does not follow CHRT guidelines. CSFS service coordinators have requests that have been waiting 2-4 months to be addressed. Requests that have been escalated to HQ take even longer to be processed, and it is unclear why some requests are sent to HQ when they are clearly not “above normative standards” (e.g. when a child needs a bed).

We have also experienced issue with timely payment from ISC. Families and businesses cannot afford to wait months to be reimbursed. Such situations have the potential to negatively impact our relationship with vendors and also puts families at risk when services that are finite in rural and northern communities are not paid and potentially begin to deny service to clients. Challenges to reimbursement, has negatively impacted CSFS as an organization as we have been covering expenses while waiting for reimbursement utilizing internal funds. We are a large

Corporate Head Office
408b – 100 Park Royal S,
West Vancouver, BC,
V7T 1A2
Phone: 604-229-3900
Fax: 604-926-6701

□ Reply To:
987 4th Ave
Prince George, BC V2L 3H7
Phone: 250.562.3591
Fax: 250.562.2272
Toll Free: 1.800.889.6855

□ Reply To:
240 W Stewart Ave, P.O. Box 1219
Vanderhoof, BC V0J 3A0
Phone: 250.567.2900
Fax: 250.567.2975
Toll Free: 1.866.567.2333

□ Reply To:
P.O. Box 1475
#8-870 Highway 16 W
Burns Lake, BC V0J 1E0
Phone: 250.692.1800
Fax: 250.692.1877

organization and this is not something that most First Nations would be able to do, negatively impacting the ability of groups to front funding and thus reduce the number of necessary claims. To date, CSFS Jordan's Principle service coordinators have had no successful orthodontics claims. Two requests (submitted in November 2021 and January 2022) are still waiting decision. One appeal was denied, and one additional request was denied.

A new direct deposit form was provided to service coordinators on Feb 25, 2022. This form indicates that the person filling out the form may be charged \$100 by the CRA if they do not provide their SIN. Additionally, the form states, "you should receive your first direct deposit within three (3) months after you send us this form." It is unclear why someone would be charged \$100 by the CRA. 3 months is an unacceptable amount of time to have to wait for payment. Considering that many bills are due monthly, families cannot afford to wait this long to be paid. In addition, another step has been added to the direct deposit process. A test deposit of \$2.01 is now required before families can be paid. With this process, ISC sends a test deposit of \$2.01 and an email to the family to notify them. Families must then reply to that email and confirm they have received the deposit. Direct deposit forms already need to be stamped by a bank or have a blank cheque attached to ensure that all of the information is correct, so the reason for the test deposit is unclear. This adds to the existing delay families experience before getting paid/reimbursed. Some families do not have consistent access to internet and may not be able to reply to the test email in a timely manner. Clients without email can no longer accept direct deposit. The potential \$100 charge from the CRA and the \$2.01 test deposit need to be justified as they create additional barriers for children and families to access the products, services, and supports they need when they need them.

ISC now requires an eviction notice from landlords before rent will be approved. This puts families at risk as once a family receives an eviction notice, the landlord does not have to rescind the eviction. Many landlords are enforcing the eviction to move families out and increase the rent.

BC Focal Point has mentioned that quotes will no longer be needed for goods/services and that there will be a shift to base rate/set costs for goods and services. This is very concerning for a number of reasons. Cost for goods and services are ever-changing. Currently there are uncertain supply chain issues in BC and other parts of Canada due to COVID-19 and some political and environmental factors. Remote communities pay a premium for product and delivery. Local stores in rural communities do not benefit from bulk pricing, and depending on where the child/family lives, shipping from a larger company with lower prices may not be an option. The greatest concern is that the set costs for products/services will not cover the actual cost of products/services in rural and northern communities. This has the potential to create another barrier for children and their families to access needed products/services and does not reflect substantive equality.



The appeal process lacks clarity and transparency. ISC does not provide a time frame for appeals and does not notify the service coordinator or family if there will be a delay. In one case, the appeal decision was not made until 50 business days after the appeal was submitted, and the appeal was denied without explaining why ISC felt there was “no unmet need”.

It is imperative that ISC implements remedies outlined in the Caring Committee’s report to address unresolved issues/concerns still experience by families and service coordinators today

The roles and responsibilities between Ottawa (headquarters) and Regions are ambiguous. This results in a “wait and see” approach to processing claims. It would be much easier for Headquarters to delegate more responsibility to regions to expedite processes. Part of the challenges for First Nations has been these blurred lines created by ISC.

Finally, it is imperative that a proper oversight committee is established at the regional level. This committee must have First Nations representation.

Sincerely

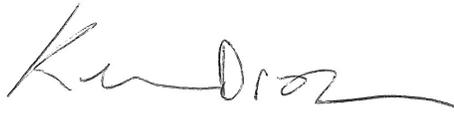


Chief Priscilla Mueller
President

cc: CSFS Chiefs
Karen Isaac, BCACCS
First Nations Leadership Council
Warner Adam, CSFS CEO



This is **Exhibit "45"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Payment Timelines

(April 1, 2022 to December 31, 2022)

January 11, 2023

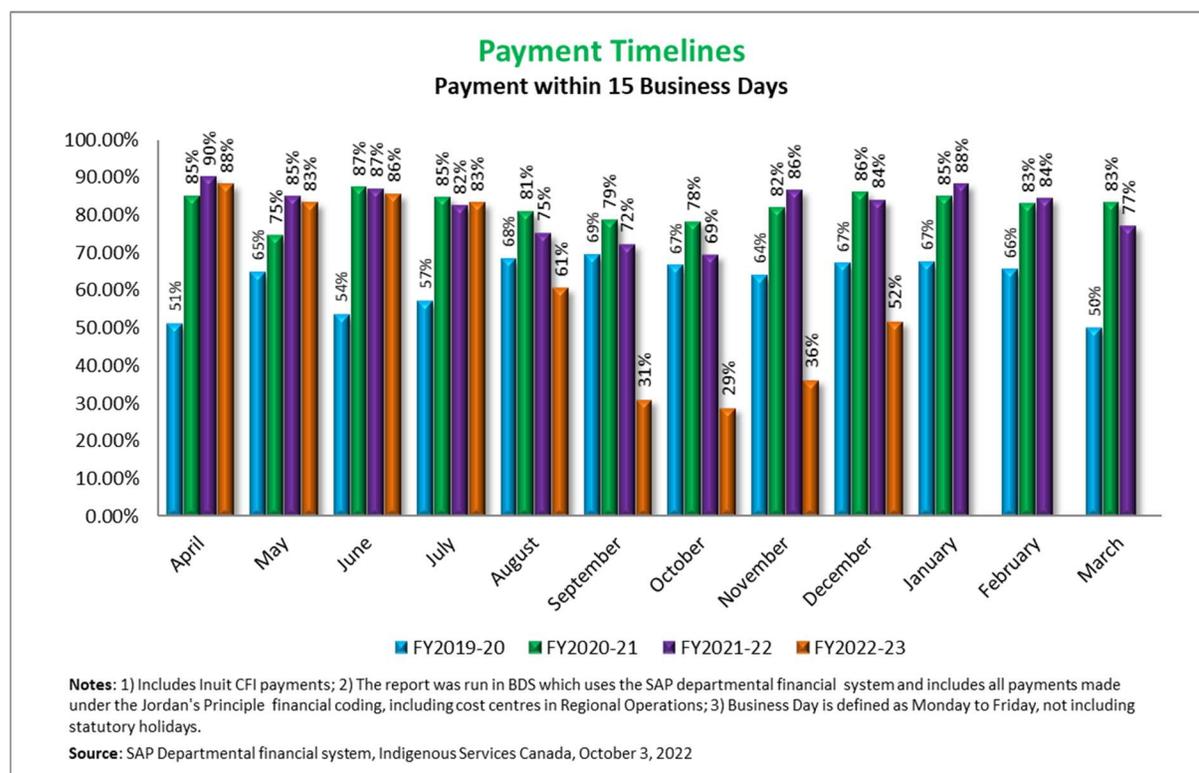


Payment Timelines FY2022-23 Q3

ISC continues to make progress on the timelines to process payments made to individual recipients and vendors of Jordan’s Principle. ISC is working to process invoices within 15 business days of receiving all required documentation.

- From April to December 2019, ISC processed 62.46% of all invoices within 15 business days;
- From April to December 2020, ISC processed 81.9% of all invoices within 15 business days;
- From April to December 2021, ISC processed 81.4% of all invoices within 15 business days; and
- From April to December 2022, ISC processed 54.9% of all invoices withing 15 business days.

ISC has also processed more invoices in the first three quarters of this fiscal year (44,080) as compared to the same period last year (27,899).

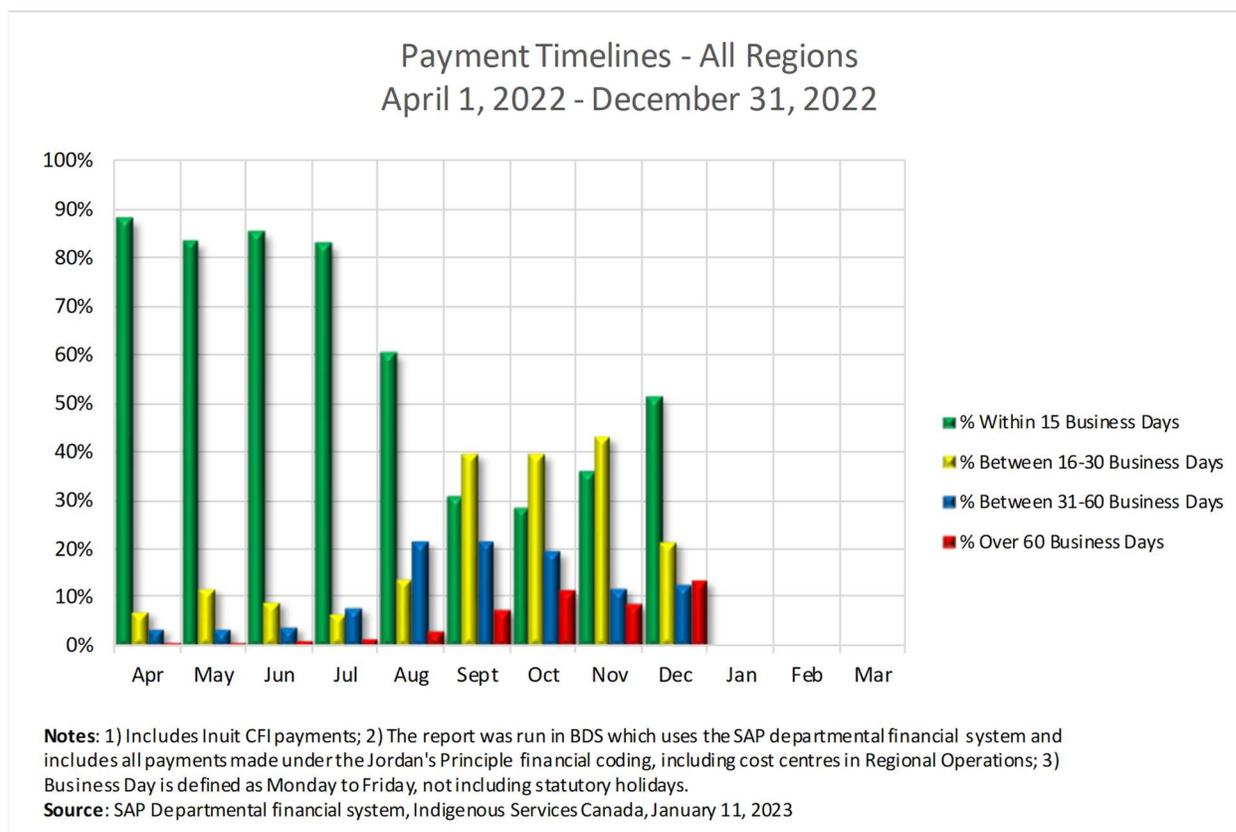


ISC recognizes that payment delays can cause hardship and stress to Jordan’s Principle recipients and vendors; therefore ISC continues to identify and make improvements to the payment process. This element has been added to the continuous quality improvement plan.

It should be noted that in August, 2022, a system error was identified in the date used to calculate payment times. It is not possible at this time to correct timelines prior to the correction of the error.

Payment Timelines by region

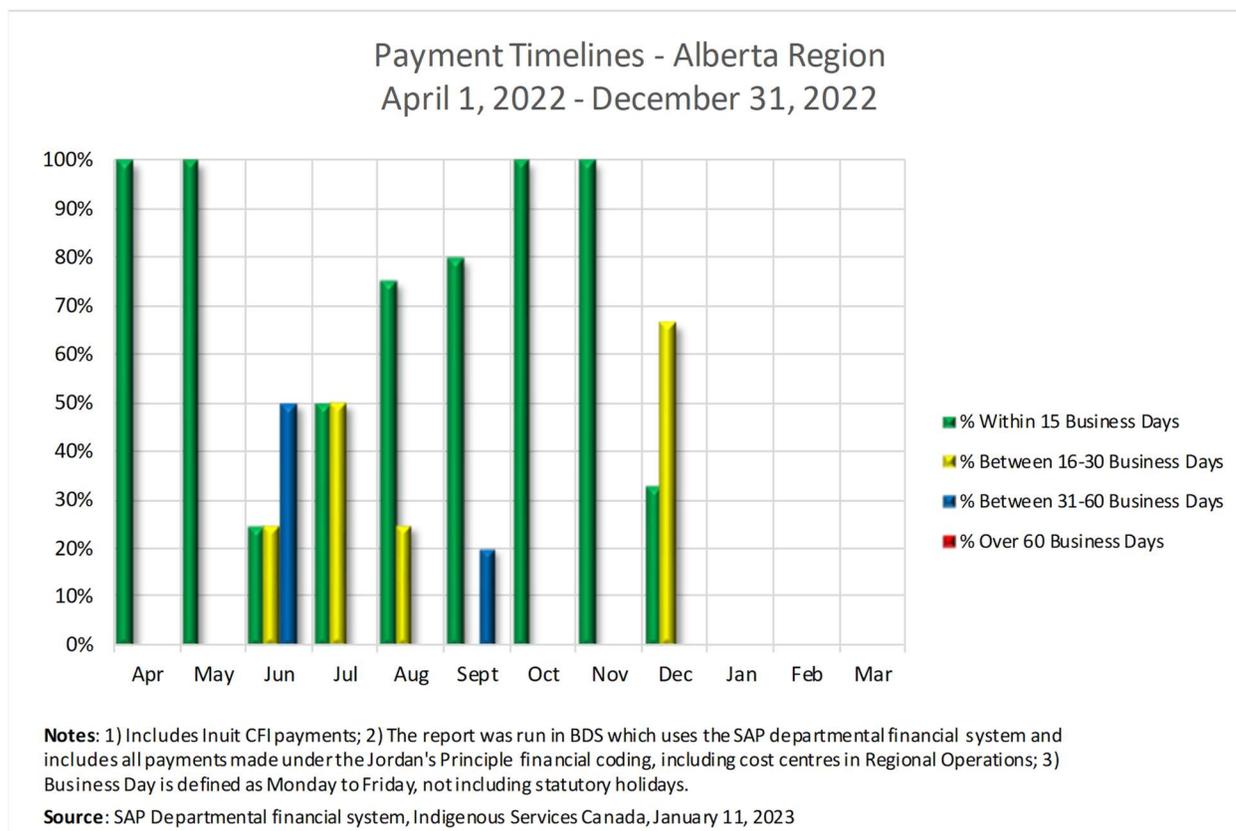
Figure 1: Payment Timelines: All Regions (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	24,208	54.9%
Payments over 15 business days	19,872	45.1%
Total	44,080	100.0%

From April, 2022 to December, 2022, Jordan's Principle and Inuit CFI processed 54.9% of all invoices within 15 business days. Jordan's Principle and Inuit CFI have processed more invoices (44,080) in the fiscal year as compared to the same period last year (27,899).

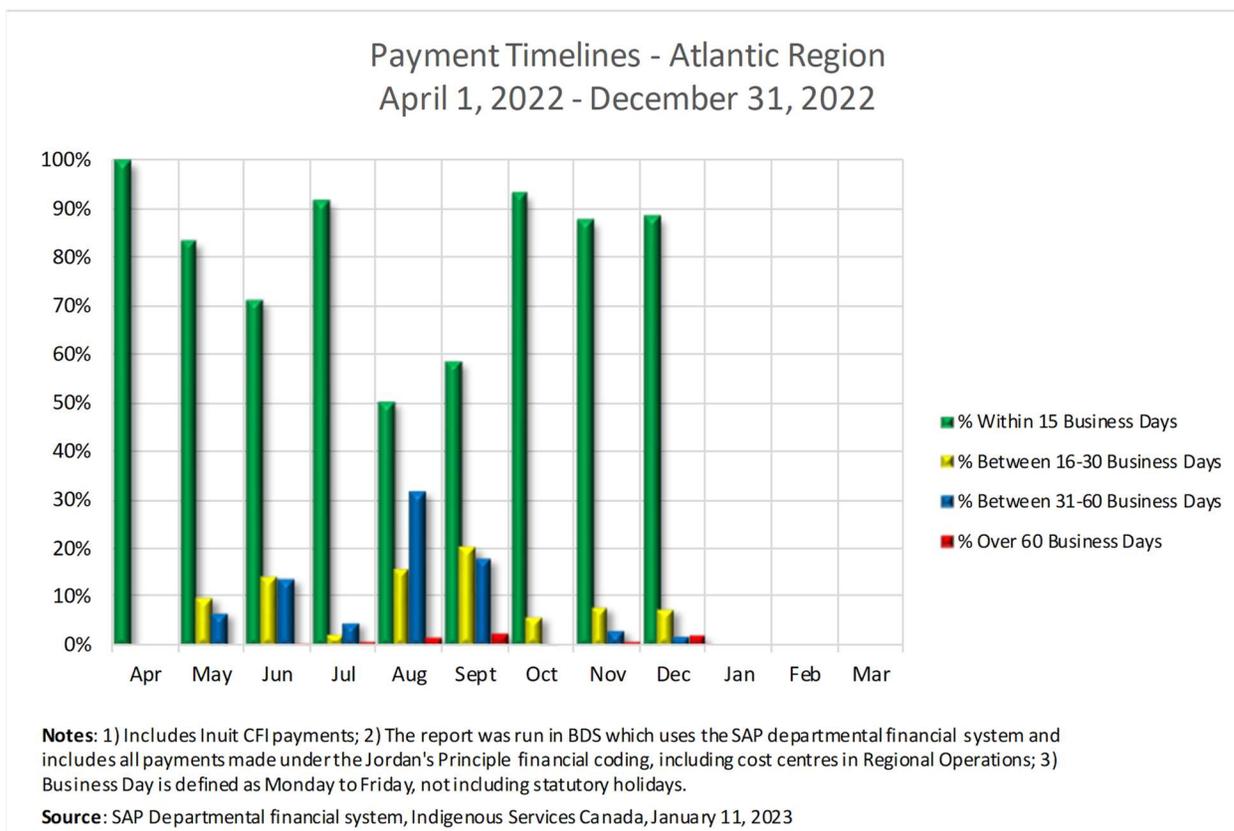
Figure 2: Payment Timelines: Alberta (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	21	72.4%
Payments over 15 business days	8	27.6%
Total	29	100.0%

From April, 2022 to December, 2022, Alberta processed 72.4% of all invoices within 15 business days. Alberta have processed less invoices (29) in the fiscal year as compared to the same period last year (85).

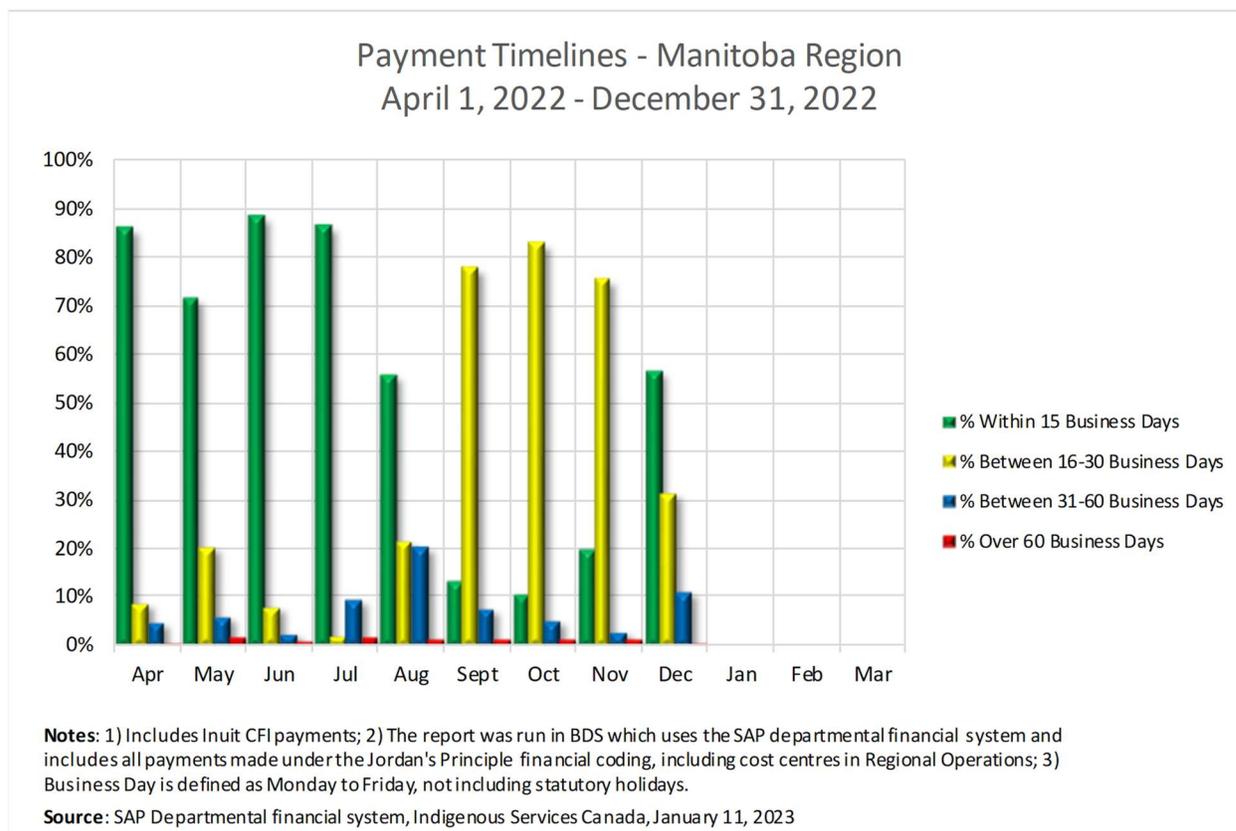
Figure 3: Payment Timelines: Atlantic (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	1,327	76.7%
Payments over 15 business days	402	23.3%
Total	1,729	100.0%

From April, 2022 to December, 2022, Atlantic processed 76.7% of all invoices within 15 business days. Atlantic have processed more invoices (1,729) in the fiscal year as compared to the same period last year (1,245).

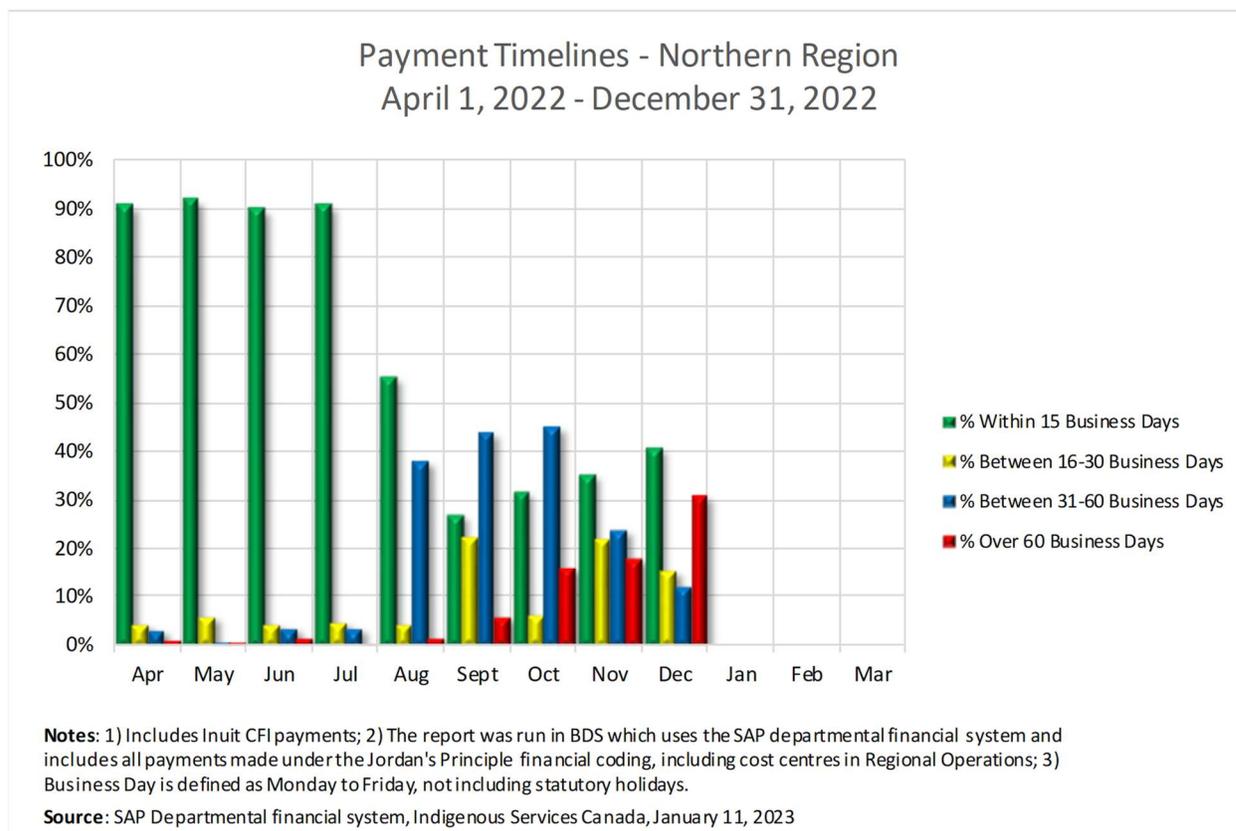
Figure 4: Payment Timelines: Manitoba (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	7,276	46.1%
Payments over 15 business days	8,494	53.9%
Total	15,770	100.0%

From April, 2022 to December, 2022, Manitoba processed 46.1% of all invoices within 15 business days. Manitoba have processed more invoices (15,770) in the fiscal year as compared to the same period last year (9,095).

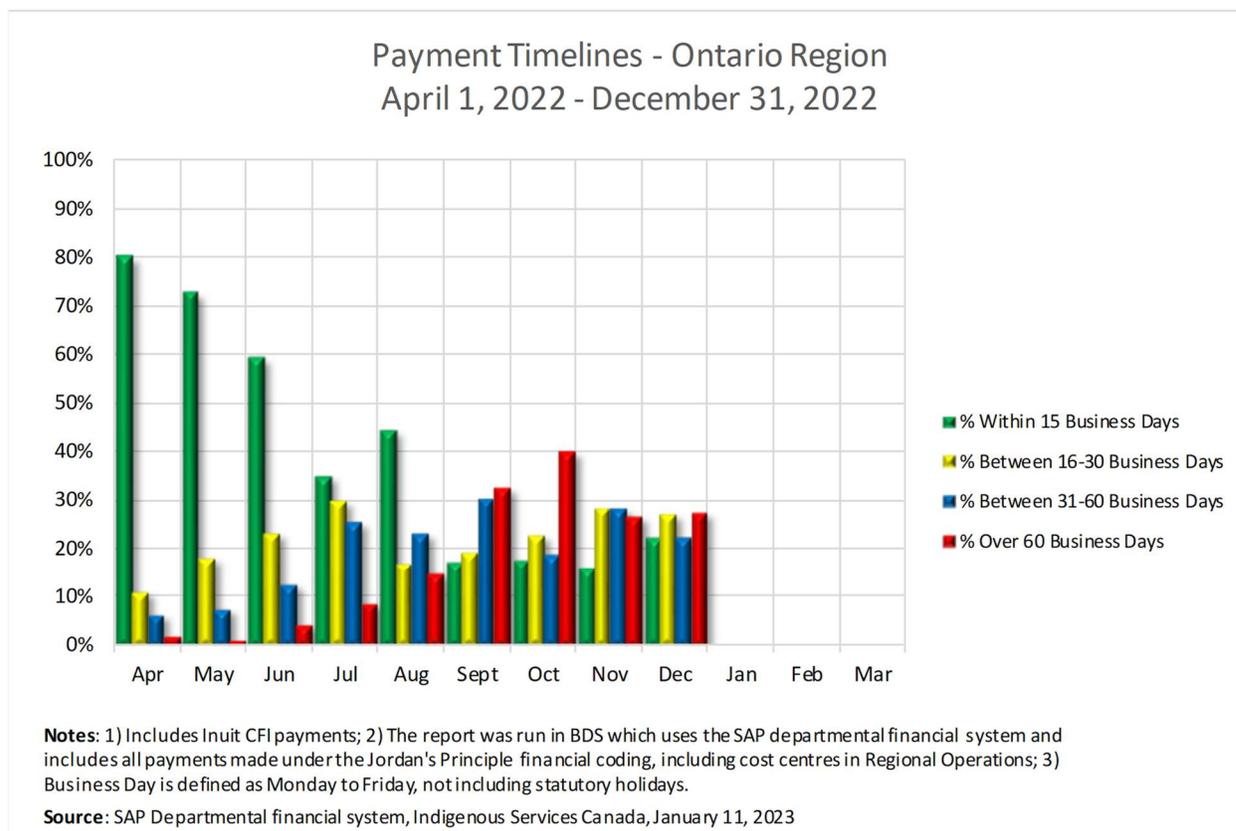
Figure 5: Payment Timelines: Northern (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	4,161	53.2%
Payments over 15 business days	3,656	46.8%
Total	7,817	100.0%

From April, 2022 to December, 2022, Northern processed 53.2% of all invoices within 15 business days. Northern have processed more invoices (7,817) in the fiscal year as compared to the same period last year (3,059).

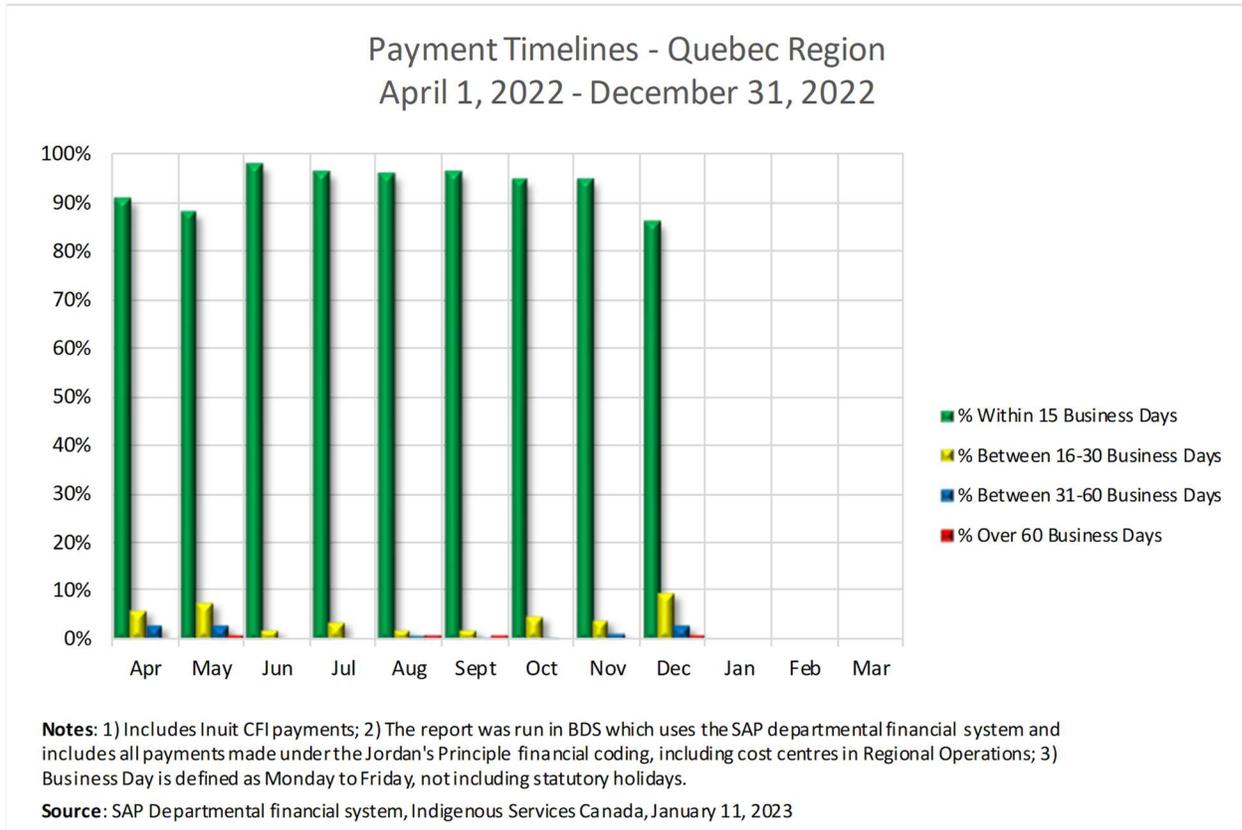
Figure 6: Payment Timelines: Ontario (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	2,221	32.8%
Payments over 15 business days	4,553	67.2%
Total	6,774	100.0%

From April, 2022 to December, 2022, Ontario processed 32.8% of all invoices within 15 business days. Ontario have processed more invoices (6,774) in the fiscal year as compared to the same period last year (6,415).

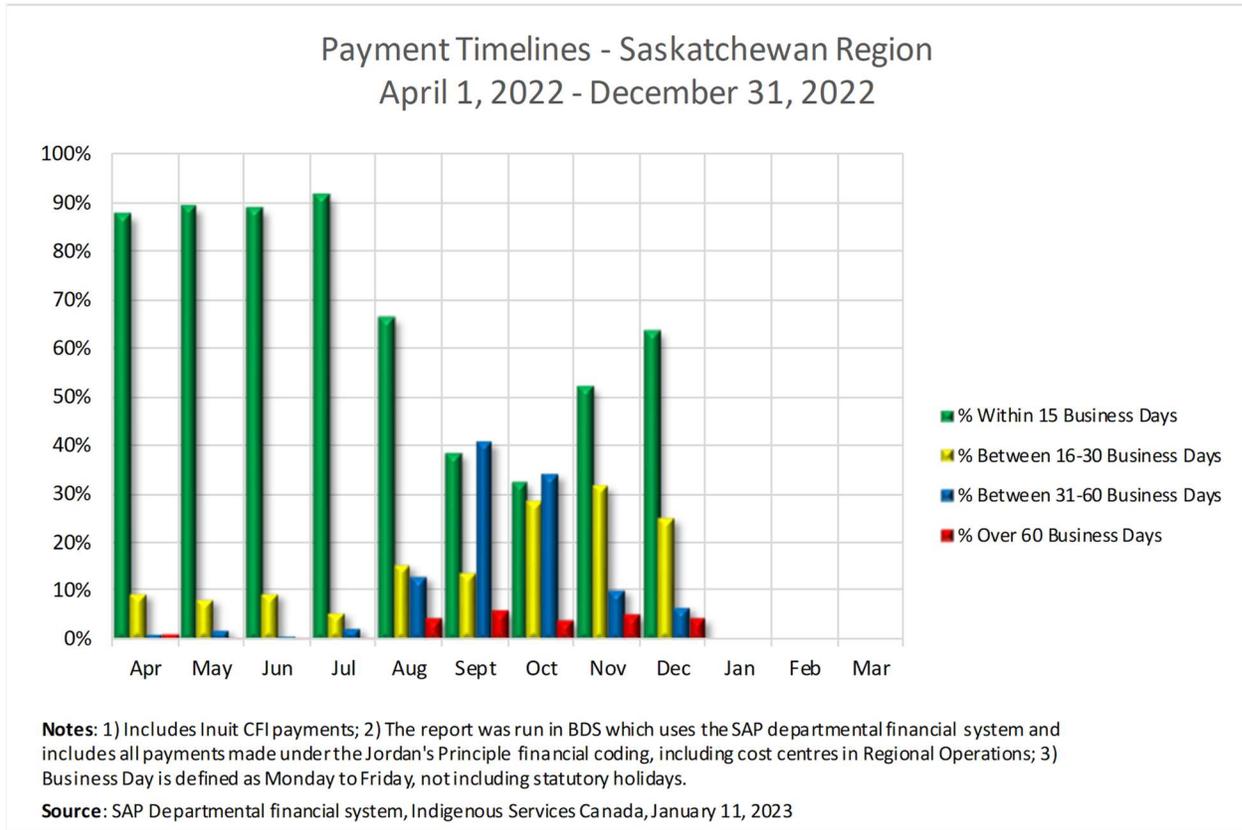
Figure 7: Payment Timelines: Quebec (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	1,666	93.6%
Payments over 15 business days	113	6.4%
Total	1,779	100.0%

From April, 2022 to December, 2022, Quebec processed 93.6% of all invoices within 15 business days. Quebec have processed more invoices (1,779) in the fiscal year as compared to the same period last year (1,257).

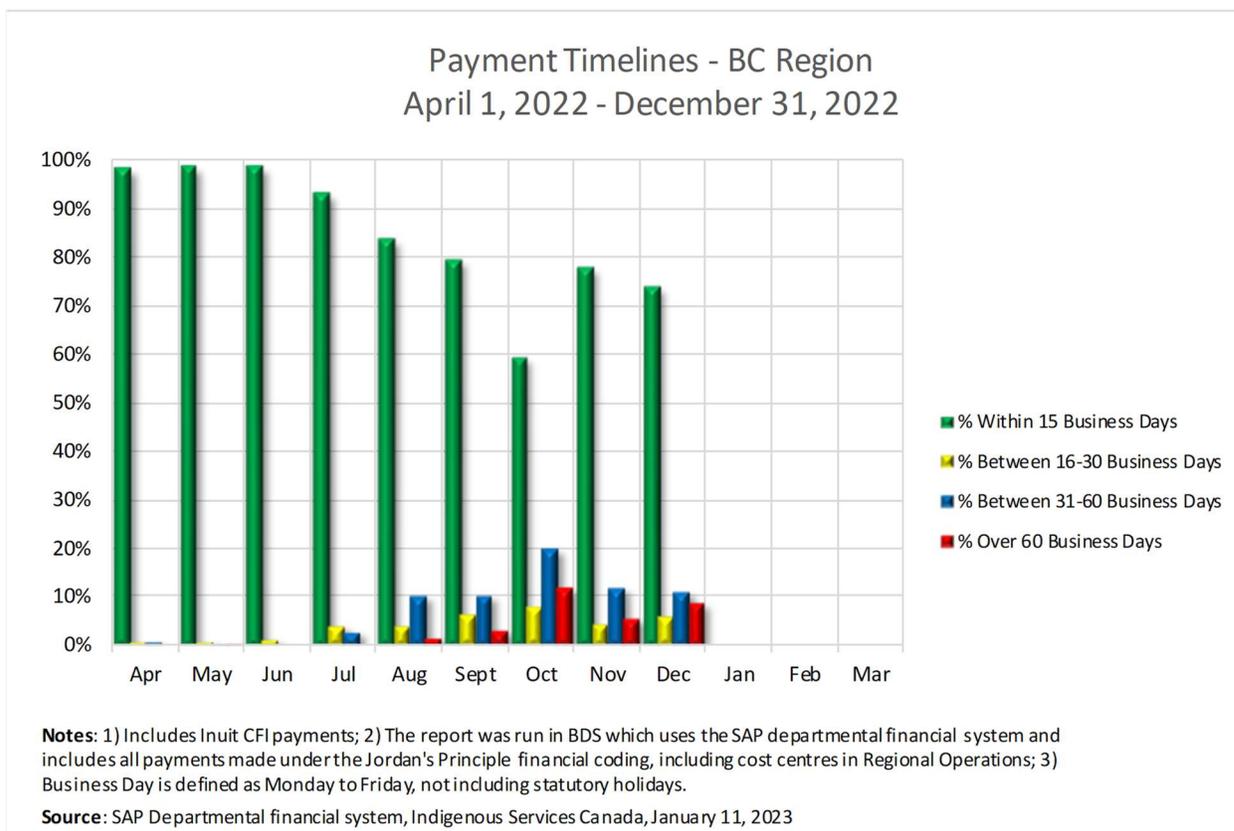
Figure 8: Payment Timelines: Saskatchewan (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	3,102	64.2%
Payments over 15 business days	1,733	35.8%
Total	4,835	100.0%

From April, 2022 to December, 2022, Saskatchewan processed 64.2% of all invoices within 15 business days. Saskatchewan have processed more invoices (4,835) in the fiscal year as compared to the same period last year (3,712).

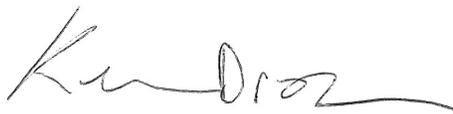
Figure 9: Payment Timelines: BC Region (April 1, 2022 to December 31, 2022)



	# of Payments	Percentage of payments
Payments within 15 business days	4,434	82.9%
Payments over 15 business days	913	17.1%
Total	5,347	100.0%

From April, 2022 to December, 2022, BC processed 82.9% of all invoices within 15 business days. BC have processed more invoices (5,347) in the fiscal year as compared to the same period last year (3,015).

This is **Exhibit "46"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Chart 2

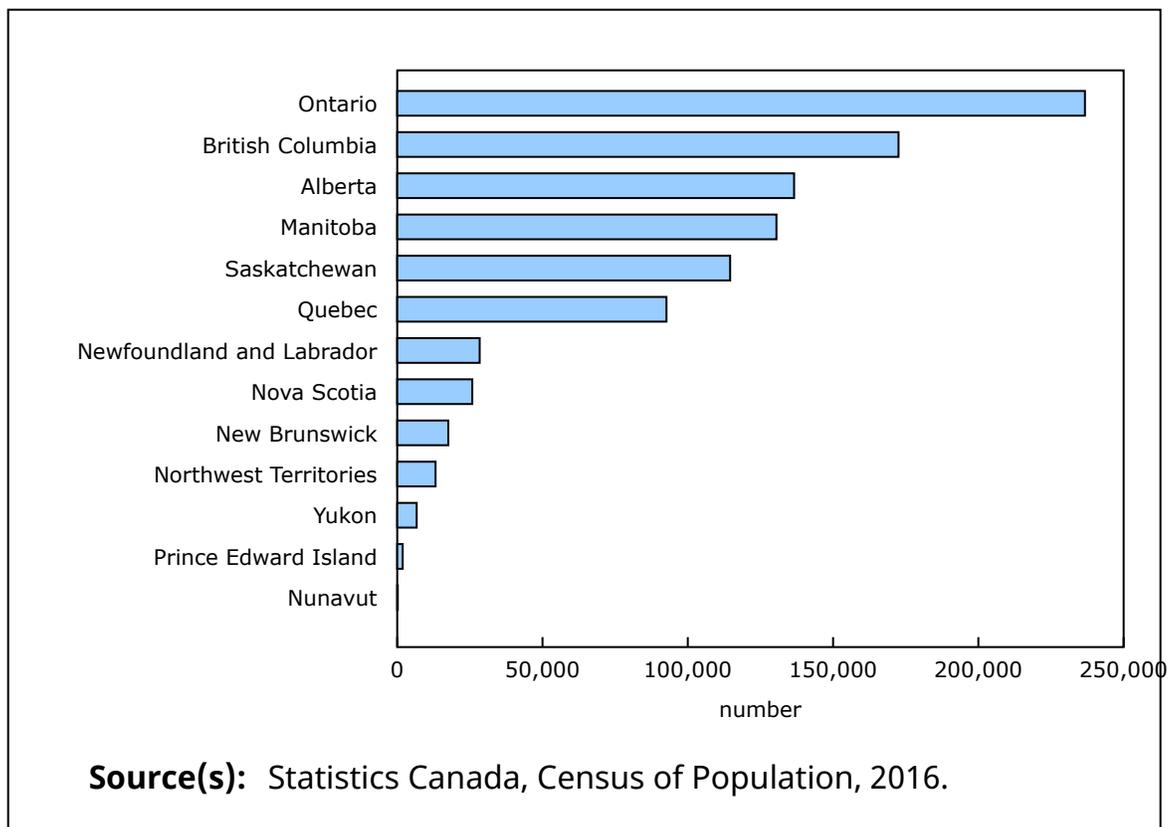
First Nations population by provinces and territories, Canada, 2016

[← Back to main article](#)

[Interactive](#)

[Image](#)

[CSV \(1 KB\)](#)



First Nations population by provinces and territories, Canada, 2016

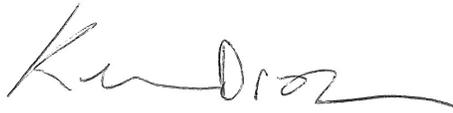
	number
Ontario	236,680

	number
British Columbia	172,520
Alberta	136,585
Manitoba	130,510
Saskatchewan	114,570
Quebec	92,655
Newfoundland and Labrador	28,370
Nova Scotia	25,830
New Brunswick	17,575
Northwest Territories	13,185
Yukon	6,690
Prince Edward Island	1,875
Nunavut	190

Date modified:

2019-07-02

This is **Exhibit "47"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

JORDAN'S PRINCIPLE OPERATIONS COMMITTEE CONFERENCE CALL
September 19, 2023

DRAFT RECORD OF DECISION

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
Welcome and Introductions - Co-Chairs		
	<p>Samantha Wilson-Clark, Director General of Jordan's Principle and Inuit Child First Initiative chaired the meeting, as Jessica Quinn and Stephanie Wellman were unable to attend.</p> <p>Elder Grandmother Gwen (Mali-hat-kwa) Therrien was in attendance to provide an opening and closing prayer.</p> <p>From the Caring Society, Jennifer King introduced Molly Rasmussen who will be joining future JPOC meetings.</p>	
Committee Business – Samantha Wilson-Clark		
Approval – Record of Decision August 8th, 2023	<ul style="list-style-type: none"> The ROD for the August 8th meeting was not circulated as part of the meeting package, and will be sent secretarially for comments or omissions. 	
Update on Action Items from August 8, 2023	<ol style="list-style-type: none"> Follow up on backlogs, tracking and follow-up process for escalations: <i>BC has backlog of over 2000 emails. We have been asked to report back on how HQ tracks and follows up on escalations while families wait for their approval</i> <ul style="list-style-type: none"> ISC tracks on follows up on HQ Escalations by: <ul style="list-style-type: none"> HQ has designated Focal Points to initiate re-reviews of cases in the Escalations queue Grouping items to assess to ensure a consistent adjudication approach e.g., laptops Adding extra delegated decision makers (DDM) to adjudicate cases 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> ▪ DDMs available to adjudicate cases daily ▪ DDM training sessions ▪ DDM touch points ▪ On-Call DDMs for Urgent requests <ul style="list-style-type: none"> ○ Escalation team overtime approved to focus on reducing backlog ○ Regional Focal Points update HQ if cases become urgent, these are prioritized for same day adjudication ○ Escalation’s Case Reviewers prioritize time sensitive cases by longest in the queue, and regular cases by the oldest date (order of submission to HQ Escalations) ○ Work closely with appeals to pull back cases if they can be re-reviewed <p>2. Send Dr. Gaspard’s email address to JPOC members</p> <ul style="list-style-type: none"> • Complete- Sent September 11, 2023 <p>3. Circulate information on Health Legislation</p> <ul style="list-style-type: none"> • AFN to follow-up <p>4. Follow up on issue of caps on furniture requests</p> <p><i>Assessors in BC receiving approvals with price point, but with items (ex. Furniture) in the North being more costly, these price points are unachievable. (According to Back-to-Basics, there should not be any caps on costs for approved items)</i></p> <ul style="list-style-type: none"> • Confirmed with region they have aligned with B2B and have not imposed caps on furniture since implementation of B2B. • With respect to guidance – we have the B2B Approach and the Best Practice on Furniture and Appliances distributed February 24, 2023 following review and feedback cycles internally and with the Parties, followed by JPOC. Both of this guidance documents support no caps being applied to requests in compliance with the CHRT orders. <p>5. Follow up on acquisition cards, Terms and Conditions.</p> <ul style="list-style-type: none"> • At any given point, we have between 30 and 35 cardholders. This number is constantly changing due to the turnover within Jordan’s Principle staff. 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> In 2022-23, acquisition card transactions accounted for 1.5% of total O&M payments (1,099 out of 72,959 payments). So far in FY2023-24, acquisition card transactions account for 1.2% of total O&M payments. There are no specific terms and conditions for acquisition cards. Jordan's Principle has an addendum to the Directive on the Use of Acquisition Cards. This document belongs to CFRDO and hasn't changed since it was approved in November, 2021. <p>6. Follow up: Data Question from Caring Society (regarding reports provided to JPOC members) <i>"Does the data include the number of requests that were submitted, or only include requests that ISC has a full package on?"</i></p> <ul style="list-style-type: none"> The monthly and compliance reports include all requests fully adjudicated (approved or denied) by ISC. This includes both requests with sufficient information and request where ISC reached out to the requestor for additional information. When critical information is missing to make a determination, ISC always makes at least 3 contacts attempts to complete the submission. 	
<p>Review of today's meeting Agenda</p>	<p><u>Samantha Wilson-Clark (ISC):</u></p> <ul style="list-style-type: none"> Today's discussion will focus on the in-person JPOC meeting planned for November. <p>Roxanne Cook (NWT) raised a topic for Northern Region (NWT): Some regions are receiving funding for basic necessities and taking over that decision process. There was a template for Service Coordinators to provide necessities instead of waiting for ISC to make a decision. How many regions have received or will be receiving this funding?</p> <p>Karen MacArthur (CYFN) confirmed Yukon is about to launch a necessities of life program through a contribution agreement with ISC, as necessities of life are a huge part of the delivery of services in Northern Region. Karen mentioned that Saskatchewan may also have a similar process in place.</p> <p>Jessie Messier (ISC-BC) expressed interest from Quebec region as well.</p> <p>Sarah Steeves (ISC-NR) committed to sending the template.</p> <p>Samantha Wilson-Clark (ISC-HQ) added that further information could be circulated secretarially and regions who are piloting this can share how it's going at a future meeting.</p>	<ol style="list-style-type: none"> Send template referenced Add to forward agenda
<p>Agenda Items</p>		

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
<p>Discussion: In-Person JPOC Meeting</p>	<p>Context:</p> <ul style="list-style-type: none"> Determine with JPOC members which days would work best for the in-person meeting slated for November. Discuss proposed topics and collect input on any missing items <p>Questions/Discussion:</p> <p>Karen MacArthur (CYFN) proposed looking at a 2 day meeting to ensure fulsome discussions, and that meeting locations in the west are considered for some of the future in-person meetings. Samantha Wilson-Clark (ISC-HQ) replied that a draft agenda would be drafted and if it looks like we need more than 1.5 days, the meeting could be extended to two days, and that alternating locations could be considered so in-person meetings are not always occurring in Ottawa.</p> <p>Representatives from the Caring Society will not be available on November 23rd or 24th.</p> <p>Proposed agenda items raised:</p> <ul style="list-style-type: none"> Compensation <ul style="list-style-type: none"> Samantha Wilson-Clark (ISC-HQ) responded that Compensation is being organized and distributed by a third party and we could look to our colleagues to update us on implementation. AFN may also be well positioned to provide updates. Updates on IFSD <ul style="list-style-type: none"> Given the recent update from Dr. Gaspard at the August 8th meeting, there may not be any substantial updates by November, but we can check. <p>As a number of regular JPOC attendees were not available at today's meeting, ISC will follow up to confirm availability, an agenda will be drafted with proposed timelines, and circulated for input Secretarially.</p> <p>Members attending as delegates are invited to consult within their areas in the meantime and share any proposed topics to the Secretariat email for potential inclusion in the draft agenda.</p>	<p>3. Draft and circulate proposed agenda</p>
<p>Round Table:</p>	<ul style="list-style-type: none"> Roxanne Cook (NWT) shared the realities families are facing in the Northwest Territories due to wildfires and expressed gratitude that Jordan's Principle is supporting families that were evacuated and displaced. Most of the supports are for basic needs such as food and clothing. Samantha Wilson-Clark (ISC-HQ) was glad to hear that children and families are being supported, and commended the work of the teams working on the wildfire response. 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> • Jessie Messier (ISC-QC) shared that Quebec Region had an opportunity to organize an in-person Jordan's Principle Community Coordinator meeting which occurred September 6th and 7th in Montreal. Health and Social Services Direction was invited to discuss all services, including Jordan's Principle, and how best to work together and organize resources to support children. Input was heard from the communities and regional offices. Some of the input included the need to ensure there are sufficient resources and cultural-based services, a need for tools and training, and what Jordan's Principle could look like in the long term. Catherine D'Amours (ISC-QC) emphasized how beneficial it is to be able to hear from the local coordinators and their ideas on how to improve efficiencies towards to the implementation of Jordan's Principle. • Lauren Doxtater (AFN) confirmed that the Service Coordinators gathering is scheduled for November 7-9 in Montreal. The details are not fully released, but further information should be circulated to the network soon. • Chi Laroque (MAWIW) introduced herself as the clinical case manager at MAWIW. • Ashley Keays (ISC) provided an update on the training that was previously presented to JPOC members. <ul style="list-style-type: none"> • While it is mandatory for all IS C staff to read the CHRT orders more has been done to improve fluency to recognize the patterns in history and inform how we connect with families. The modules have been built piece by piece we are looking at standing up engagement tables unpacking and building these products and getting guidance from the folks we are serving. • Some modules have been packaged, such as the Foundations of Back to Basics training. These unpack a reconciliation-first approach, looking at the whole child, including a full 8 hours of looking at the CHRT orders including what led to the orders as well as anti-racism and cultural humility. • Roxanne Cook (NWT) shared that it would be interesting to see the outcomes of the processes, and if the training could help service coordinators in regards to stress management. Roxanne is hopeful to see funding for service coordinators for this type of professional development. Regarding racial and cultural competency, will ISC be considering cultural differences in communities- different languages and customs- instead of lumping together First Nations, Inuit, and Metis. • Ashley Keays (ISC) replied that when building skills around cultural humility, we should look at how we recognize how our lived realities help us see- or not see- and hold space to listen to what First Nation families are experiencing, and where factors such as race or socioeconomic circumstances play a part. What are those intersecting factors? Learning should be ongoing and consistent over a long period of time as well as trauma informed. This demonstrates the importance of a training needs assessment, which (through consultation with service coordinators) could determine what the training needs in regards to professional development, the proposed training approaches and are they unique and specific enough from community to community. • Samantha Wilson-Clark (ISC) provided an update on the delays in payments: <ul style="list-style-type: none"> • ISC has heard from the public, families and the Parties about the challenges occurring with payments and reimbursements 	

AGENDA ITEM	DISCUSSION SUMMARY	ACTION ITEMS
	<ul style="list-style-type: none"> ISC is determining how it can change its way of doing business, and working internally to identify ways we could expedite processes or change them entirely, in the short, medium and long-term Some possible solutions include: <ul style="list-style-type: none"> Expanding the use of acquisition cards- ISC is determining if the addendum for the acquisition cards could be changed Leveraging third party payment initiatives- identifying First Nations organizations that may be able to process payments in a more timely manner. This is being piloted in BC. Building systems to automate some processes- ISC is looking at what intake, approval and/or payments processes could be automated. The automation is more medium or longer term. However, unlike NIHB which is automated because it has specific rules, as Jordan's Principle requests are determined case by case or circumstance by circumstance, automation is more complicated. ISC is investigating Treasury Board rules surrounding documentation, for instance- a gift card is not a good or service, it's what a person uses that gift card for, and is conditional of delegated authorities. ISC is looking at feasible changes to support families. 	
Other questions/comments:	There are no JPOC future meetings scheduled currently. An email canvassing for availability will follow in the coming weeks.	

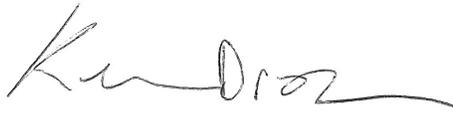
Participants:

Jennifer Allen (ISC-AB)	Chi Laroque (MAWIW)
Amilia Avril (?)	Rita Lemick (ISC-HQ)
Lacey Buck (ISC-HQ)	Jennifer Leroy (ISC-ON)
Victoria Caravaggio (COO)	Jessie Messier (ISC-QC)
Tatyana Chittspattio-Nadeau (CSSSPNGL)	Karen MacArthur (CYFN)
Roxanne Cook (NWT)	Meaghan Mirabelli (ISC-HQ)
Catherine D'Amours (ISC-QC)	Cynthia Onyegbula (ISC-AB)
Lauren Doxtater (AFN)	Jeannine Paul (?)

Glenn Howell (ISC-MB)	Molly Rasmussen (Caring Society)
Cathy Kasper (ISC-ATL)	Grant Robinson (ISC-HQ)
Ashley Keays (ISC-HQ)	Cheri Roy (ISC-ON)
Jennifer King (Caring Society)	Vanessa Sabitova (ISC-BC)
Francine Shelton (ISC-QC)	Courtney Wheelton (YFNED)
Elder Grandmother Gwen (Mali-hat-kwa) Therrien	Samantha Wilson-Clark (ISC-HQ)
Isabelle Verret (CSSSPNQL)	

DRAFT

This is **Exhibit "48"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Katie O'Shea <katieoshea@nsmtc.ca>
Sent: September 14, 2023 9:31 AM
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Marie Levi <marielevi@nsmtc.ca>; Helen Bernard-Ward <helenbward@nsmtc.ca>
Subject: ISC non-compliance concerns from NSMTC

You don't often get email from katieoshea@nsmtc.ca. [Learn why this is important](#)

Good Morning Cindi,

I would like to lay out our experiences with ISC FNIHB and the Jordan's Principle services that we facilitate at the North Shore Mi'kmaq Tribal Council (NSMTC).

While we have an ongoing positive relationship with our federal counterparts built on respect and mutual understanding, we have concerns about non-compliance of timelines, appearance of the desire to case conference, and sending us clients that are not ours for enhanced case management support.

Because of the delays within the region of approving both individual and group requests, we have been required to put in services as our children need them (provided everything is on file and an approval is anticipated), we pay for the service, and worry about it later. We were asked by ISC FNIHB Atlantic last week to respectfully cease doing this in regards to educational supports, as it is "not good practice" to put things in before they are approved. ISC is not following timelines, we often wait weeks for approvals, therefore we have done what we need to do to support our children. Group request timeliness compliance is also an issue, where we wait months for an approval or follow up from ISC on our applications.

They are also stating that they have been given instructions to discuss submissions with school district staff to ensure the submissions are appropriate. This feels like case conferencing, and I would also argue that they do not have the appropriate consent from families to do so.

ISC FNIHB also contacts us occasionally to support them with families who need enhanced case management. We know all families deserve the level of support we are able to provide, but our service coordination staff are extremely busy, and the cases that are sent to us are always complex and time consuming. I have requested that they pay us for providing this service, which has not been entertained.

Thank you for taking the time to review this information.

Katie O'Shea, RN, MPH (she/her)

Jordan's Principle Manager
Mi'kmaq Family Support
North Shore Mi'kmaq Tribal Council
www.nsmtc.ca



E: katieoshea@nsmtc.ca

M: 506.251.2402

T: 506.352.2411

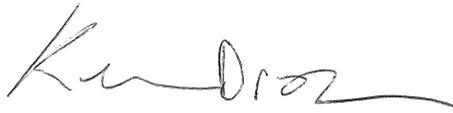
A: 38 Micmac Rd, Eel Ground, NB E1V 4B1



Land Acknowledgement: I acknowledge that New Brunswick is situated on the unceded & unsundered territory of the Mi'kmaq, Wolastoqiyik, and Peskotomuhkati Peoples. The Treaties of Peace and Friendship signed between the British Crown and the Wabanaki in 1725 & 1726 did not deal with the surrender of lands and resources, but rather they recognized Mi'kmaq & Wolastoqiyik title and established rules for an ongoing relationship between nations. We are all Treaty People.

Disclaimer: The content of this email is intended for the person or entity to which it is addressed only. This email may contain confidential information. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful. If you received this in error, please contact the sender and immediately delete this email and any attachments.

This is **Exhibit "49"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Government of Northwest Territories



Minister of Municipal and Community Affairs renews Territorial State of Emergency again due to NWT wildfire situation

Public Service Announcement

Yellowknife (September 11, 2023) – Municipal and Community Affairs (MACA) Minister Shane Thompson has once again renewed the Territorial State of Emergency that was originally declared on August 15, 2023 and renewed for a first time on August 29, 2023 due to the wildfire situation across multiple Northwest Territories (NWT) regions. The extended Territorial State of Emergency will be in effect until September 18, 2023.

The Territorial State of Emergency was originally declared under the Emergency Management Act to allow the Government of the Northwest Territories (GNWT) to acquire and deploy the necessary resources to support the management of this unprecedented wildfire season, and protect the health and safety of NWT residents.

This measure ensures that the Emergency Management Organization is better equipped to support the GNWT, community governments, and public agencies involved in emergency management plans and programs under the Emergency Management Act.

Under the Act, the Minister can declare a Territorial State of Emergency for a period of up to 14 days, and renew it if the emergency still exists. This State of Emergency applies to all of the NWT in recognition of the efforts needed to manage this unprecedented wildfire season.

For media requests, please contact:

Jay Boast

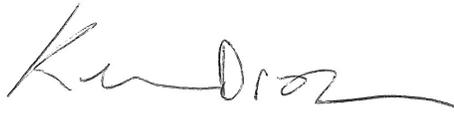
Information Officer, Emergency Management Organization

Department of Municipal & Community Affairs

Government of the Northwest Territories

jay_boast@gov.nt.ca

This is **Exhibit "50"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Jennifer King <jking@fncaringsociety.com>
Sent: Friday, August 18, 2023 6:25 PM
To: PrincipedeJordanRN / NRJordansPrinciple
Cc: [REDACTED]; Wilson-Clark, Samantha; Cindy Blackstock; Molly Rasmussen
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

Importance: High

Hello,

Given the nature of the situation and that we are now Friday at 6 pm ET, the Caring Society sent a Walmart gift card for groceries and clothes for the children to get them through the weekend. I note that [REDACTED] classified this request as urgent on Wednesday, August 16. The response and timeline below do not reflect the protocol for urgent requests.

[REDACTED] informed me that, per the information in the below link, "All evacuees requiring support in Alberta will need to register in person at a reception centre." She further explained that the nearest reception centre is six hours away and she has no means to get there. The essence of Jordan's Principle is that the needs of the children come first; the government or department of first contact is to determine a request without engaging in jurisdictional or service navigation.

Jennifer

From: Jennifer King <jking@fncaringsociety.com>
Date: Friday, August 18, 2023 at 3:21 PM
To: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>, [REDACTED]
Cc: [REDACTED] Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

Good day all,

As we all know, this is a time of extreme time of upheaval that can have dire impacts on children. Per the CHRT, the government or department of first contact is to determine a request without engaging in jurisdictional or service navigation. Where direct billing through a vendor is not possible, the Caring Society understood that Jordan's Principle acquisition cards could be used by ISC to meet emergency needs.

Jennifer

Jennifer King (*she/her*)
Director of Programs & Operations
www.fncaringsociety.com
Twitter: @Caringsociety
Facebook: /CaringSociety
Instagram: spiritbearandfriends

From: [REDACTED] on behalf of PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Date: Friday, August 18, 2023 at 11:12 AM
To: [REDACTED]
Cc: Jennifer King <jking@fncaringsociety.com>, [REDACTED]
Subject: RE: ISC-169462 - NWT WILDFIRE - Follow-Up

You don't often get email from principedejordanrn-nrjordansprinciple@sac-isc.gc.ca. [Learn why this is important](#)

Hi [REDACTED],

As per my email below, unfortunately Northern Region does not have any vendors set up with Alberta as we do have families that reside there. The Government of NWT have supports in place for any evacuees of the Yellowknife Wildfires include groceries/food support. These were set up knowing that most families do not have the ability to access such needs out of pocket. These supports can be access immediately through one of the registration centers.

Below is a list of sites set up for registration and support:

[Northwest Territories wildfire evacuation | Alberta.ca](#)

In addition, if your children are in critical need of food, this will be provided by accessing the emergency centre phone line 1-866-644-5135, option #4. They have staff on the grounds in Alberta that can assist you with these needs.

Unfortunately any grocery supports through Jordan's Principle will need to be in the form of reimbursement.

[REDACTED]

[REDACTED]

Jordan's Principle and the Inuit Child First Initiative
Northern Region, First Nations and Inuit Health Branch
Department of Indigenous Services Canada / Government of Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Principe de Jordan et L'Initiative : Les enfants Inuits d'abord
Région du nord, Direction générale de la santé des Premières Nations et des Inuits
Ministère des Services aux Autochtones / Gouvernement du Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Please feel free to reply in the official language of your choice. / N'hésitez pas à me répondre dans la langue officielle de votre choix.

From: [REDACTED]
Sent: Friday, August 18, 2023 10:53 AM
To: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Cc: Jennifer King <jking@fncaringsociety.com>
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

I can't pay for these out of pocket that's why i sent a request! I have no financial means for anything. Can you not send it to the Edmonton office and they can send me a gift card or something?

Sent from my iPhone

On Aug 18, 2023, at 6:03 AM, PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca> wrote:

Hi [REDACTED],

I understand you had spoken to my colleague yesterday regarding your request and had increased your grocery request to \$1,000 and your clothing to \$500. At this time given the uncertainty of the situation, we can look into approving *emergency groceries* in the amount of \$125/week/child up to 2 weeks = \$500 for your 2 children and \$200/child in *emergency clothing*. The additional \$500 in groceries can either be escalated at this time or we can hold off and re-evaluate in 2 weeks' time whether that additional \$500 can be extended. As for the additional \$100 in clothing, this will need to be escalated to National Office for review or we can look into approving \$50/child for emergency hygiene items (ex. Toothpaste, toothbrush, shampoo, soap, etc.). Please let me know what you would like to do.

However, unfortunately all of these items will need to be paid out of pocket and submitted for reimbursement as we are not able to advance these funds and we do not have any vendors set up in Alberta for these supports. Alternatively, if you call the **Emergency Centre** phone number that is set up for evacuees of the Yellowknife Wildfire, they will be in the position to provide these supports up front. Their phone number is **1-866-644-5135, option #4**.

Please let me know how you wish to continue.

[REDACTED]
[REDACTED]
Jordan's Principle and the Inuit Child First Initiative
Northern Region, First Nations and Inuit Health Branch
Department of Indigenous Services Canada / Government of Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Principe de Jordan et L'Initiative : Les enfants Inuits d'abord
Région du nord, Direction générale de la santé des Premières Nations et des Inuits
Ministère des Services aux Autochtones / Gouvernement du Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Please feel free to reply in the official language of your choice. / N'hésitez pas à me répondre dans la langue officielle de votre choix.

From: [REDACTED]
Sent: Thursday, August 17, 2023 12:51 PM
To: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

My number is [REDACTED]
I'm asking for a one time assistance.
\$500 for groceries and 300 for clothing. We've been evacuated from Hay River and are staying with family.

Sent from my iPhone

On Aug 17, 2023, at 8:48 AM, PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordanprinciple@sac-isc.gc.ca> wrote:

Hello [REDACTED],

We have created a case for your request under the case number ISC-169462. I have tried reaching you by phone but am receiving an error message stating that your phone number is not in service.

How many months are you seeking supports for groceries? And what amount are you seeking for clothing supports?

Once received, I can promptly submit your request for review.

Thank you,

[REDACTED]

Junior Program Officer | Jordan's Principle and the Inuit Child First Initiative
Northern Region | First Nations and Inuit Health Branch
Department of Indigenous Services Canada | Government of Canada
Telephone: 1-866-848-5846
sac.principedejordanrn-nrjordanprinciple.isc@canada.ca

Agent des Programmes | Principe de Jordan et L'Initiative : Les enfants Inuits d'abord
Région du nord | Direction générale de la santé des Premières Nations et des Inuits
Ministère des Services aux Autochtones | Gouvernement du Canada
Téléphone: 1-866-848-5846
sac.principedejordanrn-nrjordanprinciple.isc@canada.ca

Please feel free to reply in the official language of your choice. / N'hésitez pas à me répondre dans la langue officielle de votre choix.

For more information related to Jordan's Principle, please visit the website:
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453)
<image001.gif>

From: [REDACTED]
Sent: Thursday, August 17, 2023 8:03 AM
To: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordanprinciple@sac-isc.gc.ca>
Subject: JP ISC-169462 Urgent request - [REDACTED] - NWT WILDFIRE

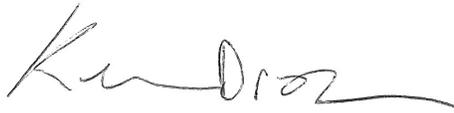
From: [REDACTED]
Sent: Wednesday, August 16, 2023 5:21 PM
To: [REDACTED]
Subject: Urgent request

Hi [REDACTED],

We've been evacuated from our home due to a wildfire. Attached is an urgent request please and thank you.

Sent from my iPhone

This is **Exhibit "51"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Brittany Mathews <bmathews@fncaringsociety.com>
Sent: Monday, September 18, 2023 9:54 AM
To: PrincipedeJordanRN / NRJordansPrinciple; [REDACTED] Larose, Mathieu; [REDACTED]
Cc: PrincipedeJordanRN / NRJordansPrinciple; Molly Rasmussen; [REDACTED]
Subject: Re: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries) - EXTENSION APPROVED

Thank you very much for this update Shannon!

Brittany

From: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Date: Friday, September 15, 2023 at 3:33 PM
To: Brittany Mathews <bmathews@fncaringsociety.com>, [REDACTED] Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>, [REDACTED]
Cc: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>, Molly Rasmussen <mrasmsussen@fncaringsociety.com>, [REDACTED] <fredelledeneyoua87@gmail.com>
Subject: RE: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries) - EXTENSION APPROVED

You don't often get email from principedejordanrn-nrjordansprinciple@sac-isc.gc.ca. [Learn why this is important](#)

Good afternoon Brittany,

The request was pending a response from [REDACTED]. I have called [REDACTED] and confirmed that the emergency groceries are approved and will notify Alberta First Nation Health Consortium to provide gift cards for grocery supports to [REDACTED].

This email is to confirm the following supports are approved under Jordan's Principle/Inuit CFI for [REDACTED] and [REDACTED]:

- EMERGENCY GROCERIES - \$250.00 PER WEEK X 2 WEEKS = \$500.00

Please note the following items are NOT INCLUDED with grocery item approvals:

ITEMS NOT INCLUDED WITH GROCERY ITEM APPROVALS:

- Junk food-chips, pop, candy, chocolate bars, energy drinks
- Fast food
- Wireless phone cards
- Batteries
- Other household items or furniture
- Tobacco

- Gift cards/Credit Cards

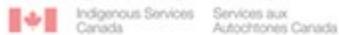
The Alberta First Nation Health Consortium will be in touch with [REDACTED] directly for the delivery of the gift cards.

Kind regards,

[REDACTED]
Acting Manager, Intake | Jordan's Principle and the Inuit Child First Initiative
Northern Region | First Nations and Inuit Health Branch
Department of Indigenous Services Canada | Government of Canada
Telephone: 1-866-848-5846
sac.principedejordanrn-nrjordsprinciple.isc@canada.ca

For more information related to Jordan's Principle, please visit the website:
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453)



From: Brittany Mathews <bmathews@fncaringsociety.com>
Sent: Friday, September 15, 2023 2:12 PM
To: [REDACTED] Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>; [REDACTED]
[REDACTED]
Cc: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordsprinciple@sac-isc.gc.ca>; Molly Rasmussen <mrasmussen@fncaringsociety.com>; [REDACTED]
Subject: Re: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries)

Good afternoon all,

My name is Brittany and I work alongside Jennifer King at the Caring Society on matters related to Jordan's Principle. Jennifer asked that I follow up on this thread.

Can someone please advise if the [REDACTED]'s request to extend supports have been reviewed? Per the Tribunal orders, the government or department of first contact must determine the request in keeping with the children's needs without engaging in any service navigation or administrative procedures.

Looking forward to hearing back.

Thank you,

Brittany Mathews (*she/her*)
Reconciliation and Policy Coordinator
First Nations Child & Family Caring Society
bmathews@fncaringsociety.com
613-230-5885

fncaringsociety.com
Twitter: [@caringsociety](https://twitter.com/caringsociety)

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)
Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

From: Jennifer King <jking@fncaringsociety.com>
Date: Friday, September 15, 2023 at 1:10 PM
To: Brittany Mathews <bmathews@fncaringsociety.com>
Subject: FW: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries)

From: [REDACTED]
Date: Monday, September 11, 2023 at 3:16 PM
To: Jennifer King <jking@fncaringsociety.com>
Cc: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>, [REDACTED] Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>, [REDACTED] Molly Rasmussen <mrasmussen@fncaringsociety.com>, [REDACTED]
Subject: Re: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries)

Hello,

We're still evacuated and have been extended for awhile longer. Could I get an extension for groceries?

Sent from my iPhone

On Aug 22, 2023, at 9:57 AM, Jennifer King <jking@fncaringsociety.com> wrote:

Thank you for this update. I've confirmed with [REDACTED] that gift cards are being mailed to her and she will receive them by Friday.

Jennifer

From: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Date: Monday, August 21, 2023 at 7:55 PM
To: Jennifer King <jking@fncaringsociety.com>, [REDACTED]
Cc: [REDACTED] Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>, [REDACTED] Molly Rasmussen <mrasmussen@fncaringsociety.com>, [REDACTED] PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Subject: RE: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries)

Good evening,

I have amended the approval as follows:

1. **Emergency Funding Grocery Supports - \$800.00 Total**
 1. Caring Society to be reimbursed for the \$300.00 gift card
2. **Emergency Clothing Supports - \$200.00/Child X 2 Children = \$400.00 Total**

I have also let Alberta First Nation Health Consortium of the amendment to the approval (\$500 groceries/\$400 clothing). They will be in touch directly with [REDACTED] on receiving the supports.

Kindly,

[REDACTED]
Acting Manager, Intake | Jordan's Principle and the Inuit Child First Initiative
Northern Region | First Nations and Inuit Health Branch
Department of Indigenous Services Canada | Government of Canada
Telephone: 1-866-848-5846
sac.principedejordanrn-nrjordansprinciple.isc@canada.ca

For more information related to Jordan's Principle, please visit the website:
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453)

<image001.gif>

From: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Sent: Monday, August 21, 2023 3:28 PM
To: Jennifer King <jking@fncaringociety.com>; [REDACTED]
Cc: [REDACTED] Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>; [REDACTED] Molly Rasmussen <mrasmussen@fncaringociety.com>; [REDACTED]
PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Subject: RE: Jordan's Principle Request - ISC-169462 - NWT WILDFIRE - Approval (Clothing/Groceries)

Good afternoon Jennifer,

This email is to confirm the following supports are approved under Jordan's Principle for [REDACTED] and [REDACTED] as follows:

3. **Emergency Funding Grocery Supports - \$800.00 Total**
 1. Caring Society to be reimbursed for the \$300.00 gift card
4. **Emergency Clothing Supports - \$250.00 Total**

I will notify the Alberta First Nation Health Consortium to help assist [REDACTED] with \$500 for groceries and \$250 for clothing. Please note the following items are NOT INCLUDED with grocery item approvals:

ITEMS NOT INCLUDED WITH GROCERY ITEM APPROVALS:

1. Junk food-chips, pop, candy, chocolate bars, energy drinks
2. Fast food
3. Wireless phone cards
4. Batteries

5. Other household items or furniture
6. Tobacco
7. Gift cards/Credit Cards

Jennifer please send an the invoice directly to our finance team at principedejordanrn-nrfinancejordansprinciple@sac-isc.gc.ca and please reference case number ISC-169462 for reimbursement of the \$300 gift card for grocery supports.

Kind regards,

[REDACTED]
Acting Manager, Intake | Jordan's Principle and the Inuit Child First Initiative
Northern Region | First Nations and Inuit Health Branch
Department of Indigenous Services Canada | Government of Canada
Telephone: 1-866-848-5846
sac.principedejordanrn-nrjordanprinciple.isc@canada.ca

For more information related to Jordan's Principle, please visit the website:
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453)
<image001.gif>

From: Jennifer King <jking@fncaringsociety.com>
Sent: Monday, August 21, 2023 2:11 PM
To: [REDACTED] PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordanprinciple@sac-isc.gc.ca>
Cc: [REDACTED] Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>; [REDACTED] Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up
Importance: High

Hi [REDACTED] – I am adding Mathieu Larose and [REDACTED] from Indigenous Services- Jordan's Principle to this thread.

I let Indigenous Services know on Friday that the Caring Society had sent a gift card for immediate needs but that your full request still needed attention. I had a note from Mathieu yesterday saying they would be following up with you to make sure the full needs of your children were addressed.

I'm also adding my colleague Molly to this thread, so we have another person from the Caring Society in the loop. Molly and I work closely together on matters related to Jordan's Principle.

Stay safe,

Jennifer

From: [REDACTED]
Date: Monday, August 21, 2023 at 1:16 PM
To: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordanprinciple@sac-isc.gc.ca>

isc.gc.ca>

Cc: [REDACTED] Jennifer King

<jking@fncaringsociety.com>

Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

Hi,

I'm still waiting for an update?

Please and thank you.

Sent from my iPhone

On Aug 18, 2023, at 12:56 PM, PrincipedeJordanRN / NRJordansPrinciple
<principedejordanrn-nrjordansprinciple@sac-isc.gc.ca> wrote:

Hi [REDACTED],

There has been a new development. There is now an evacuation site in Peace River where you can access food supports.

<https://www.alberta.ca/northwest-territories-wildfire-evacuation>

<image002.png>

[REDACTED]
Jordan's Principle and the Inuit Child First Initiative
Northern Region, First Nations and Inuit Health Branch
Department of Indigenous Services Canada / Government of Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Principe de Jordan et L'Initiative : Les enfants Inuits d'abord
Région du nord, Direction générale de la santé des Premières Nations et des Inuits
Ministère des Services aux Autochtones / Gouvernement du Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Please feel free to reply in the official language of your choice. / N'hésitez pas à me répondre dans la langue officielle de votre choix.

From: [REDACTED] **On Behalf Of** PrincipedeJordanRN / NRJordansPrinciple
Sent: Friday, August 18, 2023 2:29 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: ISC-169462 - NWT WILDFIRE - Follow-Up

[REDACTED],

As I had mentioned before the closest point of contact for food assistance is the Grimshaw Foodbank. At this time, they are closed because they are only open Tuesdays and Fridays 10am-12pm, **4822 49th Avenue, Grimshaw AB**. If you happen to still be with your family in Peace River by Tuesday, then you can access these supports locally as they are only 15 minute drive away.

South Slave evacuees are now being supported in Leduc AB. Supports will include accommodations, food and hygiene, clothing and toys for the kids through their donations.

The latest update on the NWT website:

[August 18, 2023 9:45 AM] - Available gas to those evacuating by vehicle

In the NWT, gas is available in the community of Fort Providence. Once you cross the boarder to Alberta, it is available at Steen River (Friday until 6PM, Saturday 24 hours), Meander River and High Level.

South Slave Evacuees

1. South Slave evacuees (Hay River, Enterprise, Fort Smith, K'at'l'odeeche First Nation) who are evacuating by road to Alberta should proceed to the City of Leduc if they require evacuation supports. Yellowknife evacuees should not attend Leduc.
 1. Registration Centre: Leduc Recreation Centre, 4330 Black Gold Drive, Leduc, Alberta
 2. Open as of 8 a.m. August 17th to receive additional South Slave evacuees who require evacuation supports.
2. St. Albert and Grande Prairie are now at capacity, and no new evacuees will be accepted. Evacuees who are currently receiving supports in either of these communities will continue to receive supports.

You can also call the emergency centre line for food support: **1-866-644-5135, option #4** and they will be able to redirect or assist you to the closest location for your request.

The only other option we can offer at this time is through reimbursement as per my original email.

Thanks,





Jordan's Principle and the Inuit Child First Initiative
Northern Region, First Nations and Inuit Health Branch
Department of Indigenous Services Canada / Government of Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Principe de Jordan et L'Initiative : Les enfants Inuits d'abord
Région du nord, Direction générale de la santé des Premières Nations et des Inuits
Ministère des Services aux Autochtones / Gouvernement du Canada
principedejordanrn-nrjordsprincipe@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Please feel free to reply in the official language of your choice. / N'hésitez pas à me répondre dans la langue officielle de votre choix.

From: [REDACTED]
Sent: Friday, August 18, 2023 1:55 PM
To: PrincipeJordanRN / NRJordansPrincipe <principedejordanrn-nrjordsprincipe@sac-isc.gc.ca>
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

I'm not an yellowknife evacuee I'm from hay river and those supports don't apply to me.

Sent from my iPhone

On Aug 18, 2023, at 11:32 AM, PrincipeJordanRN / NRJordansPrincipe <principedejordanrn-nrjordsprincipe@sac-isc.gc.ca> wrote:

Hi [REDACTED],

Unfortunately since you are a resident of NWT, your file remains with us.

I called a few help lines to try and figure out what the options are for your situation and here is what I have found out:

1. In order to access the food vouchers through the emergency relief program (either through food hampers or gift cards), you will need to travel to one of the reception sites and check in for assistance/support. I understand this may not be ideal financially, but once you arrive in Valleyview (this is your closest point of contact from Peace River, 1.5 hours away), you will be provided with the supports you need such as accommodations, food, and clothing. I spoke with a representative and she reassured me that lots of donations in clothing and toys for children have been made for this disaster.
2. The other option if you cannot drive down to Valleyview is to drive to Grimshaw, AB, which is 15 minutes west of Peace River. Here they have a food bank available. I just called them and they are open Tuesdays and Fridays 10am-12pm. Given that they are only open for another half hour, I asked the owner to keep it open for an additional 30 mins until 12:30pm so that you will be able to get to the church. The address I was given is **4822 49th Avenue, Grimshaw AB**. The person I spoke with says that

the food bank is in the old Anglican Church. She also assured me that you will get help there as a Yellowknife evacuee.

1. <https://foodbanksalberta.ca/find-your-food-bank/?location=Peace%20RiverAB,%20Canada&radius=100> This is the website I got the information from. She indicated that the address online is an old address.
- 3.
4. <image001.png>

[REDACTED]

[REDACTED]

Jordan's Principle and the Inuit Child First Initiative
Northern Region, First Nations and Inuit Health Branch
Department of Indigenous Services Canada / Government of Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Principe de Jordan et L'Initiative : Les enfants Inuits d'abord
Région du nord, Direction générale de la santé des Premières Nations et des Inuits
Ministère des Services aux Autochtones / Gouvernement du Canada
principedejordanrn-nrjordansprinciple@sac-isc.gc.ca
Tel : 1-866-848-5846 / Fax : 1-800-949-2718

***Please feel free to reply in the official language of your choice. /
N'hésitez pas à me répondre dans la langue officielle de votre choix.***

From: [REDACTED]
Sent: Friday, August 18, 2023 11:29 AM
To: PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

Ok we'll can you transfer this file to Alberta and they can send me a gift card. I can't afford anything and I'm in Peace River where there's no resources for us. And I have no money to go to an evacuation centre further south.

Sent from my iPhone

On Aug 18, 2023, at 9:12 AM, PrincipedeJordanRN / NRJordansPrinciple <principedejordanrn-nrjordansprinciple@sac-isc.gc.ca> wrote:

Hi [REDACTED],

As per my email below, unfortunately Northern Region does not have any vendors set up with Alberta as we do have families that reside there. The Government of NWT have supports in place for any evacuees of the

Yellowknife Wildfires include groceries/food support. These were set up knowing that most families do not have the ability to access such needs out of pocket. These supports can be accessed immediately through one of the registration centers.

Below is a list of sites set up for registration and support:

[Northwest Territories wildfire evacuation | Alberta.ca](#)

In addition, if your children are in critical need of food, this will be provided by accessing the **emergency centre phone line 1-866-644-5135, option #4**. They have staff on the grounds in Alberta that can assist you with these needs.

Unfortunately any grocery supports through Jordan's Principle will need to be in the form of reimbursement.

[REDACTED]

[REDACTED]

Jordan's Principle and the Inuit Child First Initiative
Northern Region, First Nations and Inuit Health Branch
Department of Indigenous Services Canada /
Government of Canada

principedejordanrn-nrjordanprinciple@sac-isc.gc.ca

Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Principe de Jordan et L'Initiative : Les enfants Inuits
d'abord

Région du nord, Direction générale de la santé des
Premières Nations et des Inuits

Ministère des Services aux Autochtones /
Gouvernement du Canada

principedejordanrn-nrjordanprinciple@sac-isc.gc.ca

Tel : 1-866-848-5846 / Fax : 1-800-949-2718

Please feel free to reply in the official language of your choice. / N'hésitez pas à me répondre dans la langue officielle de votre choix.

From: [REDACTED]

Sent: Friday, August 18, 2023 10:53 AM

To: PrincipedeJordanRN / NRJordansPrinciple
<principedejordanrn-nrjordanprinciple@sac-isc.gc.ca>

Cc: Jennifer King <Jking@fncaringsociety.com>

Subject: Re: ISC-169462 - NWT WILDFIRE - Follow-Up

I can't pay for these out of pocket that's why I sent a request! I have no financial means for anything. Can you

not send it to the Edmonton office and they can send me a gift card or something?

Sent from my iPhone

On Aug 18, 2023, at 6:03 AM,
PrincipedeJordanRN /
NRJordansPrinciple
<principedejordanrn-nrjordansprinciple@sac-isc.gc.ca>
wrote:

Hi [REDACTED],

I understand you had spoken to my colleague yesterday regarding your request and had increased your grocery request to \$1,000 and your clothing to \$500. At this time given the uncertainty of the situation, we can look into approving *emergency groceries* in the amount of \$125/week/child up to 2 weeks = \$500 for your 2 children and \$200/child in *emergency clothing*. The additional \$500 in groceries can either be escalated at this time or we can hold off and re-evaluate in 2 weeks' time whether that additional \$500 can be extended. As for the additional \$100 in clothing, this will need to be escalated to National Office for review or we can look into approving \$50/child for emergency hygiene items (ex. Toothpaste, toothbrush, shampoo, soap, etc.). Please let me know what you would like to do.

However, unfortunately all of these items will need to be paid out of pocket and submitted for reimbursement as we are not able to advance these funds and we do not have any vendors set up in Alberta for these supports. Alternatively, if you call the **Emergency Centre** phone number that is set up for evacuees of the Yellowknife Wildfire, they will be in the position to provide

these supports up front. Their phone number is **1-866-644-5135, option #4.**

Please let me know how you wish to continue.

[REDACTED]

Jordan's Principle and the Inuit Child
First Initiative
Northern Region, First Nations and Inuit
Health Branch
Department of Indigenous Services
Canada / Government of Canada
[principedejordanrn-
nrjordansprinciple@sac-isc.gc.ca](mailto:principedejordanrn-nrjordansprinciple@sac-isc.gc.ca)
Tel : 1-866-848-5846 / Fax : 1-800-949-
2718

Principe de Jordan et L'Initiative : Les
enfants Inuits d'abord
Région du nord, Direction générale de
la santé des Premières Nations et des
Inuits
Ministère des Services aux Autochtones
/ Gouvernement du Canada
[principedejordanrn-
nrjordansprinciple@sac-isc.gc.ca](mailto:principedejordanrn-nrjordansprinciple@sac-isc.gc.ca)
Tel : 1-866-848-5846 / Fax : 1-800-949-
2718

***Please feel free to reply in the official
language of your choice. / N'hésitez
pas à me répondre dans la langue
officielle de votre choix.***

From: [REDACTED]
Sent: Thursday, August 17, 2023 12:51
PM
To: PrincipedeJordanRN /
NRJordansPrinciple
<[principedejordanrn-
nrjordansprinciple@sac-isc.gc.ca](mailto:principedejordanrn-nrjordansprinciple@sac-isc.gc.ca)>
Subject: Re: ISC-169462 - NWT
WILDFIRE - Follow-Up

My number is [REDACTED]
I'm asking for a one time assistance.
\$500 for groceries and 300 for clothing.
We've been evacuated from Hay River
and are staying with family.

Sent from my iPhone

On Aug 17, 2023, at
8:48 AM,
PrincipedeJordanRN /
NRJordansPrinciple
<[principedejordanrn-
nrjordansprinciple@sac-
isc.gc.ca](mailto:principedejordanrn-nrjordansprinciple@sac-isc.gc.ca)> wrote:

Hello [REDACTED],

We have created a case for your request under the case number ISC-169462. I have tried reaching you by phone but am receiving an error message stating that your phone number is not in service.

How many months are you seeking supports for groceries? And what amount are you seeking for clothing supports?

Once received, I can promptly submit your request for review.

Thank you,

[REDACTED]

Junior Program Officer |
Jordan's Principle and the
Inuit Child First Initiative
Northern Region | First
Nations and Inuit Health
Branch
Department of Indigenous
Services Canada |
Government of Canada
Telephone: 1-866-848-5846

sac.principedejordanrn-nrjordansprinciple.isc@canada.ca

Agent des Programmes |
Principe de Jordan et
L'Initiative : Les enfants Inuits
d'abord
Région du nord | Direction
générale de la santé des
Premières Nations et des
Inuits
Ministère des Services aux
Autochtones |
Gouvernement du Canada
Téléphone: 1-866-848-5846
sac.principedejordanrn-nrjordansprinciple.isc@canada.ca

*Please feel free to reply in the
official language of your
choice. / N'hésitez pas à me
répondre dans la langue
officielle de votre choix.*

For more information related
to Jordan's Principle, please
visit the website:
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>

For urgent inquiries, please
contact the Jordan's Principle
Call Centre at 1-855-JP-CHILD
(1-855-572-4453)
<image001.gif>

From: [REDACTED]
Sent: Thursday, August
17, 2023 8:03 AM
To: PrincipedeJordanRN
/ NRJordansPrinciple
<principedejordanrn-nrjordansprinciple@sac-is.gc.ca>
Subject: JP ISC-169462
Urgent request - [REDACTED]
[REDACTED] - NWT
WILDFIRE

From: [REDACTED]

[REDACTED]

Sent: Wednesday,
August 16, 2023 5:21
PM

To: [REDACTED]
[REDACTED]

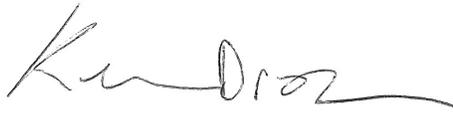
Subject: Urgent request

Hi [REDACTED],

We've been evacuated
from our home due to a
wildfire. Attached is an
urgent request please
and thank you.

Sent from my iPhone

This is **Exhibit "52"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Get Prepared

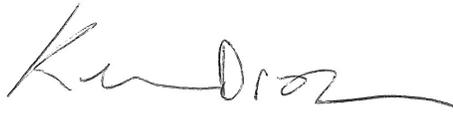
[Home](#) → [Emergency Kits](#) → [Basic emergency kit](#)

- Water** — two litres of water per person per day (include small bottles)
- Food** that won't spoil, such as canned food, energy bars and dried foods (replace once a year)
- Manual can opener**
- Wind-up or battery-powered flashlight** (and extra batteries)
- Wind-up or battery-powered radio** (and extra batteries)
- First aid kit**
- Extra keys** for your car and house
- Cash, travellers' cheques** and change
- Important family documents** such as identification, insurance and bank records
- Emergency plan** — include a copy in your kit as well as contact information
- Two additional litres of water per person per day for cooking and cleaning
- Candles and matches or lighter (place in sturdy containers and do not burn unattended)
- Change of clothing and footwear for each household member
- Sleeping bag or warm blanket for each household member
- Toiletries and personal hygiene items
- Hand sanitizer, toilet paper and garbage bags
- Prepaid phone card, mobile phone charger
- Pet food and supplies
- Infant formula, baby food and supplies
- Activities for children like books, puzzles or toys
- Prescription medications, medical equipment
- Utensils, plates and cups
- Household chlorine bleach or water purifying tablets
- Basic tools (hammer, pliers, wrench, screwdrivers, work gloves, pocket knife)
- Small fuel-operated stove and fuel
- Whistle (to attract attention)
- Duct tape

Date modified:

2022-04-25

This is **Exhibit "53"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Tuesday, April 4, 2023 at 3:42 PM
To: Jennifer King <jking@fncaringsociety.com>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>, Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: RE: Grocery Cards - attestations-grocery list



Hello Jennifer,

Jordan's Principle uses Vote 1 funding (O&M) to distribute funds for individual requests. Although there are no reporting requirements for the beneficiary/end users, Section 34 of the [Financial Administration Act](#) requires certification from the delegated Cost Centre Manager that:

- the recipient is eligible for the payment,
- the goods purchased are eligible expenditures, and
- that the goods have been received.

Gift cards are considered advance payments and must be recorded as a prepayment and settled only upon confirmation that the goods and services have been rendered. This occurs when the recipient provides invoices or receipts to confirm that the card was used for the approved product, service or support. These requirements are further explained in the [Treasury Board of Canada Secretariat Guide to Advance Payments](#).

We are continuing to explore options to reduce the administrative burden on requestors.

Thank you,
Samantha

From: Jennifer King <jking@fncaringsociety.com>
Sent: Tuesday, April 4, 2023 12:06 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: Re: Grocery Cards - attestations-grocery list
Importance: High

Good day Samantha,

I'm writing to follow up on the below questions. Is there a response from ISC?

Thank you,

Jennifer

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Date: Tuesday, January 24, 2023 at 4:47 PM

To: Jennifer King <jking@fncaringsociety.com>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>, Molly Rasmussen <mrasmussen@fncaringsociety.com>

Subject: RE: Grocery Cards - attestations-grocery list



Hello Jennifer,

Confirming receipt of your e-mail and I'm working with my colleagues to address your specific questions.

Thank you,

Samantha

From: Jennifer King <jking@fncaringsociety.com>

Sent: Tuesday, January 24, 2023 2:06 PM

To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Molly Rasmussen <mrasmussen@fncaringsociety.com>

Subject: Re: Grocery Cards - attestations-grocery list

Good afternoon Samantha,

Thank you for the update on work underway to minimize the administrative burden on requesters. We have a few follow-up questions for ISC:

1. Regarding ISC's financial delegation obligations under the FAA, which section are you referring to (specific reference in the FAA)?
 - a. Pursuant to the cited section, what reporting requirement is stipulated for the beneficiary/end-user?
2. Jordan's Principle is not a federal program. Given that Jordan's Principle is not a program or policy funded by a grant, contribution, or transfer payment, what is the document, e.g., Terms and conditions, etc., that stipulate a reporting requirement by the beneficiary/end-user of this support?
 - a. Should a reporting requirement exist, can ISC provide a copy?
 - b. Should a reporting requirement exist, can ISC indicate why the entity accountable for purchasing the card would not be required to report but the beneficiary/end-user would be required to report?

Thank you for the clarification,

Jennifer

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Friday, January 13, 2023 at 9:22 AM
To: Jennifer King <jking@fncaringsociety.com>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>, Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: RE: Grocery Cards - attestations-grocery list



Hello Jennifer,

Thank you for bringing this forward. It is topic that we are already working on.

Treasury Board and ISC departmental policies regarding advanced payments, which includes gift cards and any pre-paid card, requires itemized receipts for processing and reconciliation.

As a part of our work to reduce the administrative burden on requestors, we have engaged with the Chief Finances, Results and Delivery Office (CFRDO) to explore alternate approaches to itemized receipts for gift cards, pre-paid cards and reimbursements that we may be able to use to meet our financial delegation obligations under the Financial Administration Act.

Thank you,
Samantha
Samantha Wilson-Clark RN, BScN, MHSc
(she/elle)

A/Executive Director, Jordan's Principle and Inuit Child First Initiative
First Nations and Inuit Health Branch
Indigenous Services Canada
samantha.wilson-clark@sac-isc.gc.ca
Tel: 613-404-9159

Directrice exécutive p.i, Principe de Jordan et l'Initiative: les enfants Inuits d'abord
Direction générale de la santé des Premières Nations et des Inuits
Services aux Autochtones Canada
samantha.wilson-clark@sac-isc.gc.ca
Tél: 613-404-9159

From: Jennifer King <jking@fncaringsociety.com>
Sent: Monday, January 9, 2023 1:35 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Molly Rasmussen <mrasmussen@fncaringsociety.com>
Subject: FW: Grocery Cards - attestations-grocery list

Good day Samantha and welcome back,

We received the below email from IFN regarding grocery cards. The region says families must provide an itemized list/receipts of what they purchase with grocery cards they received from IFN for approved grocery requests. Leeann

tells me that she informs all community workers that the cards they give to families must be for a grocery store, not Visa gift cards or similar (which could be used for purchases other than groceries). Requiring families to prove that they purchased groceries from a grocery store seems contrary to a common-sense approach and, as described by Leeann below, seems punitive as well.

I recall that you and I spoke about gift cards in relation to another situation in a different region, and you confirmed that receipts are *not* required.

Can you please confirm the policy regarding gift cards for groceries to the Caring Society and IFN?

Thank you,

Jennifer

Jennifer King (*she/her*)

Reconciliation and Policy Coordinator

www.fncaringsociety.com

Twitter: @Caringsociety

Facebook: /CaringSociety

Instagram: spiritbearandfriends

New Address Alert!

The Caring Society has moved! Please update our contact information to:

202-350 Sparks Street

Ottawa, ON K1R 7S8

From: Leeann Shimoda <leeann@ifnc.ca>

Date: Monday, January 9, 2023 at 9:29 AM

To: Jennifer King <jking@fncaringsociety.com>

Subject: Grocery Cards - attestations-grocery list



Good morning Jennifer

We are running into a barrier with the government regarding grocery cards....

Many of our community agencies issue grocery cards on a monthly basis once the client has been approved by ISC. WE have gotten the workers to get paperwork (attestation) from the clients that they received the grocery cards..... now the government is wanting receipts or list of what was purchased. As one worker stated - it is hard enough for our families to need the support but to then ask them to create lists of what they bought is a barrier and damaging to their emotional-mental health as well as indicating lack of trust....

Is there another solution that can meet the government's needs – the workers will try to gather receipts but we know that will at best be inconsistent as some families are struggling just to keep their kids in their care and collecting receipts is not the first thing on their minds

Good morning Leeann,

Thank you for sharing this information.

You are correct, however, the attestation is to confirm that the approved services and/or support have been provided or purchased. Because the approved supports are for groceries, with the documentation provided, we are able to confirm a gift card was purchased, but not groceries. The gift card is simply the method of purchase, not an itemized list of what was purchased, which is what we require so that we may confirm the approved grocery supports were provided.

Should you have any additional questions please do not hesitate to call 613-277-8597

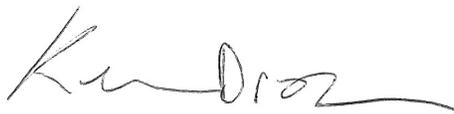
Let us put our minds together and see what life we can make for our children Sitting Bull

Leeann J Shimoda RSSW

Independent First Nations Jordan's Principle Co-Ordinator
417 1203 Maritime Way
Kanata Ontario K2K 0H5
Cell: **NEW 613-277-8597**
Fax: 519-488-1118

NOTICE OF CONFIDENTIALITY. This communication, including any information transmitted with it, is intended only for the use of the addressee(s) and is confidential. If you are not an intended recipient or responsible for delivering the message to an intended recipient, any review, disclosure, conversion to hard copy, dissemination, reproduction or other use of any part of this communication is strictly prohibited, as is the taking or omitting of any action in reliance upon this communication. If you received this communication in error or without authorization please notify us immediately by return e-mail or otherwise and permanently delete the entire communication from any computer, disk drive, or other storage medium.

This is **Exhibit "54"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Sent: Tuesday, September 5, 2023 4:02 PM
To: Cindy Blackstock
Cc: Molly Rasmussen; Leeann Shimoda; Brittany Mathews; Wilson-Clark, Samantha
Subject: RE: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food

Good Afternoon Dr. Blackstock,

Thank you for your response. We share your objective of finding efficiencies in the payment processes. As mentioned in my earlier message, we are taking your concerns into review. We will be giving additional consideration to the issue of gift cards and itemized receipts and hope to be able to provide a more specific response in the near future.

Thanks,

Liliana

From: Cindy Blackstock <cblackst@fncaringsociety.com>
Sent: Tuesday, September 5, 2023 10:48 AM
To: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Cc: Molly Rasmussen <mrasmussen@fncaringsociety.com>; Leeann Shimoda <leeann@ifnc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: Re: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food

Good morning Liliana

Thank you for responding but your answer does not respond to the question that Molly posed. Will a more specific answer be forthcoming or should we take additional steps to obtain a response?

Thank you

Cindy

On Sep 5, 2023, at 10:09 AM, Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca> wrote:

Good Morning Molly,

As mentioned, we continue to work internally mapping out the payment processes with the objective to find efficiencies and improvements to reduce administrative burden regarding Jordan's Principle funding and we will take your concerns into review.

Jordan's Principle has made significant progress with reducing the administrative burden on requesters through the Back-to-Basics approach, which was launched in January 2022. Under this approach, documentation requirements at intake and overall are reduced to a minimum.

Canada remains committed to the full implementation of Jordan's Principle, and to respecting the orders set out by the Canadian Human Rights Tribunal.

Thank you,

Liliana

From: Molly Rasmussen <mrmussen@fncaringsociety.com>
Sent: Tuesday, July 18, 2023 2:36 PM
To: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Cc: Leeann Shimoda <leeann@ifnc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; Cindy Blackstock <cblackst@fncaringsociety.com>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: Re: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food

Hello all,

Thank you, Liliana, for your response and for sharing the guide to advance payments. Given that this guide is underpinned by the Financial Administration Act, can you please advise how it is being used in a manner that is compliant with 2021 CHRT 41 (Amendment) that ruled that the Tribunal orders are to have primacy in the event of a conflict between the FAA and the orders?

Families, service coordinators, and the Caring Society continue to raise concerns regarding itemized receipts amounting to administrative barrier. In fact, this was raised in April 2023 where Samantha also indicated that ISC is continuing to explore options to reduce the administrative burden on requestors.

Given that, per 2017 CHRT 35, administrative burdens are not a reason to further delay service provision or funding, can you please advise what steps ISC is taking to mitigate the administrative procedures?

Best,
Molly

From: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Date: Friday, July 14, 2023 at 2:26 PM
To: Molly Rasmussen <mrmussen@fncaringsociety.com>
Cc: Leeann Shimoda <leeann@ifnc.ca>, Brittany Mathews <bmathews@fncaringsociety.com>, Cindy Blackstock <cblackst@fncaringsociety.com>, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: RE: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food

Hello Molly,

Gift cards are considered advance payments and must be recorded as a prepayment and settled only upon confirmation that the goods and services have been rendered. This occurs when the recipient provides invoices or receipts to confirm that the card was used for the approved product, service, or support.

These requirements are further explained in the [Treasury Board of Canada Secretariat Guide to Advance Payments](#).

We are continuing to explore options to reduce the administrative burden on requestors.

Thank you,

Liliana

From: Molly Rasmussen <mrmussen@fncaringsociety.com>
Sent: Thursday, July 6, 2023 2:06 PM
To: Gutierrez, Liliana <liliana.gutierrez@sac-isc.gc.ca>
Cc: Leeann Shimoda <leeann@ifnc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; Cindy Blackstock <cblackst@fncaringsociety.com>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: FW: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food

Hi Liliana,

We were sent this email from Leeann (copied), a Service Coordinator in ON who shared her concerns about the message she received below. You'll see that the organization purchased these two gift cards for clothes for the family, but ISC is now asking for an itemized receipt.

I will note that the organization has done this before with no issue, so it's not clear to us why now the itemized receipt is required. Given that the organization purchased the cards and gave the approval, in our view, having the family come up with an itemized receipt amounts to an administrative barrier especially considering the fact that the invoice and the receipt match.

In January when a similar issue arose, Samantha indicated that ISC continues to explore options to reduce the administrative burden on requesters when it comes to reconciling advance payments. Have any alternate avenues been explored since then? I will note that Leeann suggested that an attestation could be provided.

Thank you,
Molly

From: [REDACTED]
Sent: July 5, 2023 10:35 AM
To: Leeann Shimoda <leeann@ifnc.ca>
Subject: FW: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food
Importance: High

Good morning,

I was assigned to process payment for your claim. In your submitted documents, the receipt does not list what was purchased. For this reason, unfortunately I am unable to process this claim. We require the itemized copies of the receipts of purchased.

Thank you, and have a great day

[REDACTED]

Jordan's Principle and Inuit Child First Initiative - Ontario Region
First Nations and Inuit Health Branch
Department of Indigenous Services Canada / Government of Canada
Finance: principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca
Intake: jordansprincipleon-principedejordan@sac-isc.gc.ca
Tel: 343-548-7257
Fax: 1-833-495-1227
<image001.png>

Service delays

Please note that the Labour disruption has impacted timelines for processing requests for payment with the Jordan's Principle or Inuit Child First Initiative.

We are working through all requests as quickly as possible, however, we anticipate additional delays due to the recent labour disruption.

<image002.png>

From: Leeann Shimoda <Leeann@ifnc.ca>
Sent: Wednesday, July 27, 2022 5:42 PM
To: Principe de Jordan Finance-ON-Finance Jordans Principle <principedejordanfinance-on-financejordansprinciple@sac-isc.gc.ca>
Subject: HR Attestation requested FW: ISC-76476-X1F1 MCjuly aug food

Good afternoon for payment

Sent from [Mail](#) for Windows

From: [Roberta Scharuda](#)
Sent: July 26, 2022 4:14 PM
To: [Leeann Shimoda](#)
Subject: ISC-76476-X1F1 MCjuly aug food

Please send to misc for reimbursement.

Good day *Leeann*,

RE: MIS-1293
MIS-1294
ISC-76476-X1F1

We are pleased to inform you that the First Nations and Inuit Health Branch (FNIHB) has approved your recently submitted request to Jordan's Principle for the following product(s)/service(s) (**April 4, 2022**):

- *Clothing (1,752.25 - Total amount for both children)*
- *Groceries (\$300/month for 6 months to a total of \$1,800.00)*

This email serves as official approval of the Government of Canada's commitment to fund the above noted product(s)/service(s).

As a member community of the Independent First Nation, you have the option of receiving payment and/or reimbursement through the Independent First Nations Jordan's Principle Financial Claims process.

Please contact the below for this option:

Independent First Nations Jordan's Principle Finance
PO Box 1634
Cornwall ON
K6H 5V6

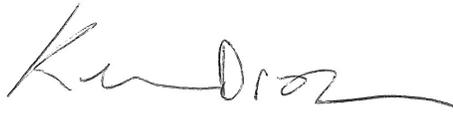
Phone: 613-932-5852
Email: jpfinance@ifnc.ca

In the Spirit of Kindness,

***Roberta J. Scharuda
Child and Youth Worker***

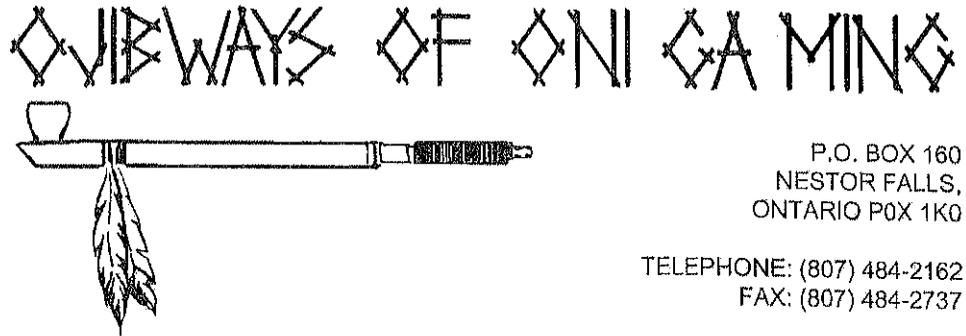
***Southwest Ontario Aboriginal Health Access Centre (SOAHAC)
733 9th Avenue East, Unit 3
Owen Sound, ON N4K 3E6
P. 519-376-5508 x 2042 C. 519-378-8835
rscharuda@soahac.on.ca***

This is **Exhibit "55"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



P.O. BOX 160
NESTOR FALLS,
ONTARIO P0X 1K0

TELEPHONE: (807) 484-2162
FAX: (807) 484-2737

First Nations Child and Family Services Society of Canada
350 Sparks St, Suite 202
Ottawa, ON
K1R 7S8

September 25th, 2023

Dear Cindy Blackstock:

For the past 10 years and much longer, the youth and families of Onigaming First Nation have been living in a trauma and grief-filled crisis. As Chief, I am writing this letter to share my frustrations with respect to the federal government's inability to commit funding in support of a critically needed Youth Crisis Centre. This is particularly important because of the number of young deaths we have faced over the past few decades. This past summer we suffered another young suicide and a number of threats to self-harm.

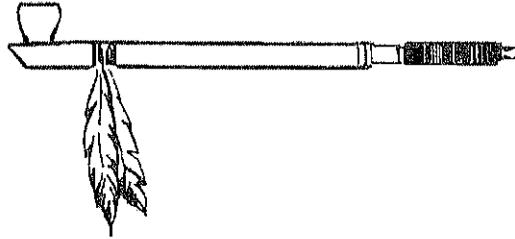
In October 2014 Ojibways of Onigaming First Nation declared a State of Emergency on Suicide and Mental Wellness following the fourth suicide of the year and an increase in suicidal behaviors, domestic violence, drug and alcohol abuse, and unresolved grief. Tragically, nearly a decade later, our community remains in state of emergency and our youth and families continue to experience violence, overdoses, and death, at unprecedented levels. We have suffered 31 deaths in our families the past two years along and feel strongly that many could have been preventable if we had the proper infrastructure.

Following the events of the past years, community leadership initiated a feasibility study and conceptual design to advance the development of a Youth Crisis Center in Onigaming First Nation. Through consultation with youth, elders, staff and leadership, it was determined that a community run facility was needed to provide our youth and families with a safe space when encountering violence or experience mental health crises, including addiction.

Currently, youth in crisis in the community are under-served, or served in a makeshift and temporary fashion. When a crisis occurs, Onigaming youth cannot be adequately supported within the community and must be sent to Kenora or Fort Frances, or in many cases across the border to Manitoba - far away from the love & support of friends, family and extended family. There is no safe space in community for children or families fleeing violence or substance abuse and again they must either find shelter outside of the community, or risk staying in unsafe conditions. When children, youth and families seek preventative care, our staff have no access to safe, confidential facilities to



OVERWAYS OF ONI GAMING



P.O. BOX 160
NESTOR FALLS,
ONTARIO P0X 1K0

TELEPHONE: (807) 484-2162
FAX: (807) 484-2737

provide care. When children and youth wish to engage in culturally significant experiences, programming is offered ad hoc with no strong connection to place or community.

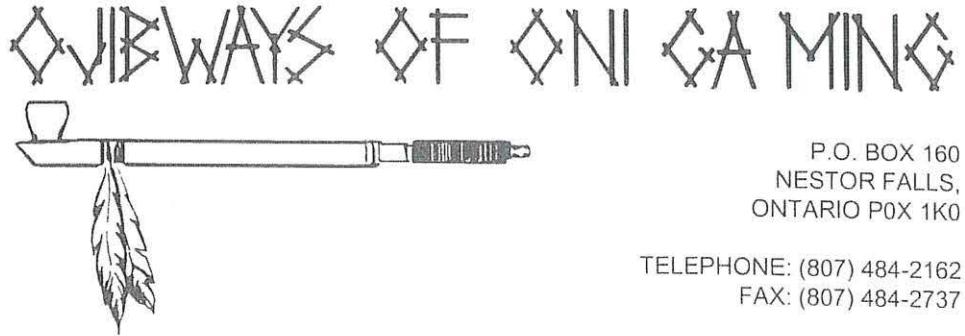
Because of this, our youth are reluctant to come forward given these limited options, and this has tragically resulted in the loss of life in our community from murder, overdoses and suicide most recently. Our community has worked hard to establish our crisis response team, consisting of youth workers, mental health workers and crisis support team members, however we do not have the needed space to administer their programming. In many cases our staff share offices with other departments, or are working from their homes or cars, which is limiting their ability to meaningfully engage with youth and to appropriately respond in a crisis. There have been instances where children are sleeping in office chairs while our crisis workers search out hotel rooms for families escaping violence.

It is beyond critical that we have safe spaces within the community for youth, and the space needed for staff and programming to support them. Without this we will continue to experience preventable suicides, overdoses and increased violence facing the youth in our community.

Despite these challenges, our team has advanced the development of a feasibility and concept design for an approximately 9,000 sq. ft Youth Crisis Centre, which is to be located in the heart of community, in close proximity to our Pow-wow grounds, ensuring access to cultural teachings and healings, in addition to conventional crisis intervention approaches. This facility will provide office and programming spaces for our Jordan's Principle youth workers, crisis support workers (including 24/7 on call resources), and mental health workers. The facility will also provide much needed gathering space for our youth to build relationships as well as a safe space for counselling and traditional healing.

Perhaps most importantly, the facility is designed to have six "safe sober beds", which are fully enclosed rooms with beds, washrooms and kitchenettes, ensuring youth have somewhere safe to stay when experiencing violence or a mental health crisis. These units can also be used by our 24-7 on-call crisis response staff to provide overnight spaces when responding to youth in crisis. The conceptual floorplan is included as an appendix to this letter.

We have submitted our proposal for the design and construction of this facility to ISC's Jordan's Principal team, however we have been met with multiple roadblocks and consistent frustration in our attempts to request the Federal government for their support. We intend to move through to the detailed design phase for this project next but still have no positive response from the federal government to date. Specifically, our concerns include:



P.O. BOX 160
NESTOR FALLS,
ONTARIO P0X 1K0

TELEPHONE: (807) 484-2162
FAX: (807) 484-2737

- Lack of collaborative approach from officials, including not having decision makers present for meetings with our leadership and project team.
- An overly complex approval process which does not align with the directives of the CHRT related to Jordan's principle.
- Requests for information beyond what we have experienced with other agencies at the provincial and federal level when soliciting support for community infrastructure projects.
- The information being requested by the federal government has changed since our original approval of \$15,000 for a needs assessment, dated April 2022, with little to no guidance of how to meet these "moving goalposts".

We understand that the intent of Jordan's Principle is to ensure all First Nations children living in Canada can access the products, services, and supports they need, when they need them. However, this is not the experience of Onigaming First Nation. The perceived delay tactics and unanswered requests from federal government officials we've met with have only exacerbated the problems in our community and have undoubtedly resulted in numerous lives being lost and the destruction of families.

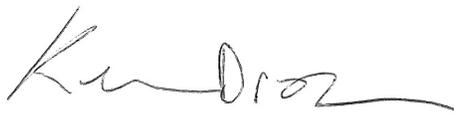
Since our original approval in April 2022, we have made several submissions to the federal government requesting funding support to proceed to the detailed design phase. Each submission has been met with more questions and no commitment. As of our most recent re-submission in September 2023, we trust we have met all requirements of the federal government necessary to approve our project for detailed design.

We have included a copy of this most recent needs assessment worksheet as an appendix to this letter. Without a prompt commitment from the federal government, the children of Onigaming First Nation will continue to suffer and face preventable, unnecessary risks to their lives. This is completely preventable with support from our federal government Treaty partner, in accordance with the CHRT directives related to Jordan's Principle.

Miigwech.

Chief Jeff Copenace

This is **Exhibit "56"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



January 4, 2024

To Whom It May Concern,

I am writing to you as a representative of the Taku River Tlingit First Nation (TRTFN) to share our experiences and concerns regarding the Jordan Principle program in our community of Atlin, British Columbia.

Atlin is a remote community located approximately two hours away from Whitehorse, Yukon. Our feedback is rooted in the disparities we have observed in the criteria and implementation of the Jordan Principle program between Yukon and British Columbia. While Jordan Principle has successfully funded numerous initiatives in Yukon, we have encountered significant challenges and discrepancies in how the program operates in our region.

Our experiences with the Jordan Principle program in Atlin can be summarized as follows:

1. **Long Delays:** One of the most significant issues we have faced is the prolonged approval process. For example, our group application took more than a year and required persistent follow-ups to obtain approval. These long delays have resulted in a critical gap in services, leaving the needs of our children unaddressed.
2. **Mixed Responses on Eligibility:** We have received inconsistent responses regarding what the Jordan Principle program can fund. For instance, BC officials have indicated that the program cannot fund Child and Family Services (CFS) positions, whereas such positions are funded in Yukon. Additionally, facility and office space for staff have been deemed ineligible for funding in BC, despite being supported in Yukon. For instance, in the Yukon side of the border, the Jordan Principle program provides capital funding for office rent, supplies, etc. However, the same program in BC does not grant such funding, as indicated in the rejection letter attached. Although the Jordan Principle provided funding to Taku to service citizens in Whitehorse (4 full-time positions were approved), it did not provide funding to support them.
3. **Short-Term Funding Perception:** We have been advised that Jordan Principle is intended as a short-term funding solution, which poses challenges for sustainability and long-term planning.
4. **Data Loss:** On multiple occasions, the BC Jordan Principle office has lost our data, including consent forms and other supporting documentation submitted for our requests.
5. **Excessive Documentation Requests:** The BC Jordan Principle office has requested additional documentation for our requests, such as clan directives, up to 8 to 9 months after our initial submissions.

6. **Administrative Hurdles:** It is our belief that the current administrative processes in BC, particularly in remote communities like Atlin, create unnecessary hurdles that lead to prolonged delays in services, ultimately affecting children and families. Furthermore, these prolonged delays have resulted in a significant gap in services, and the needs of our children have not been adequately addressed.

In addition to sharing our concerns and experiences, we want to acknowledge and express our appreciation for the advocacy efforts undertaken by the First Nations Child and Family Caring Society, as well as Molly Rasmussen's dedication and commitment to ensuring that Taku River Tlingit First Nation receives the necessary funding to serve our community effectively.

To facilitate a collective effort in addressing these challenges, the Taku River Tlingit First Nation hereby grants consent for the inclusion of this testimony in the Canadian Human Rights Tribunal affidavit prepared by the First Nations Child and Family Caring Society of Canada. We believe that sharing our experiences contributes to a more comprehensive understanding of the issues faced by remote communities in British Columbia and underscores the urgent need for improvements in the implementation of the Jordan Principle program.



Sincerely,
Dr. Jorge Llaca Buznego
Education Manager
Taku River Tlingit First Nation
education.mgr@gov.trtfn.com
250-651-7739 ext. 450

Jorge Llaca Buznego

From: Marie Skidmore
Sent: Monday, October 23, 2023 1:10 PM
To: Jorge Llaca Buznego
Subject: FW: ISC-67373-D0R5 - Notification of Decision

Hi Jorge,
Do you know about this proposal?

Gunalchéesh,



Marie Skidmore

Chief Administrative Officer

250-651-7900 ext 402

cao@gov.trtfn.com

www.trtfn.com



I would like to acknowledge that the land on which I work and learn is the unceded traditional territories of Taku River Tlingit First Nation.

From: Principe de Jordan CB - BC Jordans Principe <principedejordancb-bcjordansprincipe@sac-isc.gc.ca>
Sent: Monday, October 23, 2023 12:16 PM
To: Marie Skidmore <cao@gov.trtfn.com>
Subject: ISC-67373-D0R5 - Notification of Decision

Dear Charles,

After escalating your case to HQ for consideration, The Assistant Deputy Minister for First Nations and Inuit Health Branch has denied your case for Office Space Rental, Professional Development and Vehicle Maintenance and Operations for Taku River Tlingit First Nation (ISC67373-D0R5, ITM-178446, ITM-178448 and ITM-178449).

The rationale for the decision is as follows:

The group proposal, 'Taku River Tlingit First Nation Jordan's Principle Budget', for Office Space Rental in Whitehorse for \$107,558.00, Professional Development for 7 Full-Time Employees for \$42,000.00 and Vehicle Maintenance and Operation for \$183,900.00 is denied, as the supporting documentation provided with the request does not directly link the requested services/supports to the unmet health, social or educational need, on behalf of the children/youth proposed in the group request.

Additionally, Vehicles were approved under CHRT 41/CFS, which included \$101,493.12 in administration costs.

The supporting documentation provided with the request does not demonstrate an unmet need health, social or educational on behalf of the children/youth in Whitehorse.

I'm sorry I don't have more positive news for you.

If you would like to appeal this decision, please see the following:

- If a request is denied, the requester may appeal the decision by sending in a written request to the ISC Focal Point in their region within one year of the date of denial.
- At a minimum, the request for appeal should contain:
 - Child's name and date of birth;
 - The product/service/support requested;
 - The date of denial;
 - Additional information (optional): may include assessments or additional information
- When a decision is appealed, the request is reviewed by an appeals committee which does not include the person who reviewed the denial.

To get in touch with a Jordan's Principle Service Coordinator, please contact the Jordan's Principle BC Hub by email at: jordansprinciplehub@acc-society.bc.ca or visit the Hub website at jordansprinciplehubbc.ca and select [the Service Coordinator Directory](#) tab.

If you have any questions and concerns, or if you would like assistance with the appeal process, please don't hesitate to contact us at 778-951-0716 or by email at principedejordancb-bcjordansprinciple@sac-isc.gc.ca (monitored during business hours, Monday to Friday 8am-4pm)

Respectfully,
Marian

Marian Mavrache

A/Team Lead, Jordan's Principle and Inuit Child First Initiative, BC Region
Indigenous Services Canada (ISC), Government of Canada
principedejordancb-bcjordansprinciple@sac-isc.gc.ca | Cel. : 604-362-6208 Fax. 604-775-7149

Principe de Jordan et l'Initiative: les enfants Inuits d'abord C.-B.
Services aux Autochtones Canada, Gouvernement du Canada
principedejordancb-bcjordansprinciple@sac-isc.gc.ca | Cel. : 604-362-6208 Fax. 604-775-7149

General inquiries | Pour les demandes générales: principedejordancb-bcjordansprinciple@sac-isc.gc.ca
Payments inquiries | Pour les demandes liées au paiement: paiementsprincipedejordancb-bcjordansprinciplepayments@sac-isc.gc.ca

Capital funding (CHRT 41) inquiries | Pour les demandes liées au financement d'immobilisations (TCDP 41): bcjpcprt41-cbjptcdp41@sac-isc.gc.ca

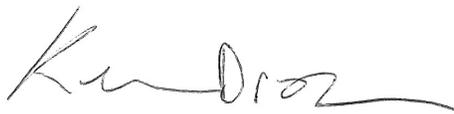
Tel. | Tél.: 778-951-0716 (Monitored from 8am to 4pm) / (service offert de 08h à 16h)

Jordan's Principle Call Centre (available 24 hours, 7 days a week) | Centre d'appel pour le Principe de Jordan (service offert 24h sur 24h, 7 jours sur 7): 1-855-JP-CHILD (1-855-572-4453)

TTY | ATS: 1-866-553-0554

Website | Le site web: [Jordan's Principle](#) / [Principe de Jordan](#)

This is **Exhibit "57"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



KASOHKOWEW CHILD WELLNESS SOCIETY (2012)

Box 1050, Maskwacis, Alberta, T0C 1N0
Phone: (780)585-3300 Fax: (780)585-4488
www.kcws.ca

January 10, 2024

Dear First Nations Caring Society,

I hope this letter finds you in good health. I am writing to express my deep concern regarding the ongoing challenges faced by many Indigenous families within the Samson Cree Nation, in accessing Jordan's Principle services. It has come to my attention that applications for these critical services are often denied or left unanswered, causing undue hardship and distress to those who rely on them.

Jordan's Principle was created with the noble intention of ensuring that Indigenous children receive the care and support they need without delay, regardless of jurisdictional disputes. However, the current situation in Alberta raises serious questions about the effectiveness of its implementation.

One of the major issues I'd like to address is the denial or non-response to applications for Jordan's Principle services. It has been disheartening to learn that many families, already coping with numerous challenges, are faced with the additional burden of bureaucratic obstacles when seeking help for their children. The denial or lack of response to these applications only exacerbates the health and well-being disparities faced by Indigenous children.

Furthermore, I am deeply troubled by reports suggesting that Alberta Children's Services appears to be monopolizing Jordan's Principle resources, even though they are reimbursed dollar for dollar through the Alberta Reform Agreement with Indigenous Services Canada (ISC). This monopolization raises concerns about the equitable distribution of funds and the effectiveness of Jordan's Principle in reaching its intended recipients. It is imperative that these resources are distributed fairly and efficiently to serve the needs of all Indigenous children in Alberta.

Another concerning issue that has surfaced is the practice of pointing fingers at First Nation Health Services (FNIB) to pay for Jordan's Principle services. This approach not only creates confusion but also places an additional burden on an already burdened group of people. It is essential that we work collaboratively and transparently to ensure that the principles of Jordan's Principle are upheld, with the best interests of Indigenous children at the forefront.

I urge you to take immediate action to address these concerns and ensure that the principles behind Jordan's Principle are upheld in Alberta. It is vital that the application process is streamlined, that resources are distributed equitably, and that Indigenous children receive the care they deserve without further delay or bureaucracy.

Thank you for your attention to this pressing issue. I look forward to your response and hope to collaborate with you to improve the situation for Indigenous children in our province.

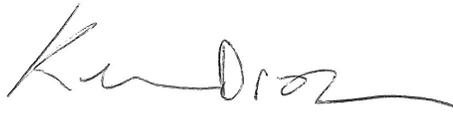
Sincerely,

Carolyn Peacock MSW, RSW

Director of Kasohkowew Child Wellness Society

Cc: Vernon Saddleback, Chief of the Samson Cree Nation

This is **Exhibit "58"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

**Health and Social Development Secretariat
Federation of Sovereign Indigenous Nations (FSIN)
Jordan's Principle Working Group (JPWG)
MOTION RECORD**

MOTION NUMBER: 2023-12-14-02

PURPOSE: Support for non-compliance motion respecting Canada's approach to Jordan's Principle

MEETING DATE: December 14, 2023

The Federation of Sovereign Indigenous Nations (FSIN) Jordan's Principle Working Group (JPWG) hereby fully supports the non-compliance motion filed by the Caring Society respecting Canada's approach to Jordan's Principle filed on December 12, 2023 and calls on Canada to immediately comply with the Canadian Human Rights Tribunal orders and implement the measures suggested in Annex A of the Caring Society non-compliance motion; and

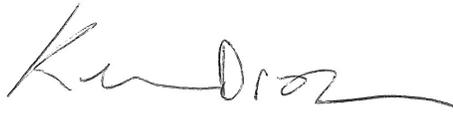
The Federation of Sovereign Indigenous Nations (FSIN) Jordan's Principle Working Group (JPWG) calls upon Canada to take immediate and positive measures to publicize that it is Canada that is ultimately responsible for implementing the Canadian Human Rights Tribunal orders and that where it relies on First Nations and First Nations Coordinators to assist with implementation of the orders, Canada must provide adequate resources, capacity, liability and workplace safety measures that take into account the distinct circumstances arising from First Nations persons providing services in their own communities.

MOVED BY: Thomas Mamela, Ochapowace Cree Nation

SECONDED BY: Patricia Whitecalf, BRT6HC

OPPOSED: **ABSTENTIONS:** **CARRIED:** **DEFEATED:**

This is **Exhibit "59"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Assembly of Manitoba Chiefs
EMPOWERING OUR NATIONS

Sub Office

Suite 200-275 Portage Avenue
Winnipeg, Manitoba, Canada, R3B 2B3
Phone: 204.956.0610
Toll Free Number: 1.888.324.5483
Fax: 204.956.2109
Email: info@manitobachiefs.com
www.manitobachiefs.com

January 11, 2024

Dr. Cindy Blackstock
First Nations Child & Family Caring Society
Suite 202 – 350 Sparks Street
Ottawa, ON K1R 7S8
Email: cblackst@fncaringsociety.com

Dear Dr. Cindy Blackstock,

RE: Non-compliance of Canada regarding Jordan's Principle

This is a letter of support in response to your request on behalf of the First Nations Child & Family Caring Society for insights into the experiences, concerns, and challenges faced by First Nations in Manitoba accessing Jordan's Principle.

Specifically, this letter is intended to provide perspectives and endorse the First Nations Child & Family Caring Society Notice of Motion to the Canadian Human Rights Tribunal (the Tribunal) on December 12, 2023, seeking relief to ensure that Canada complies with the Canadian Human Rights Tribunal's orders (2016 CHRT 2) which ordered Canada to immediately and properly implement Jordan's Principle to ensure First Nations children have timely access to culturally relevant services, supports and products as stipulated by the Tribunal.

The information and perspectives shared herein are presented from the unique standpoint of AMC member First Nations, aligning with the AMC's ongoing commitment to creating a comprehensive understanding of the improvements necessary to address the challenges faced by First Nations in Manitoba when accessing Jordan's Principle. Our intent is to share information we have gathered on and off-reserve to contribute to the Caring Societies' efforts to enhance the accessibility and effectiveness of Jordan's Principle for AMC member First Nations.

AMC member First Nations have raised concerns with the AMC Jordan's Principle Implementation Team through Knowledge Translation Engagement sessions in First Nations in Manitoba throughout 2023. Additional consultation was provided by AMC Jordan's Principle off-reserve service delivery within urban settings.

The following concerns have been identified by First Nations in Manitoba in relation to the non-compliance motion respecting Canada's approach to Jordan's Principle:

- a. ISC's practice of having First Nations and First Nations service coordinators accept and fund Jordan's Principle cases without providing adequate resources at the local level;
- b. ISC's non-compliance places serious pressure on First Nations and First Nations service coordinators as families are not having their child(ren)'s needs met regardless of where they live;

- c. ISC's non-compliance has resulted in families losing confidence in their First Nation and First Nations service coordinators as they ultimately do not understand that it is Canada's non-compliance that is placing service coordinators in a position of not being able to meet the child(ren)'s needs in a timely manner;
- d. ISC does not proactively fund liability coverage for all First Nations and First Nations coordinator organizations, placing individual employees, First Nations organizations and First Nations at serious risk;
- e. Children experiencing significant delays or disruptions in professional recommended services and supports, or not receiving any services and supports due to limited access as a result of remoteness and/or human resources and;
- f. Children not receiving services, supports or products due to Canada's failure to adhere to reasonable timeframes for approved services, which appears to be exacerbated by ISC's implementation of Back to Basics.

ISC implemented the Back to Basics (B2B) approach in early 2022. Some AMC member First Nations feel that B2B has been exclusively defined by ISC without local consultation and many feel ISC has overstepped, undermining local efforts. In Manitoba, Jordan's Principle has developed in each First Nation as a locally defined program, with funding directly provided to each Nation with a service coordinator guiding the development. As a result of B2B, there has been an observed decrease in the service coordinator's involvement at the local level, as many families are not connecting at the local level and are contacting ISC directly for requests. First Nations service coordinators feel the Manitoba approach to B2B is diminishing their role and impacting local autonomy in decision-making. It is felt that B2B is creating increased dependence on the government. B2B has impacted local Jordan's Principle programs in Manitoba by shifting the focus of the supports and services. B2B has created many more requests, altering the role and responsibilities of First Nations service coordinators and contributing to Canada's failure to adhere to reasonable timeframes for approved services.

First Nations service coordinators in Manitoba continue to raise concerns about Canada's delegation of Jordan's Principle responsibilities without adequate resources, disclosure of liability, nor a long-term plan to ensure First Nations service coordinators can meet the needs of children and families in a manner that is compliant with the Tribunal's orders. As identified by First Nations service coordinators, they feel directly impacted by Canada's non-compliance with the Tribunal's orders.

Should additional information be required or if there are specific formats or protocols to follow, please do not hesitate to contact me using the provided contact details.

We acknowledge the profound difference you continue to make in the lives of First Nations children and stand in solidarity with you and the First Nations Child & Family Caring Society as you advocate for the rights of First Nations and youth and families, as exemplified by the Notice of Motion to the Tribunal. We trust that our collaborative efforts to improve Jordan's Principle on behalf of First Nations will positively impact the ongoing dialogues surrounding this crucial matter.

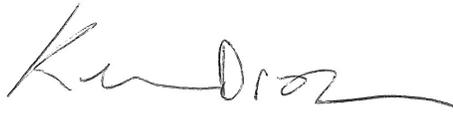
Ekosani,

ASSEMBLY OF MANITOBA CHIEFS



Howard Burston
Executive Director

This is **Exhibit "60"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', written in a cursive style.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

From: [Brittany Mathews](#)
To: [St-Aubin, Candice](#)
Cc: [Cindy Blackstock](#)
Subject: Families experiencing difficulties accessing Jordan's Principle - Contact
Date: Thursday, December 14, 2023 1:41:46 PM

Good day Candice,

Dr. Blackstock has asked that I follow up with you regarding the many families, service coordinators and First Nations community representatives contacting the Caring Society with difficulties accessing Jordan's Principle, including urgent cases and determination and reimbursement delays. These folks reach out to the Caring Society after not receiving responses or being able to get ahold of anyone through email, the National Contact Centre or the Regional Contact Centres.

I understand that at the December 1, 2023 meeting between Dr. Blackstock and ISC representatives, ISC had committed to identifying an ISC staff person the Caring Society could direct people to with a commitment from ISC that the difficulties would be resolved in a manner compliant with the Tribunal orders. As this information has not been relayed to the Caring Society and as the matter is becoming more pressing with the holiday season, I am writing to confirm that we will be suggesting people address any difficulties accessing Jordan's Principle to you and will be sharing your contact information per public GEDS details.

Please don't hesitate to suggest an alternative solution that addresses the high numbers of people experiencing difficulties accessing Jordan's Principle.

Thank you,

Brittany Mathews (*she/her*)

Director of Reconciliation & Policy
First Nations Child & Family Caring Society
bmathews@fncaringsociety.com
613-230-5885

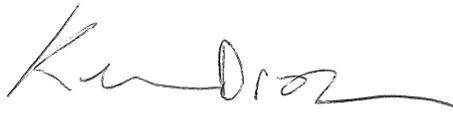
fncaringsociety.com

Twitter: [@caringsociety](https://twitter.com/caringsociety)

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)

Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

This is **Exhibit "61"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



Government
of Canada

Gouvernement
du Canada

[Canada.ca](#) › [Indigenous Services Canada](#) › [Social programs](#)

› [Long-term reform of First Nations Child and Family Services and long-term approach for J...](#)

Executive Summary of Agreement-in-Principle on Long-Term Reform

The Agreement-in-Principle on Long-Term Reform of the First Nations Child and Family Services (FNCFS) Program and Jordan's Principle ("Agreement-in-Principle on Long-Term Reform"), was signed December 31, 2021 by the following "Parties":

- Assembly of First Nations
- First Nations Child and Family Caring Society
- Chiefs of Ontario
- Nishnawbe Aski Nation
- Government of Canada

On this page

- [Update: July 2023](#)
- [Overview](#)
 - [Purpose](#)
 - [The FNCFS Program](#)
 - [Amount](#)
 - [Next Steps](#)
 - [Immediate Measures](#)
- [Details](#)

- Recipients of FNCFS Funding
- Funding Mechanisms
- Reformed CFS Funding Approach
- Elements of the Reformed CFS Funding Approach
- Provisions Specific to Remote Communities and Nishnawbe Aski Nation (NAN)
- Main Ontario-Specific Provisions
- National First Nations Secretariat
- Jordan's Principle
- Funding Review
- Reform of Indigenous Services Canada
- Implementation
- Consent Orders Sought from the Tribunal
- Dispute Resolution

Update: July 2023

In the discussions leading up to the Agreement-in-Principle on Long-Term Reform, a key aim was to enable First Nations and their authorized service providers to provide services that are:

- predictable
- evidence-informed
- based on the distinct needs and circumstances of their communities, children, youth, young adults and families

Research is underway to inform the development of a longer-term funding approach that recognizes these distinct needs and circumstances.

The Agreement-in-Principle on Long-Term Reform anticipated that:

- a final settlement agreement on long-term reform of the FNCFS Program ("final settlement agreement") would be complete by November 30, 2022
- a fully reformed FNCFS Program would be implemented April 1, 2023

However, these timelines no longer apply as the Parties continue to discuss and work towards a final settlement agreement.

Some of the funding and other reforms under the Agreement-in-Principle on Long-Term Reform, such as the immediate measures including prevention, post-majority support services and First Nations Representative Services, were implemented starting on April 1, 2022. Learn more:

- [Post-majority support services](#)
- [First Nations Representative Services](#)

Other reforms have not yet been implemented, including funding for information technology, results, emergencies, poverty, and remoteness.

Overview

The executive summary of the Agreement-in-Principle on Long-Term Reform below contains timelines that were originally agreed upon when it was signed in December 2021. Because a final settlement agreement is still being discussed and worked on by the Parties, some of the timelines listed in the executive summary are no longer applicable. Those timelines are identified below.

Purpose

The purpose of the Agreement-in-Principle on Long-Term Reform is to provide a framework for reform of the First Nations Child and Family Services Program (the "FNCFS Program"), for improved implementation of

Jordan's Principle, and to reform Indigenous Services Canada to prevent the recurrence of discrimination. These reforms aim to satisfy the Canadian Human Rights Tribunal ("the Tribunal") orders regarding discrimination perpetrated by Canada in its FNCFS Program and its narrow application of Jordan's Principle. The reforms, designed to be in the best interest of First Nations children, youth, young adults and families, also aim to ensure that the discrimination they have experienced is not repeated. The reforms will also respect and conform to First Nations jurisdiction based on the inherent right to self-determination, recognized and affirmed by section 35 of the *Constitution Act, 1982*.

The FNCFS Program

Indigenous Services Canada provides funding to First Nations child and family services agencies, which are established, managed and controlled by First Nations and delegated by provincial authorities to provide prevention and protection services. The Program also provides funding to First Nations for the delivery of culturally appropriate prevention and well-being services for First Nation children and families on reserve and in the Yukon, and will fund First Nations Representative Services.

Amount

The Agreement-in-Principle on Long-Term Reform dedicates \$19.807 billion over five years for reforming the FNCFS Program and for major capital relating to the FNCFS Program and Jordan's Principle. The Parties recognize that this amount does not include all program funding, such as for the implementation of Jordan's Principle.

Next Steps

In 2022, the Parties will undertake to negotiate and seek to conclude a final settlement agreement that will set out the details of long-term reform of the FNCFS Program, establish a path forward for reformed implementation of Jordan's Principle, and consider other initiatives to reform Indigenous Services Canada.

Immediate Measures

Canada will also implement the CHRT's orders to fund First Nations, FNCFS agencies and Jordan's Principle service providers for the purchase and construction of capital assets to assist in delivery of child and family services, First Nations Representative Services and Jordan's Principle services, and to support capital needs assessments and feasibility studies.

On **April 1, 2022**, Canada will begin funding:

- Prevention based on a formula that multiplies \$2,500 by the on-reserve First Nations population and the First Nations population in the Yukon (to be allocated among agencies and First Nations);
- First Nation Representative Services based on a formula that multiplies \$283 by the First Nations population on-reserve and in the Yukon (or \$332.9 million over five years for First Nations in Ontario - funded to First Nations);
- The actual costs of post-majority support services to former children in care up to and including the age of 25, or the age for post-majority services specified in the applicable provincial or Yukon legislation (whichever age is greater), and
- The National Assembly of Remote Communities (NARC) over a five-year period.

Details

The following describes the contents of the Agreement-in-Principle on Long-Term Reform, to be implemented by April 2023. ¹

Recipients of FNCFS Funding

First Nations and FNCFS service providers (which are organizations – most often FNCFS agencies – that provide FNCFS) will receive the funding. First Nations and FNCFS service providers will use the funding to deliver child and family services to First Nations children, youth and families on-reserve and in the Yukon.

Funding Mechanisms

Indigenous Services Canada will distribute funding to the recipients using block and flexible funding mechanisms. These mechanisms will allow the recipients to move funding across expenditure categories in order to meet the real needs of the children, youth and families they serve, and to roll over unused amounts into future years. Flexible funding will be available to recipients until they are able to transition to a block funding mechanism.

Reformed CFS Funding Approach

The Agreement-in-Principle outlines a reformed funding approach for the FNCFS Program (the "Reformed CFS Funding Approach"). The Reformed CFS Funding Approach draws from the work by the Institute of Fiscal Studies and Democracy ("IFSD") in its reports *Enabling First Nations Children to Thrive* ("Phase 1") and *Funding First Nations Child and Family Services (FNCFS): A performance budget approach to well-being* ("Phase 2"). IFSD's upcoming work, *Research for the Modeling of a Well-being Focused Approach for First Nations Child and Family Services Through Performance Budgeting*

("Phase 3"), will inform adjustments to the Reformed CFS Funding Approach as well as supports to transition First Nations and FNCFS service providers to the Reformed CFS Funding Approach.

Elements of the Reformed CFS Funding Approach

Until such time that a permanent arrangement is in place in April 2023¹, funding will be provided to those who are currently delivering the services, so that children, youth and families will not experience service disruptions in 2022-23. Meanwhile, the IFSD's Phase 3 work will inform a mid- to long-term strategy for transitioning to the reformed funding approach, which may include changing who receives the funding and delivers the services, in a way which ensures that children, youth and families do not experience service disruptions.

- **Baseline Funding for FNCFS Service Providers:** Baseline funding is provided based on the 2019-2020 expenditures of the FNCFS Program. Baseline Funding will increase year over year to reflect inflation and population growth.
- **Prevention:** Funding for prevention activities is provided based on a formula that multiplies \$2,500 by the First Nations population on-reserve and in the Yukon. Prevention funding will be allocated between First Nations and/or FNCFS service providers that deliver prevention services.
- **First Nation Representative Services (previously known as Band Representative Services):** Funding for First Nation Representative Services is provided to each First Nation based on a formula that multiplies \$283 by the First Nations population on-reserve (with the exception of First Nations in Ontario) and in the Yukon (for First Nations in Ontario, see *Main Ontario-Specific Elements*).

- **Information Technology:** Additional top-up funding for information technology is provided in an amount equivalent to 6% of Baseline Funding.
- **Results:** Additional top-up funding for results is provided in an amount equivalent to 5% of Baseline Funding. This supports the implementation of the Measuring to Thrive framework premised on well-being indicators in relation to child, family and community outcomes.
- **Emergency Fund:** Additional top-up funding for an emergency fund is provided in an amount equivalent to 2% of Baseline Funding. This fund will support responses to unanticipated circumstances affecting or related to the provision of FNCFS.
- **Poverty:** Additional top up funding is provided to address poverty gaps.
- **Post-Majority Support Services:** Additional funding is provided for post-majority support services for youth aging out of care and young adults formerly in care, up to and including the age of 25 or the age for post-majority services specified in the applicable provincial or Yukon legislation (whichever age is greater).
- **Capital:** Additional top up funding is provided for the purchase and/or construction of capital assets needed to support the delivery of FNCFS and/or Jordan's Principle services to First Nations children, youth or families on-reserve or in the Yukon, and for needs assessments and feasibility studies for such capital assets.

Additional investments over and above the \$19.807 billion may be required in order to achieve long-term reform, informed by measures including but not limited to, periodic funding reviews, IFSD Phase 3 and future First Nations authorized research, including needs assessments for First Nations that are not served by an FNCFS agency.

Provisions Specific to Remote Communities and Nishnawbe Aski Nation (NAN)

- **Remoteness Funding:** The Agreement-in-Principle recognizes the barriers that impact remote First Nation communities, including governance issues and increased costs associated with remoteness. Canada will index funding to account for the increased costs of delivering child and family services in remote communities. The indexing will apply to Baseline Funding and to additional top-up funding for prevention, information technology, results, the emergency fund and poverty. Canada will collaborate with First Nations to develop a methodology to account for remoteness costs on a national basis, building on the Remoteness Quotient Adjustment Factor (RQAF) methodology developed by the NAN-Canada Remoteness Quotient Table.
- **National Assembly of Remote Communities (NARC):** Canada will fund a NARC-Canada Remoteness Table to develop a First Nations-sighted, evidence-based statistical model to estimate the increased costs associated with remoteness and in relation to providing child and family services in remote communities across the country. Canada will continue discussions with Nishnawbe Aski Nation about how to test different approaches to addressing the needs of remote communities with a sample of remote communities from across the country.
- **Remoteness Secretariat:** Nishnawbe Aski Nation and Canada will establish a dedicated Remoteness Secretariat with the primary responsibility for addressing remoteness issues. Canada will provide funding to this Secretariat. The Remoteness Secretariat will collect and analyze data in support of the NARC-Canada Remoteness Table, serve as a hub for best practices, and disseminate research and tools to

assist First Nations and FNCFS service providers in accounting for remoteness issues including increased costs.

- **Choose Life:** Canada will continue to fund Choose Life, which is an important suicide prevention program funded through Jordan's Principle for youth in Nishnawbe Aski Nation communities, at least at current funding levels before the Final Settlement Agreement is concluded. Long-term funding for Choose Life will be agreed upon in the Final Settlement Agreement. To inform long-term funding and reform of Jordan's Principle, Nishnawbe Aski Nation and Canada will formalize a high-level dialogue through a Choose Life Table based on agreed upon Terms of Reference.

Main Ontario-Specific Provisions

- **First Nation Representative Services:** Canada will begin to flow funding of \$332.9 million over five years on April 1, 2022, to First Nations or to service providers that First Nations indicate should receive the funding. No First Nations Representative Services program will be funded in an amount lower than its highest annual funding amount between 2019-2020 and 2020-2021. Funding for First Nations Representative Services at actual costs will end on March 31, 2023.¹
- **Capital:** Canada will provide funding to First Nations for the purchase and/or construction of capital assets to support the delivery of First Nation Representative Services or prevention activities to First Nations children, youth or families on-reserve. Canada will also fund needs assessments and feasibility studies for such capital assets.
- **1965 Canada-Ontario Agreement.** Canada and the Chiefs of Ontario will determine an approach to reforming the 1965 Agreement (this approach will include reaching out to the Government of Ontario). Regardless of the 1965 Agreement's status, FNCFS agencies and service

providers in Ontario will benefit from the Reformed CFS Funding Approach to the same extent as FNCFS agencies and service providers outside Ontario.

National First Nations Secretariat

An independent and technical Secretariat function will be established to assist First Nations and FNCFS service providers through data collection, analysis, and operational support. The Secretariat will share research and tools to help in the transition to the Reformed CFS Funding Approach. The Secretariat is not necessarily envisioned as one organization, but rather could be a network that builds on existing First Nations regional and national capacity.

Jordan's Principle

Canada will take urgent steps to implement the measures set out in a work plan to improve outcomes under Jordan's Principle, based on ISC's compliance with the Tribunal's orders. The work plan specifically includes commitments to:

- Identify, respond to and report on urgent requests;
- Develop and implement Indigenous Services Canada internal quality assurance measures, including training on various topics, a complaint mechanism, and an independent office to ensure compliance;
- Ensure privacy is protected, that least intrusive approach is used, and for the parties to engage the Privacy Commissioner;
- Ensure that professional recommendations are respected, and that clinical case conferencing only takes place where reasonably required to ascertain needs;
- Ensure that reapplications and/or cessation or disruption in funding, and/or payment procedures do not negatively impact First Nations

children;

- Increase national consistency and standards, especially with respect to group requests, develop and implement tracking to achieve this, and provide for re-review;
- Increase specificity and personalization in denial rationales with prompt communication to requestor;
- Implement "Back to Basics" approach and culture change to determination of Jordan's Principle requests; and
- Identify mechanisms for off-reserve capital where required to provide safe, accessible, confidential, and culturally- and age-appropriate spaces to support the delivery of Jordan's Principle and confirmed through needs assessments and feasibility studies, in the course of negotiating Final Settlement.

The Parties will discuss options for First Nations to take on a larger a role in approving and delivering services, products and supports under Jordan's Principle. Following a needs assessment and feedback from First Nations and service providers, the Parties will develop an implementation approach for long-term reform of Jordan's Principle.

Funding Review

An effective periodic funding review will help in determining future funding needs for the FNCFS Program to address ongoing discrimination and prevent its recurrence.

Reform of Indigenous Services Canada

An Expert Advisory Committee will support the design of an independent expert evaluation to identify and provide recommendations to redress internal departmental processes, procedures and practices that contribute to the discrimination identified by the Tribunal. These measures will be

complemented by mandatory staff training, revisions in performance metrics for staff that affirm non-discrimination, and other reforms recommended by the evaluation and/or Expert Advisory Committee.

Implementation

On **April 1, 2023**¹, Canada will fully implement long-term reform of the FNCFS Program, including the Reformed CFS Funding Approach. Canada will therefore cease to fund actual expenditures as of that date.

Consent Orders Sought from the Tribunal

By March 31, 2022, the Parties will bring a joint motion to the Tribunal to, among other things:

- Require Canada to fund prevention as of April 1, 2022, based on a formula that multiplies \$2,500 by the First Nations population on-reserve and the First Nations population in the Yukon;
- Require Canada to fund post-majority support services at actual costs;
- Require Canada to assess the resources required to provide assistance to families and/or young adults in identifying supports for needed services for high needs Jordan's principle recipients past the age of majority;
- Require Canada to consult with the parties to implement the mandatory cultural competency training and performance commitment for Indigenous Services Canada employees;
- Require Canada to fund research through the IFSD; and
- Declare that the term for compensation eligibility for removed children and their caregiving parents or grandparents will begin January 1, 2006, and end March 31, 2022.

By November 30, 2022¹, after the Final Settlement Agreement is signed, the Parties will bring a joint motion to the Tribunal for an order implementing long term reform measures and for a final order resolving the complaint in the CHRT process and ending the Tribunal's jurisdiction as of December 31, 2022.¹

Dispute Resolution

An interim dispute resolution mechanism, led by an "Eminent First Nations Person" (meaning a First Nations person well known to have expertise in the area of dispute resolution), will resolve disputes related to the Tribunal's orders, major capital, or the Agreement-in-Principle between now and the time the Final Settlement Agreement is signed. The Final Settlement Agreement will include a final dispute resolution mechanism.

Selected Items to be Determined Prior to the Final Settlement Agreement:

- The subset of indicators from IFSD's Measuring to Thrive framework that Indigenous Services Canada will report to Parliament;
- Potential funding for regional technical secretariats as described under the Reformed CFS Funding Approach;
- The allocation of prevention funding between First Nations and FNCFS service providers;
- Planning and accountability measures between First Nations and FNCFS service providers to facilitate the capacity of FNCFS agencies and First Nations to undertake this work;
- Funding for an independent and non-political regional and national network of First Nations children and youth in care and young adults formerly in care;
- The scope of capital asset categories and collaboration on drafting a major capital guide and an accountability mechanism for major capital

projects;

- As noted above, the form of a binding and enforceable dispute resolution process that shall be First Nations-led, culturally-appropriate and funded by Canada;
- Steps involved for First Nations and FNCFS service providers to qualify for block funding;
- How to ensure non-discrimination in Canada's provision of FNCFS and Jordan's Principle in year 6 and beyond; and
- Positive measures to reform Indigenous Services Canada to prevent the recurrence of discrimination.

Footnotes

- 1 The executive summary of the Agreement-in-Principle on Long-Term Reform contains timelines that were the originally agreed upon timelines from when it was signed in December 2021. Because a final settlement agreement is still being discussed and worked on by the Parties, some of the timelines listed in the executive summary are no longer applicable.

Did you find what you were looking for?

Yes

No

What was wrong?

- I can't **find** the information
- The information is hard to **understand**
- There was an error or something **didn't work**
- Other reason

Please provide more details

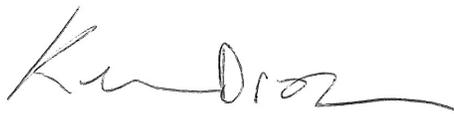
You will not receive a reply. Don't include personal information (telephone, email, SIN, financial, medical, or work details).

Maximum 300 characters

Submit

Date modified: 2023-09-13

This is **Exhibit "62"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)

Summary: The costs of adjudicating applications

To produce an assessment of the cost of adjudicating Jordan’s Principle application, i.e., time and materials, staff, relative to the value of the request, the following data would be required: 1) number of requests per fiscal year (approved and rejected); 2) full-time equivalent (FTE) and part-time equivalent (PTE) staff serving as adjudicators; 3) approximate time spent per request; 4) adjudication operational standards.

As most of the required information (other than the number of requests) is not publicly accessible and is assumed to reside with Indigenous Services Canada (ISC), an alternative approach to building a cost estimate with available information was undertaken.

The estimate was produced using departmental administration costs for a specific program (numerator) and the number of applications associated to the program (denominator). Three programs in addition to Jordan’s Principle were assessed in this way. The estimated unit cost per application is presented in the table below.

Table 1: Preliminary Unit Costs Across Four Federal Programs

Program	Administrative Cost	Applications	Unit Cost
Refugee Claims ¹	\$139 million	73,000	\$1,909
Family Class Visas ^{2,3}	\$402 million	91,000	\$4,400
Passports ⁴	\$168 million	2,500,000	\$67
Jordan’s Principle	\$24 million	45,000	\$536

Refugee claims and family class visas have the highest per unit costs, assumed to be associated with the time and effort required to validate foreign documentation. Passport applications have the lowest cost, assuming that working with citizens and domestic documents is less resource intensive. Jordan’s Principle cost using publicly accessible information is approximately \$540 per application. There are, however, caveats to the approach. It is unclear how many FTEs and PTEs are actually adjudicating applications and how much time they spend on each one, based on their operational standards. The estimates are not definitive but illustrative of the costs of application adjudication. With additional information, more precise estimates can be generated.

¹ Immigration and Refugee Board. Departmental Results Report 2019-20. <https://irb.gc.ca/en/reports-publications/planning-performance/Pages/departmental-results-report-1920-r.aspx>. Accessed July 2023.

² Immigration Refugees and Citizenship Canada. User Fees Report 2017-18. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-performance-reports/2017/user-fees-charges.html>. Accessed July 2023.

³ Immigration, Refugees and Citizenship Canada. Annual Report to Parliament on Immigration 2020. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/annual-report-parliament-immigration-2020.html>. Accessed July 2023.

Immigration, Refugees and Citizenship Canada. Departmental Results Report 2019-20. <https://www.canada.ca/content/dam/ircc/images/corporate/publications-manuals/departmental-results-reports/2019/english/drr-2019-2020.pdf>. Accessed July 2023.

⁴ Immigration, Refugees and Citizenship Canada. Departmental Results Report 2019-20. <https://www.canada.ca/content/dam/ircc/images/corporate/publications-manuals/departmental-results-reports/2019/english/drr-2019-2020.pdf>. Accessed July 2023.

Immigration, Refugees and Citizenship Canada. Departmental Results Report 2019-20. <https://www.canada.ca/content/dam/ircc/images/corporate/publications-manuals/departmental-results-reports/2019/english/drr-2019-2020.pdf>. Accessed July 2023.

The costs of adjudicating applications

Context

The Government of Canada administers hundreds of grants and contribution programs. These are designed to provide funding to designated recipients for established purposes. To ensure that applicants are part of the designated class and the funding requested is consistent with the intended purpose, the federal public service will review applications when received and, in some cases, following the disbursement of the funding.

A basic principle of auditing standards is that the extent of the review should be commensurate with the risk and materiality of the payment.⁵ In short, *smaller amounts of money provided for straightforward purposes warrant less scrutiny*. Another complimentary principle is that *the cost of undertaking the analysis should not exceed the benefit being provided*.

Pursuant to the *Financial Administration Act*, all federal departments are responsible for ensuring a system of internal control.⁶ In non-bureaucratic language, this means that the department can ensure that resources are allocated toward the priorities approved by Parliament, funds are not stolen, and all operations provide value for money.

There are two general methods to assess whether resources are providing value for money:

- 1) Examine the cost of adjudicating funding applications compared to the underlying request. This approach requires detailed information regarding the nature of the request, monetary amount, and the resources used to adjudicate the application.
- 2) Comparative analysis against other federal application programs. This approach requires less detailed information, but is more challenging as all programs differ and, as such, inferences regarding relative efficiency are qualified.

Analysis

As a preliminary assessment, the Institute for Fiscal Studies and Democracy (IFSD) collated data from four federal programs responsible for the adjudication of applications:

- 1) Indigenous Services Canada's (ISC's) Jordan's Principle payments;
- 2) The Immigration and Refugee Board's (IRB) hearings process;
- 3) Immigration, Refugees and Citizenship Canada's (IRCC's) Family Class applications; and,
- 4) Employment and Social Development Canada's (ESDC's) Passport applications.

⁵ CPA Canada. Canadian Auditing Standards, Sections 315 and 320. <https://www.knotia.ca/Knowledge/Home.aspx?productID=126>. Accessed July 2023.

⁶ Parliament of Canada. *Financial Administration Act*; section 16(4). <https://laws-lois.justice.gc.ca/eng/acts/f-11/>. Accessed July 2023.

As noted above, all programs have the common characteristic that each has a designated class of eligible recipients that need to file an application for a benefit (either money, permission to stay in the country, or a travel document), adjudicated by the federal public service.

The cost of administering each program and the total number of process applications was collated from public corporate reports from the respective departments and agencies. From this, a simple ratio was calculated for the total unit cost for each application (that is, total costs divided by the total number of processed applications). For Employment and Social Development Canada (ESDC), Immigration, Refugees and Citizenship Canada (IRCC) and the Immigration and Refugee Board (IRB), 2019-20 was selected as the baseline year of analysis to avoid short-term immigration restrictions imposed by the pandemic.

Table 1 presents the unit costs of adjudicating applications varies considerably across programs. The Passport program has the lowest cost at \$67, potentially arising from the requirement to provide two official government-issued identification documents with the application. Family Class Visa applications have the highest cost, likely reflecting that applicants are outside the country hence requiring independent verification of any documentation provided. While adjudication of refugee claims and Family Class Visa applications are substantially higher than Jordan's Principle unit costs, the level of effort required to adjudicate a claim is most certainly lower given that claimants are domestic.

Table 1: Preliminary Unit Costs Across Four Federal Programs

Program	Administrative Cost	Applications	Unit Cost
Refugee Claims ⁷	\$139 million	73,000	\$1,909
Family Class Visas ^{8,9}	\$402 million	91,000	\$4,400
Passports ¹⁰	\$168 million	2,500,000	\$67

⁷ Immigration and Refugee Board. Departmental Results Report 2019-20. <https://irb.gc.ca/en/reports-publications/planning-performance/Pages/departmental-results-report-1920-r.aspx>. Accessed July 2023.

⁸ Immigration Refugees and Citizenship Canada. User Fees Report 2017-18. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-performance-reports/2017/user-fees-charges.html>. Accessed July 2023.

⁹ Immigration, Refugees and Citizenship Canada. Annual Report to Parliament on Immigration 2020. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/annual-report-parliament-immigration-2020.html>. Accessed July 2023.

Immigration, Refugees and Citizenship Canada. Departmental Results Report 2019-20. <https://www.canada.ca/content/dam/ircc/images/corporate/publications-manuals/departmental-results-reports/2019/english/drr-2019-2020.pdf>. Accessed July 2023.

¹⁰ Immigration, Refugees and Citizenship Canada. Departmental Results Report 2019-20. <https://www.canada.ca/content/dam/ircc/images/corporate/publications-manuals/departmental-results-reports/2019/english/drr-2019-2020.pdf>. Accessed July 2023.

Immigration, Refugees and Citizenship Canada. Departmental Results Report 2019-20. <https://www.canada.ca/content/dam/ircc/images/corporate/publications-manuals/departmental-results-reports/2019/english/drr-2019-2020.pdf>. Accessed July 2023.



Jordan's Principle	\$24 million	45,000	\$536
---------------------------	---------------------	---------------	--------------

Notes: Data for Jordan's Principle program administration costs are for 2020-21 to incorporate significant ongoing growth in claims. While data is available for applications, administrative costs are not published and are therefore estimated based on the number of full-time equivalents in the program, average ISC salary costs and average ISC overhead expenses.

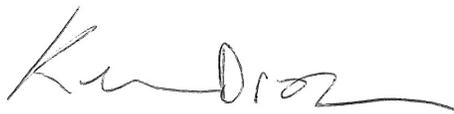
As noted above, while these comparative unit costs suggest that Jordan's Principle adjudication process may be unnecessarily burdensome compared to the level of risk, they are not definitive. In the absence of detailed operational data, it is impossible to reach any firm conclusions. As such, a better approach is to assess the detailed operational information for the program.

Table 2 presents a summary of key data requirements for such an assessment, identifying where IFSD access to the requisite information and data that are only in the possession of ISC. There is one data set currently available (number of requests in each fiscal year) and some data are available regarding public servants working on the program. However, key gaps exist regarding the actual adjudication effort spent on each request. Importantly, no information is available regarding the triage approach used by ISC (that is, how the adjudication effort varies by the complexity, amount and perceived risk of the request).

Table 2: Data Requirements to Assess Jordan's Principle Administration

Required information	Accessibility	Availability
Number of requests per fiscal year (approved and rejected)	ISC has provided to IFSD.	Green
FTEs and PTEs serving as adjudicators	Total number of FTEs associated to Jordan's Principle available; unclear how many are adjudicators	Yellow
Approximate time spent per request	Time from request to initial response available in day increments, insufficient to assess adjudication time per request	Red
Adjudication operational standards	Triage approach used by ISC to address requests	Red

This is **Exhibit "63"** referred to in the Affidavit of Cindy Blackstock affirmed by Cindy Blackstock at the City of Ottawa, in the Province of Ontario, before me on January 12, 2024 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

A handwritten signature in black ink, appearing to read 'Kevin Droz', with a long horizontal flourish extending to the right.

Commissioner for Taking Affidavits (or as may be)

KEVIN DROZ (LSO #82678N)



**Data assessment and
framing of an analysis
of substantive equality
through the application
of Jordan's Principle**

August 8, 2022

**Institute of Fiscal Studies and
Democracy at the University of
Ottawa**

Helaina Gaspard, Ph.D.

This report was prepared under the supervision of Kevin Page, President & CEO of the Institute of Fiscal Studies and Democracy (IFSD).

The author wishes to recognize the contributions of Sahir Khan, as well as Aimeric Atsin, Clara Geddes, and Vivian Liu for their data analysis, and Sarah-Claude L'Écuyer and Jordon White for their legal research and analysis.

This report was prepared at the request of the First Nations Child and Family Caring Society.

The views expressed here are those of the author and do not necessarily represent the views of the First Nations Child and Family Caring Society.

Table of Contents

Executive summary	i
Introduction.....	1
Part I: Equality, substantive equality, and Jordan’s Principle	3
Jordan’s Principle and substantive equality	6
Jordan’s Principle in practice	12
Part II: Treasury Board of Canada policies	15
Part III: ISC data analysis	22
Aggregate national analysis.....	27
Data from 2019-20 and 2020-21	29
Decision timelines	47
IFSD needs cluster analysis	50
18+ requests	53
COVID-19 analysis	57
Analysis of the 30% random sample	60
Part IV: Approaches for cost analysis	65
Conclusion.....	71
Bibliography.....	73
Appendix	77

Executive summary

Jordan's Principle is named in honour of Jordan River Anderson who died in hospital, never having been in his family home because of a jurisdictional battle between the federal and provincial governments on who would pay for his homecare.

As a “child first” principle rooted in substantive equality, Jordan's Principle requires the government to consider and evaluate the needs of each individual child, including any needs stemming from their unique cultural background, historical disadvantage, and the lack of on-reserve and nearby services. Jordan's Principle is a legal rule that requires the federal government to respond to the needs of First Nations children¹ to ensure they can access services when they need them.

In November 2021, the Institute of Fiscal Studies and Democracy (IFSD) was asked by the Caring Society to assess available data on the application of Jordan's Principle and its utility in evaluating responses to matters of substantive equality and equality. This work was undertaken to support the ongoing negotiations on First Nations child and family services, including the long-term reform and sustainability of Jordan's Principle.

To undertake its analysis, IFSD proceeded in three steps: 1) defining substantive equality versus formal equality; 2) assessing ISC's public reporting, i.e., reporting to Parliament on Jordan's Principle; 3) reviewing ISC's internal data on Jordan's Principle.

Neither ISC's public reporting nor its internal data enable IFSD to observe if substantive equality is being achieved by Jordan's Principle.

There is a lot of information collected on Jordan's Principle. While it clarifies the number requests for funding and products/services, among other variables, the information is insufficient to assess whether Jordan's Principle is helping to achieve substantive equality for First Nations children.

It appears that the initial implementation of Jordan's Principle was inconsistent with the goal of substantive equality. Rather than structuring Jordan's Principle to track and reflect substantive equality and related measures, the implementation was hurried to respond to the CHRT's requirements focusing instead on the number of approved recipients and the timelines for adjudication.

The foundations for Jordan's Principle as a rule for addressing substantive equality were not established at the outset. This missed opportunity perpetuated a path dependent track of closing gaps on an ad-hoc basis, rather than addressing – or even understanding – the root causes of need.

¹ The Canadian Human Rights Tribunal (CHRT) found that any of the following cases are eligible for Jordan's Principle (2017 CHRT 14; 2019 CHRT 7):

- 1) The child is registered or eligible to be registered under the *Indian Act*;
- 2) The child has a parent and/or guardian who is registered or eligible to be registered under the *Indian Act*;
- 3) The child is recognized by their nation for the purposes of Jordan's Principle; or
- 4) The child is ordinarily a resident on reserve.

Based on the analysis in this report, it is recommended that:

- 1) Substantive equality and a related performance framework be defined;
- 2) A cost analysis of substantive equality be undertaken through the Spirit Bear Plan;
- 3) First Nations' community well-being be defined through the Measuring to Thrive framework or other similar indicators;
- 4) Actors engaged in Jordan's Principle be interviewed;
- 5) Cost estimation be undertaken to close the gaps defined in #2 and for the implementation of the accountability mechanism defined in #3;
- 6) A reformed approach to Jordan's Principle be defined, premised on recourse in exceptional circumstances.

Jordan's Principle may appear to be working for children as requests, approvals, and expenditures increase. These trends, however, are symptoms of underlying gaps in programs and services. Only when equitable points of departure are established for First Nations children can substantive equality be achievable.

Introduction

Jordan's Principle is named in honour of Jordan River Anderson who died in hospital, never having been in his family home because of a jurisdictional battle between the federal and provincial governments on who would pay for his homecare.

As a “child first” principle rooted in substantive equality, Jordan's Principle requires the government to consider and evaluate the needs of each individual child, including any needs stemming from their unique cultural background, historical disadvantage, and the lack of on-reserve and nearby services. Jordan's Principle is a legal rule that requires the federal government to respond to the needs of First Nations children² to ensure they can access services when they need them:

Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit and LGBTQIA children and youth and those with disabilities may have.³

In November 2021, the Institute of Fiscal Studies and Democracy (IFSD) was asked by the Caring Society to assess available data on the application of Jordan's Principle and its utility in evaluating responses to matters of substantive equality and equality. This work was undertaken to support the ongoing negotiations on First Nations child and family services, including the long-term reform and sustainability of Jordan's Principle.

Three research questions were proposed to fulfill the project. The research questions and IFSD's findings are summarized in Table 1. To undertake its analysis, IFSD proceeded in three steps: 1) defining substantive equality versus formal equality; 2) assessing ISC's public reporting, i.e., reporting to Parliament on Jordan's Principle; 3) reviewing ISC's internal data on Jordan's Principle. **Neither ISC's public reporting nor its internal data enable IFSD to observe if substantive equality is being achieved by Jordan's Principle.**

² The Canadian Human Rights Tribunal (CHRT) found that any of the following cases are eligible for Jordan's Principle (2017 CHRT 14; 2019 CHRT 7):

- 1) The child is registered or eligible to be registered under the *Indian Act*;
- 2) The child has a parent and/or guardian who is registered or eligible to be registered under the *Indian Act*;
- 3) The child is recognized by their nation for the purposes of Jordan's Principle; or
- 4) The child is ordinarily a resident on reserve.

³ Government of Canada, “Jordan's Principle,” Indigenous Services Canada (ISC), last updated August 7, 2022, <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824>.

Table 1

Research question	Findings
<p>How should substantive equality and formal equality be defined and linked to the notion of holistic well-being for needs analysis and cost-estimation?</p>	<p>Substantive equality is about recognizing differentiated points of departure as well as distinct ongoing needs and applying different responses to promote equality of opportunities (not equality of outcomes).</p> <p>Jordan’s Principle has become synonymous with addressing issues of substantive equality. The challenge, however, is that the current approach to data capture and analysis in Jordan’s Principle does not identify the issues it is addressing or its results.</p>
<p>What data is available from Indigenous Services Canada (ISC) to assess the application of Jordan’s Principle in addressing issues of substantive equality and formal equality?</p>	<p>ISC’s GC Case system captures detailed information on inputs⁴, i.e., who is requesting specific products and services and their declared need. What is missing is an understanding of <i>why</i> those products and services were requested in the first place, e.g., was a product or service requested because they were inaccessible geographically, financially, etc.</p> <p>With the data provided by ISC, IFSD could not assess the application of Jordan’s Principle to address issues of substantive equality and equality.</p>
<p>Using the vision of holistic well-being in the Measuring to Thrive framework, what data and approaches would be necessary to assess the application of Jordan’s Principle on matters of substantive equality and equality?</p>	<p>To estimate the cost of Jordan’s Principle into the future, IFSD proposes two approaches:</p> <ol style="list-style-type: none"> 1) Using the Spirit Bear Plan to cost the gaps in core services for First Nations across Canada. 2) Using the Measuring to Thrive framework to assess the different points of departure of First Nations across Canada, using the community indicators to identify gaps. <p>Both approaches are reviewed in this report.</p>

This report presents findings in four parts. First, substantive equality and formal equality are discussed. Second, Treasury Board of Canada policies and ISC’s public reporting on Jordan’s Principle are reviewed and assessed. Third, access to ISC’s data on Jordan’s Principle and the analysis of the data are presented. Fourth, based on the

⁴ Inputs in public finance, refer to resources associated to program delivery, e.g., money, personnel, infrastructure.

preceding analysis, approaches to costing the long-term application of Jordan’s Principle consistent with substantive equality are proposed.

Part I: Equality, substantive equality, and Jordan’s Principle

Formal equality v. substantive equality

Formal equality, also known as “equality of application” or “equality in treatment”, is a conception of equality positing that every individual or group should be treated the same. It derives from A.V. Dicey’s view of the rule of law that requires the “equal subjection of all classes of the ordinary law of the land” and from Aristotle’s formula that “likes should be treated alike”.⁵ This means that a law must be equally applied to all citizens that are targeted by that specific law. Formal equality is an important part of the Canadian constitutional order, as it ensures that both the government and private individuals are equally subject to the law.

Formal equality, however, may not be appropriate to apply in all situations. For example, formal equality does not consider personal characteristics, social realities, or historical disadvantage faced by certain individuals or groups. To this end, applying formal equality to assessments of services, access to services, or cost analysis of services to different groups in a society will almost certainly result in inequality between them.

Consider for instance, voter access. While all Canadians over the age of 18 are eligible to vote (formal equality), their ability to access a polling station, enter a polling station, read a ballot, or mark a ballot differs. For persons with vision impairment, a physical disability, or mobility restrictions, additional supports, accommodations, or services may be necessary to ensure that the equal right to vote in an election is maintained. To maintain formal equality in the right to vote, measures targeting substantive equality of citizens are necessary to ensure they can exercise their right from different starting points.⁶

Substantive equality is a legal principle that demands equity to achieve a baseline. Section 2 of the *Canadian Human Rights Act* recognizes that the true achievement of equality in points of departure refers to giving everyone equal opportunities to thrive. It states:

[...] all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices [...].⁷

⁵ Anthony Robert Sangiuliano, “Substantive Equality as Equal Recognition: A New Theory of Section 15 of the Charter,” *Osgoode Hall Law Journal*, 52:2 (2015): 619; Sandra Fredman, “Substantive Equality Revisited,” *International Journal of Constitutional Law* 14:3 (2016): 716.

⁶ *Hughes v Canada*, 2010 CHRT 4 para 40.

⁷ *Canadian Human Rights Act*, RCS 1985 c H-6, s 2.

The legal analysis defining formal and substantive equality is mostly found in the jurisprudential interpretation of section 15⁸, the equality guarantee, of the *Charter of Rights and Freedoms* and in decisions from human rights tribunals. As both the *Charter* and statutory human rights laws across the country strive to ensure substantive equality in society, the emerging jurisprudence from each stream serves as the most compelling sources in defining substantive equality in the Canadian context. There is occasional cross-fertilization between the two streams of jurisprudence.⁹ Jurisprudence relating to human rights laws has enriched the interpretation of section 15 of the *Charter* and vice-versa.¹⁰

Case law relating to section of 15 of the *Charter* and human rights laws recognizes that differential treatment may sometimes be necessary in order to respond to the contextual needs of disadvantaged groups. To provide the opportunity for equal points of departure, the full context and circumstances of disadvantaged groups must be considered. In designing a service, substantive equality requires an accounting of its actual impact on disadvantaged groups. It is well established in human rights law that a facially neutral standard can be discriminatory if it adversely impacts members of a disadvantaged group.¹¹

In *Ontario Human Rights Commission and O'Malley v Simpsons-Sears*, an early discrimination case under the *Human Rights Code of Ontario* heard by the Supreme Court of Canada, the Court adopted a broad, effects-based approach to discrimination that recognized the adverse impact of neutral standards, policies, and practices.¹²

In *Andrews*, the first *Charter* section 15 case at the Supreme Court, the Court later also rejected the concept of “equality in treatment”, the formalistic conception of equality under the *Charter*.¹³ In that decision, it reiterated that similar treatment will not always

⁸ *Canadian Charter of Rights and Freedoms*, s. 15, Part 1 of the Constitution Act, 1982, being Schedule B to the Canada Act 1982 (UK), 1982, c 11 [Charter]:

15 (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Affirmative action programs

(2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability

⁹ *Canada (Human Rights Commission) v. Canada (Attorney General)*, 2012 FC 445, para 287-288.

¹⁰ Nearly all provinces adopted human rights legislation in the 1960s and 1970s. Section 15 of the *Charter* did not come into effect until 1985. See Jennifer Koshan, “Under the Influence: Discrimination Under Human Rights Legislation and Section 15 of the Charter,” *Canadian Journal of Human Rights* 3:1 (2014): 115, for analysis of the difference between the two equality regimes.

¹¹ *Ontario Human Rights Commission and O'Malley v Simpsons-Sears Ltd*, [1985] 2 SCR 536.

¹² *Ontario Human Rights Commission and O'Malley v Simpsons-Sears Ltd*, [1985] 2 SCR 536 at para 10.

¹³ *Andrews v. Law Society of British Columbia*, [1989] 1 SCR 143.

result in equality and vice-versa. Under human rights laws and section 15 of the *Charter*, differential treatment may be necessary to achieve equality.¹⁴ This principle is clearly reflected in section 15(2) of the *Charter* and similar provisions in human rights laws across Canada that protect affirmative action programs and other equality affirming initiatives.

Since this time, courts and human rights tribunals dealing with section 15 and human rights cases have recognized that consideration of the full context of individuals or groups when evaluating a discrimination claim is necessary.¹⁵ Importantly, in *British Columbia (Public Service Employee Relations Commission) v. BCGSEU* [“Meiorin”], the Supreme Court emphasized the need for a unified approach to dealing with direct and adverse effect discrimination complainants under human rights laws.¹⁶ According to the Court, this distinction was immaterial. In other words, direct and adverse effect discrimination complaints are to be evaluated using the same legal analysis. Furthermore, whether a violation of a human rights law is caused by direct or adverse effect discrimination will not impact the available remedies to successful complainants. Put simply, the obligation under human rights laws to prevent and correct direct and adverse effect discrimination is the same.

Most recently, in *Fraser*, one of the latest section 15 decisions from the Supreme Court, the majority’s section 15 analysis focused on the effect of the impugned law and how it interacted with “status hierarchies”.¹⁷ In her reasons, Justice Abella emphasized the need to understand the cultural, economic, social, and historical disadvantages in order to achieve substantive equality.¹⁸ *Fraser* and other cases, highlight the importance of looking beyond a law, practice or standard on their face to evaluate their actual impact on disadvantaged groups. By using a contextless approach and ignoring the possible impacts of a law, practice, or standard, the promise of substantive will not be fulfilled.

Applying an understanding of substantive equality that recognizes and addresses differences in context, rather than formal equality which assumes balance in points of departure, can begin to address the root causes of social challenges in disadvantaged groups. Instead of assuming all communities and people are the same and have the same needs, recognizing that differentiated application of resources can be more effective and efficient.

It is widely accepted that discrimination often accrues from a failure to take positive steps to assist that disadvantaged groups.¹⁹ In other words, achieving substantive equality requires an understanding of needs of disadvantaged groups and taking special

¹⁴ *Ibid* p 173.

¹⁵ This has been mentioned in multiple section 15 cases at the Supreme Court of Canada including *Withler v Canada (Attorney General)*, 2011 SCC 12 at para 40, 43.

¹⁶ *British Columbia (Public Service Employee Relations Commission) v. BCGSEU*, [1999] 3 SCR 3m para 50-55.

¹⁷ *Fraser v Canada (Attorney General)*, [2020] SCC 28 at para 40 [*Fraser*].

¹⁸ *Withler v Canada (Attorney General)*, [2011] SCC 12 at para 40, 43.

¹⁹ *Eldridge v. British Columbia (Attorney General)*, [1997] 3 SCR 624 para 78.

proactive measures to meet them.²⁰ It starts from the point of acknowledging that to achieve a desired baseline, e.g., equal point of departure, people will need different tools and resources to get there.

Measuring progress toward the goal of substantive equality first requires the definition of a baseline against which to measure progress. From the baseline, changes can be assessed and desired outcomes defined. Only from a baseline and over time can it be determined if interventions in the name of substantive equality had their intended impacts. Crucially, to make those assessments, requisite structure and information must be in place. In the case of Jordan's Principle, information is collected about who is requesting services and which services are being requested. That information, however, is not linked to root causes of need, to points of departure, nor is long-term information about recipients collected to capture their outcomes. These gaps are problematic, especially when Jordan's Principle is intended to foster substantive equality for First Nations children.

Jordan's Principle and substantive equality

Under the *Constitution Act, 1867*, section 91 (24), the federal government has constitutional authority over "Indians, and Lands reserved for the Indians".²¹ Federal legislation, like the *Indian Act*, uses this constitutional authority to make the provision of services, including health services and medical treatment, to Indigenous communities a federal responsibility.²² However, Indigenous health care has become increasingly complex as a result of self-government agreements and other mechanisms designed to expand Indigenous people's involvement in the provision of services.²³ Jurisdictional disputes often arise from these arrangements, creating significant and negative effects on the health, safety and well-being of Indigenous children.²⁴

In the early 2000's, that is exactly what happened to Jordan River Anderson. Jordan, whose family was from Norway House Cree Nation in Manitoba, was born with a rare neuromuscular disease.²⁵ Jordan was transported to a hospital in Winnipeg, approximately eight hours drive from his family and community to undergo treatment. In 2001, Jordan's medical team determined Jordan's needs would be best met through specialized home care. In response to Jordan's situation, federal and provincial governments deliberated over who would bear the financial responsibility for Jordan's recommended in-home services. Neither level of government wanted to bear responsibility for Jordan out of fear that it would establish a precedent of funding cases

²⁰ *Eldridge v. British Columbia (Attorney General)*, [1997] 3 SCR 624 para 75-75.

²¹ Constitution Act, 1867 (UK), 30 & 31 Vict, c 3, reprinted in RSC 1985, App II, No 5, s 91(24).

²² *Indian Act*, RSC 1985, c I-5, s 73.

²³ National Collaborating Centre for Aboriginal Health, "The Aboriginal Health Legislation and Policy Framework in Canada," (2011), last accessed August 7, 2022, <https://www.nccih.ca/docs/context/FS-HealthLegislationPolicy-Lavoie-Gervais-Toner-Bergeron-Thomas-EN.pdf>

²⁴ John Loxley, et al., *Wen:De The Journey Continues* (Ottawa: First Nations Child and Family Caring Society, 2005), 16.

²⁵ First Nations Child & Family Caring Society, "Jordan's Principle," last accessed August 7, 2022, <https://fncaringociety.com/jordans-principle> .

outside of their constitutional jurisdiction. Meanwhile, Jordan remained in hospital despite there being no medical reason for him to be there.

While the federal and provincial governments argued over who should pay for Jordan's care, Jordan died in the hospital in 2005. Jordan never had the chance to live in a family home, let alone in his community. Had Jordan been a child from Winnipeg, or any other non-reserve community in Canada, he would not have been denied these opportunities. Jordan's story is all too common for First Nations children living on-reserve. First Nations children face a "jurisdictional quagmire", plagued by unequal funding, delays and disruptions in services, and service gaps that simply do not exist in non-reserve communities.²⁶

On October 31, 2007, the House of Commons unanimously passed a motion brought forward by the Member of Parliament for Nanimo-Cowichan, Ms. Jean Crowder, that would become Jordan's Principle, to ensure all First Nations children receive equitable access to public services:

That, in the opinion of the House, the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children.²⁷

Jordan's Principle requires 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 services without delay and seek reimbursement from other levels of government after the service has been provided.²⁸ As a "child first" principle, Jordan's Principle addresses issues of jurisdiction that can delay, disrupt, and even deny a good or service to First Nations children.²⁹ Jordan's Principle applies regardless of community or disability, and applies to a range of services including but not limited to mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy services.³⁰ Jordan's Principle ensures that the needs of First Nations children are met as their needs arise.

As discussed above, had Jordan River Anderson been a child from a non-Indigenous community, the jurisdictional dispute preventing him from living in a family home would never have occurred. The concept of Jordan's Principle emerged as a tool to correct this fundamental inequality. Jordan's Principle has roots in and is arguably one of the

²⁶ Vandna Sinha, et al., "Substantive Equality and Jordan's Principle: Challenges and Complexities," *Journal of Law and Social Policy* 35, (2021): 22.

²⁷ Tabled by Jean Crowder, Member of Parliament for Cowichan-Nanaimo (NDP), (M-296). See "Private Members' Business M-296" adopted, House of Commons Journals, 39-2, No 36 (12 December 2007).

²⁸ *First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2016 CHRT 2 at para 351.

²⁹ *Ibid* at para 379.

³⁰ *First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2017 CHRT 14 at para 135.

best theoretical examples of substantive equality because it is intended to address differentiated needs and different points of departure.³¹

The Canadian Human Rights Tribunal has confirmed that the substantive equality approach to Jordan’s Principle means that the federal government must not “perpetuate the historical disadvantages endured by [Indigenous] peoples.”³² In fact, the Tribunal held that government actions that widen the gap between Indigenous and non-Indigenous communities are discriminatory and therefore a direct violation of substantive equality.³³ Jordan’s Principle may be violated where First Nations children receive less funding for public services than non-First Nations children.³⁴ Such direct discriminatory action would violate even the most formalistic conceptions of equality.

However, the substantive equality approach that underlies the spirit of Jordan’s Principle would be violated in less direct cases. This is consistent with human rights and section 15 case law that requires special measures to be taken to ensure that disadvantaged groups are able to benefit from equal opportunities.³⁵ For example, consider a situation where the federal government provides the same funding to services for children living in a remote First Nation community as the provincial government would for non-First Nations children living in a city centre. Although formal equality may be achieved in this scenario, it is unlikely that this treatment would breach the threshold necessary to achieve substantive equality. Under the definition of substantive equality, achieving equitable points of departure may require differential treatment that considers the circumstances of individuals, groups, and communities protected under the *Canadian Human Rights Act*.³⁶ Therefore, children in remote First Nations communities may require funding levels greater than non-First Nations children living in city centres to achieve the same outcomes. The existing challenges present in remote First Nations communities, namely a general lack of available and accessible services, coupled with the disadvantage caused by historical and contemporary forms of colonialism, increased funding is likely necessary to achieve substantive equality to promote improved long-term outcomes.

Jordan’s Principle is not a program, but a legal rule that Canada is bound to follow.³⁷ Under human rights law and in accordance with the CHRT’s remedial orders, the government has an obligation to uphold Jordan’s Principle. This rule is informed by and aspires to achieve substantive equality for First Nations children by eliminating

³¹ *First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2016 CHRT 2 at para 89.

³² *First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2016 CHRT 2 at para 381.

³³ *First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2016 CHRT 2 at para 403.

³⁴ Vandna Sinha, et al., “Substantive Equality and Jordan’s Principle: Challenges and Complexities,” *Journal of Law and Social Policy* 35, (2021): 27.

³⁵ *Eldridge v. British Columbia (Attorney General)*, [1997] 3 SCR 624 para 78.

³⁶ *Ibid.*

³⁷ *First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 7 at para 25.

gratuitous barriers erected by jurisdictional government disputes and the failure of Canada to consider their unique cultural needs and best interest. By doing so, Jordan's Principle ensures that First Nations children have the same point of departure as any other child across Canada despite historic disadvantage.

In the context of Jordan's Principle, rather than equalizing outcomes or opportunities, substantive equality is best achieved by equalizing the point of departure between First Nations and non-First Nations children. The concept of equalizing points of departure is reflected in section 2 of the *Canadian Human Rights Act*.³⁸

To this end, IFSD proposes that substantive equality be defined as:

Substantive equality is a legal principle that demands equitable points of departure. It recognizes that differential treatment may be necessary to respond to the contextual needs of a certain individual or group. To achieve equal points of departure the full context of the individual or group, including cultural, economic, social, and historical disadvantages should be examined and considered.

Such an understanding of substantive equality requires accounting for the actual impact of law, practice, standard or service, recognizing that impacts on protected groups of people may be adverse or unintended if it ignores their characteristics.

The application of Jordan's Principle should align to precedent on the matter of substantive equality. This means more than increasing the number of approved requests or the amount of money expended through Jordan's Principle. Applying Jordan's Principle in the spirit of substantive equality means defining the starting point of children, understanding the root causes of need, and then working to address them.³⁹

Under human rights law, the limit to the obligation to meeting the needs of disadvantaged groups is undue hardship. Undue hardship must be assessed by evidence, not speculation, considering factors such as excessive financial cost, risk to health and safety or the prospect of substantial interference with the rights of others. This means that the needs arising from the unique capabilities and needs of disadvantaged individuals must be met and the inherent worth and dignity of every individual must be recognised unless it causes financial hardship.

From the perspective of political theory, in a liberal democracy, the state is not accountable for equalizing outcomes for citizens, but it has a role – in principle – of supporting citizens to achieve across socioeconomic dimensions of life. Welfare state programs for instance, are intended to promote equality in points of departure, not

³⁸ *Canadian Human Rights Act*, RCS 1985 c H-6: “[...] all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices [...]”

³⁹ *Robichaud v. Canada (Treasury Board)*, [1987] 2 SCR 84 para 15.

equality of outcomes. For instance, employment insurance (EI) provides a safety net for short-term unemployment but does not provide the equivalent of the national median household income to recipients. The Canada Pension Plan (CPP) supports pensioners but is not intended to replace their full earning potential of their working years. Extending beyond such conceptions, could trend toward other more interventionist state structures.

Jordan's Principle fits within this framework of substantive equality in a liberal democracy by promoting equitable access to a baseline point of departure for First Nations children to thrive.

CHRT orders since 2016⁴⁰ have ordered Canada to implement the full meaning of Jordan's Principle with consideration of the best interests of the child, substantive equality, and data monitoring frameworks to track requests. Putting into practice the CHRT's orders, ISC assesses requests initially against a normative standard. The normative standard determines if a similar product or service would be available to a child residing off-reserve. If the answer is yes, the request is pursued through the normative standard. If, however, the request falls outside of the normative standard, i.e., what would typically be accessible to a child off-reserve, an assessment of substantive equality is undertaken. To provide guidance in the assessment of requests, ISC defined nine questions with consideration of the goal of substantive equality.⁴¹

⁴⁰ See 2016 CHRT 2; 2016 CHRT 10; 2016 CHRT 16; 2017 CHRT 35.

⁴¹ Government of Canada, "Jordan's Principle: substantive equality principles," Indigenous Services Canada, last updated November 11, 2021, <https://www.sac-isc.gc.ca/eng/1583698429175/1583698455266>. The nine questions reproduced from the department's website are:

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 their 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:
 - o the risk of children being placed in care
 - o 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 (such as extraordinary costs associated with daily living due to a remote location)?
9. Would the requested service support the community or family's ability to serve, protect and nurture its children in a manner that strengthens the community or family's resilience, healing and self-determination?

ISC indicates that its approach to substantive equality is inspired by the Touchstones of Hope.⁴² The five principles in the Touchstones of Hope are meant to reflect the unique contexts of Indigenous peoples and guide engagement with them: self-determination; culture and language; holistic approach; structural interventions; non-discrimination.⁴³ The Touchstones of Hope are “to be respected to achieve substantive equality in the provision of services, products and supports, under Jordan’s Principle.”⁴⁴

ISC defines substantive equality as

[...] the recognition that not all people start off from the same position and that these unequal opportunities make it more difficult for some to be successful. Treating everyone the same is only fair if they are starting from the same position.

Substantive equality seeks to address the inequalities that stem from an individual’s particular circumstances, to help put them at the same position and give them the same opportunities as others.⁴⁵

In its review of substantive equality, ISC indicates that the legal principle implies achieving ‘equality in outcomes.’ As noted on the ISC website:

Substantive equality is a legal principle that refers to the achievement of true equality in outcomes. It is achieved through equal access, equal opportunity and, most importantly, the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage.

Substantive equality is both a process and an end goal relating to outcomes that seeks to acknowledge and overcome the barriers that have led to the inequality in the first place.

When substantive equality in outcomes does not exist, inequality remains. Achieving substantive equality for members of a specific group requires the implementation of measures that consider and are tailored to respond to the

⁴² Government of Canada, “Jordan’s Principle: substantive equality principles,” Indigenous Services Canada, last updated November 11, 2021, <https://www.sac-isc.gc.ca/eng/1583698429175/1583698455266>.

⁴³ First Nations Child and Family Caring Society, “Reconciliation in Child Welfare,” last accessed August 7, 2022, <https://fncaringsociety.com/reconciliation-child-welfare>.

⁴⁴ Government of Canada, “Jordan’s Principle: substantive equality principles,” Indigenous Services Canada, last updated November 11, 2021, <https://www.sac-isc.gc.ca/eng/1583698429175/1583698455266>.

⁴⁵ Government of Canada, “Jordan’s Principle: substantive equality principles,” Indigenous Services Canada, last updated November 11, 2021, <https://www.sac-isc.gc.ca/eng/1583698429175/1583698455266>.

unique causes of their historical disadvantage as well as their historical, geographical and cultural needs and circumstances.⁴⁶

While recognizing that different circumstances require different treatment is consistent with substantive equality, the idea that substantive equality implies equality in outcomes is inconsistent. Such an approach to substantive equality suggests that the state is accountable for guaranteeing specific and common results (not points of departure) for citizens. This would require intervention that is not only inconsistent with the principles of liberal democracy, but also colonialist, dictating the outcomes of First Nations. Furthermore, such a conception of substantive equality is inconsistent with the legal precedents reviewed above, namely, that the state is not accountable for guaranteeing or dictating choice, but that it is accountable for equalizing points of departure on a differentiated basis.

Jordan's Principle in practice

Jordan's Principle was initially established as recourse in exceptional situations to ensure First Nations children had access to the services they needed. This is consistent with addressing gaps and supporting equity in points of departure. Over time, however, Jordan's Principle and its scope have been clarified by the CHRT to ensure consistency with the *Canadian Human Rights Act* and the requirement of substantive equality. Rather than being a last resort for exceptional circumstances, Jordan's Principle is increasingly the first point of contact to meet the various needs of First Nations children. From basic necessities, e.g., diapers, formula, to complex medical interventions, and group requests. This should raise concern as Jordan's Principle is covering the shortfalls and gaps of existing program areas. If Jordan's Principle is designed to address substantive equality, the application of Jordan's Principle, including the increasing demands and expenditures should be a signal that there are structural issues to address.

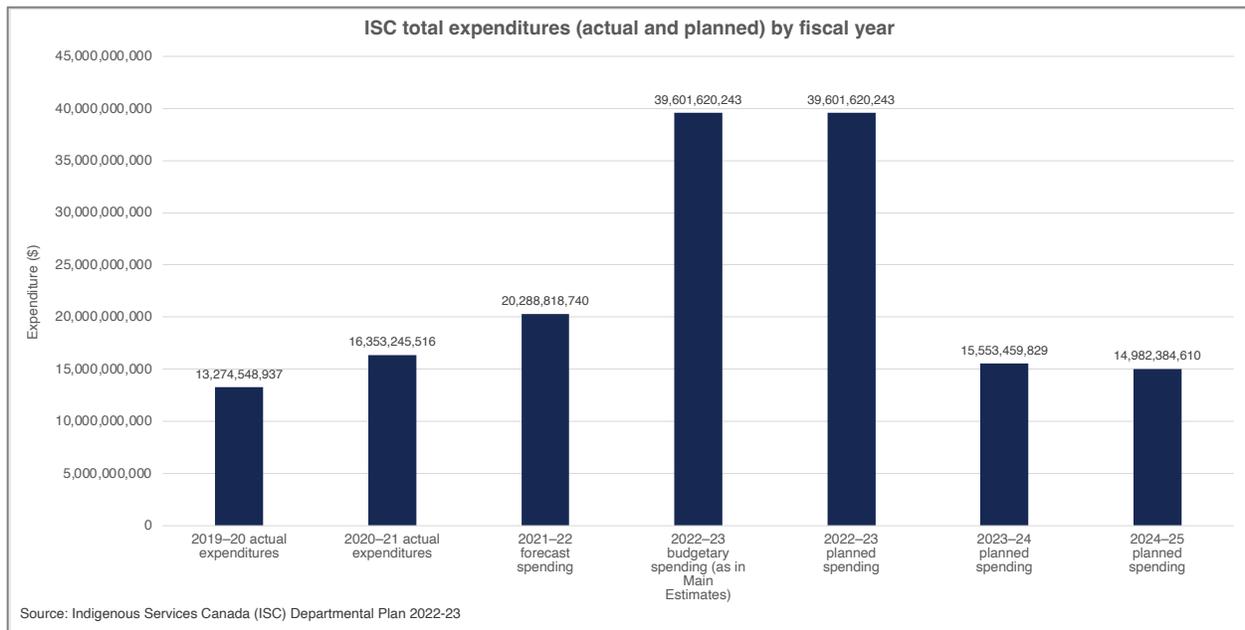
When considering funding for First Nations, there have been a series of studies and reports highlighting gaps in resources and outcomes. Housing, potable water, child and family services inequities, among others have contributed to outcomes for First Nations that are worse than those of other Canadians.⁴⁷

⁴⁶ Government of Canada, "Jordan's Principle: substantive equality principles," Indigenous Services Canada, last updated November 11, 2021, <https://www.sac-isc.gc.ca/eng/1583698429175/1583698455266>.

⁴⁷ See for instance, Institute of Fiscal Studies and Democracy (IFSD), "Final Report: Cost analysis of current housing gaps and future housing needs in First Nations," (2021) online, <https://static1.squarespace.com/static/5f29b2710512b20bd57bed44/t/618930be4ba2743dace94502/1636380867668/COO+SCA+2021+-+IFSD+National+Housing+Need+Cost+Analysis.pdf>; IFSD, "Funding First Nations child and family services (FNCFS): A performance budget approach to well-being," (2021) online, https://www.ifsd.ca/web/default/files/FNCFS/2020-09-09_Final%20report_Funding%20First%20Nations%20child%20and%20family%20services%5B1%5D.pdf; Office of the Parliamentary Budget Officer, "Clean Water for First Nations: Is the Government Spending Enough?" (December 2021) online: <https://www.pbo-dpb.gc.ca/en/blog/news/RP-2122-021-M--clean-water-first-nations-is-government-spending-enough--eau-potable-premieres-nations-gouvernement-depende-t-il-assez>, etc.

Since 2015, the Government of Canada has increased its spending on Indigenous and First Nations affairs.⁴⁸ There have been spending increases in housing, an historic agreement on compensation for First Nations child and family services and forward-looking reform, growing expenditures through Jordan’s Principle, etc. (Figure 1).

Figure 1



Despite these spending increases, however, a recent report by the Office of the Parliamentary Budget Officer (PBO)⁴⁹ found that ISC was unable to demonstrate results (or adequately measure performance) relative to its (increasing) expenditures. This raises a series of questions about the structure and funding of policy responses in First Nations.

- 1) What is the problem you are trying to solve?
- 2) Has anyone solved or alleviated the problem? If so, what can we learn?
- 3) What are the root causes of the problem? How can they be addressed?
- 4) What are current expenditures to address the problem? Do we know if they are sufficient? Do we know if they are generating results?
- 5) What is the estimated cost of solving the problem? What inputs (beyond money) are required?
- 6) Who is developing solutions? What are First Nations proposing? How are they managing the problem now?

⁴⁸ See IFSD, “Funding First Nations child and family services (FNCFS): A performance budget approach to well-being,” (2021) online, https://www.ifsd.ca/web/default/files/FNCFS/2020-09-09_Final%20report_Funding%20First%20Nations%20child%20and%20family%20services%5B1%5D.pdf.

⁴⁹ Office of the Parliamentary Budget Officer, “Research and comparative analysis of CIRNAC and ISC,” (May 18, 2022), online: <https://distribution-a617274656661637473.pbo-dpb.ca/4dd5db44bd0d5ddc57fd166053a5ee6703753a32baa02d6906a3082c84b23a38>

A poorly structured policy or program could deliver positive results with an increase in resources alone. However, in the case of Jordan's Principle where a complex specific goal, i.e., substantive equality, has been defined, a multifaceted and nuanced approach to understanding and designing a response to deliver on the goal is necessary. While ISC's description of Jordan's Principle ensuring First Nations children can access the supports and services they need when they need them may be read robustly, the implementation of this legal rule appears to have fallen short relative to the broader goal of substantive equality.

Jordan River Anderson's unmet needs resulted from a series of gaps in the current system across various policy areas and jurisdictions. Rather than implementing Jordan's Principle to address existing gaps in various program and policy areas, it was narrowly implemented to prevent Jordan River Anderson's circumstances from being replicated. While that is an important outcome, it falls short of the goal of substantive equality as outlined in the CHRT's rulings and in ISC's public reporting.

In an internal audit of the implementation of Jordan's Principle in 2019, it was found that data collection was insufficient to identify gaps in existing programs and services. This was an issue to be remedied as it was acknowledged by ISC that:

[...] the maturity level of data collection and analysis is not sufficient to quantify cross program impact, to reinvest available funds or to inform long-term policy and ISC program decisions. By using existing information and by conducting trend analysis, the Department could identify current gaps in available programs and services and, in turn, determine the sustainability of the departmental support to children. This analysis could also help other programs better understand the role and outcomes of Jordan's Principle.⁵⁰

It does not appear from public information that this type of gap analysis is being undertaken to date. As Jordan's Principle expands, there is no evidence of reviews of existing programs and service areas to assess their utility and responsiveness in meeting needs in First Nations. This is an informational gap that should be addressed for expenditures, performance, and sustainability of Jordan's Principle.

To assess if the application of Jordan's Principle was meeting the objective of substantive equality, IFSD undertook two types of analysis:

- 1) Assessment of public reporting by ISC on Jordan's Principle and Treasury Board of Canada policies;
- 2) Assessment of data from ISC's GC Case system (which is used to track Jordan's Principle requests).

⁵⁰ Government of Canada, "Audit of the Implementation of Jordan's Principle," Indigenous Services Canada, last updated October 28, 2020, <https://www.sac-isc.gc.ca/eng/1594378735468/1594378764255>.

Part II: Treasury Board of Canada policies

The Treasury Board of Canada's *Policy on Results* is a whole-of-government approach intended to:

- 3.1.1 Improve the achievement of results across government; and
- 3.1.2 Enhance the understanding of the results government seeks to achieve, does achieve, and the resources used to achieve them.⁵¹

The policy is intended to deliver results by ensuring departments are clear in their objectives and in assessing their success in achieving those objectives through regular performance evaluation and reporting. The policy is intended to ensure resources are allocated to optimize results. Parliament and Canadians are to benefit by receiving clear and useful information to assess how departments are performing relative to their declared objectives.

The *Policy on Results* is linked to the *Policy on Transfer Payments*, which is designed to ensure expenditures are used accountably, transparently, and linked to achieving results for Canadians. One of the objectives of the *Policy on Transfer Payments* clearly draws a linkage to the *Policy on Results*:

- 4.2.2 Transfer payment programs are designed, delivered and managed in a way that achieves outcomes, contributes to departmental results, takes account of risk and clearly demonstrates value for money[.]⁵²

Taken together, the two policies are clear that departments must define the objectives of their programs, link them to expenditures, and report on their outcomes. This approach is consistent with standard public financial management frameworks for public sector expenditure management which link aggregate fiscal discipline, allocative efficiency, and operating efficiency (Table 2).⁵³

⁵¹ Government of Canada, "Policy on Results," Treasury Board of Canada Secretariat, last updated July 1, 2016, <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=31300>

⁵² Government of Canada, "Policy on Transfer Payments," Treasury Board of Canada Secretariat, last updated April 4, 2022, <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=13525>

⁵³ Allan Schick, *A Contemporary Approach to Public Expenditure Management* (Washington, D.C.: The World Bank Institute, 1998).

Table 2

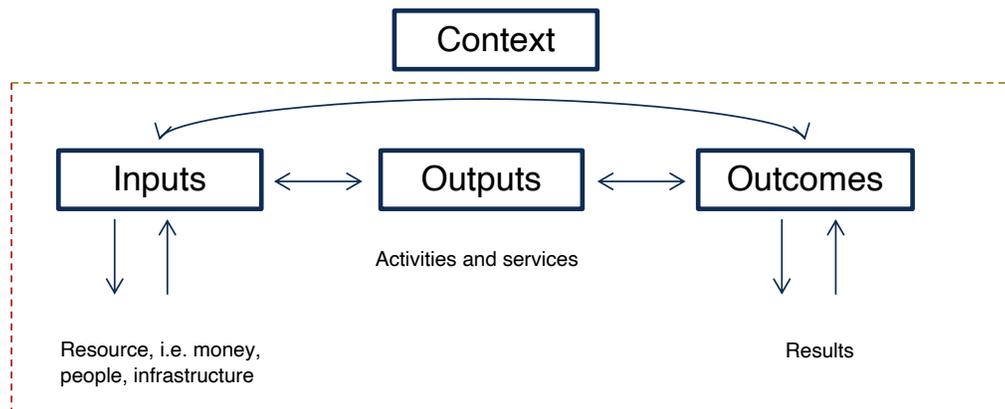
Aggregate Fiscal Discipline	<i>Overall ability to balance money in and money out</i>
Allocative Efficiency	<i>Aligning money to priorities</i>
Operational Efficiency	<i>Performance; value for money</i>

For the purposes of this analysis, aggregate fiscal discipline is not assessed.⁵⁴ Allocative efficiency and operational efficiency are critical, as their assessment clarifies if a government is spending against its declared priorities and is achieving value-for-money and results. Relative to Treasury Board of Canada policies, Parliament and Canadians cannot assess the allocative efficiency or results of spending through Jordan’s Principle reporting. This is a problem, especially for the First Nations children Jordan’s Principle is intended to serve.

To fulfill the effective management defined by Treasury Board of Canada policies, there must be an explicit connection between resources (inputs), activities (outputs) and results (outcomes), informed by context (Figure 2). The combination of inputs and outputs necessary to deliver desired outcomes will differ based on the program or policy area.

⁵⁴ For an assessment of aggregate fiscal discipline at the federal and provincial levels of government, see for instance, Office of the Parliamentary Budget Officer, “Fiscal sustainability report, 2022,” (2022), online, <https://www.pbo-dpb.ca/en/publications/RP-2223-012-S--fiscal-sustainability-report-2022--rapport-viabilite-financiere-2022>.

Figure 2



The Treasury Board of Canada’s policy is clear that reporting should be based on outcomes. The CHRT was clear that Jordan’s Principle continues until substantive equality is achieved. What is unclear is how ISC is linking Treasury Board of Canada policies to the outcome of substantive equality (let alone any other outcome), as articulated by ISC on its public facing website.⁵⁵

There is a single performance indicator associated to Jordan’s Principle, which is output based (not an outcome):

Number of approved requests for products and services to support First Nations children under the Jordan’s Principle Child First Initiative.⁵⁶

The performance indicator does not specify an outcome, a target, nor does it specify a date by which the target should be achieved. The sole publicly reported metric, i.e., the number of approved requests, does not speak to the result or outcome produced from expenditures or the structure of Jordan’s Principle for First Nations children.

In the planned results section of reporting through InfoBase, ISC justifies the lack of target by explaining:

The target and date to achieve remain undetermined at this time. Jordan's Principle and Inuit Child First Initiative remain demand-driven and responds to the unmet needs of First Nations and Inuit children. Since demands of First Nations and Inuit children and youth change and fluctuate in response to their needs, a projected estimation for service target is difficult to establish at this time. Additionally, 2020-21 saw additional orders made by the Canadian Human

⁵⁵ Government of Canada, “Jordan’s Principle,” Indigenous Services Canada, last modified August 7, 2022, <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824#chp02>

⁵⁶ Government of Canada, “Infographic for Jordan’s Principle and the Inuit Child First Initiative,” InfoBase (results section), last updated August 4, 2022, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/results>.

Rights Tribunal (CHRT) which broadened eligibility criteria, so the number of approved products, supports and services are expected to increase at rates that cannot be forecasted at this time.⁵⁷

The indicator and explanation are inconsistent with the Treasury Board *Policy on Results*. Counting how many children receive approved requests for products or services does not explain why the requests were being made and what gaps/shortfalls Jordan's Principle is covering. Is Jordan's Principle being used as a last resort or is it the default funding source for all product and service needs to cover shortfalls in other program areas? The latter is problematic as it does not address the root cause of problems being covered by Jordan's Principle.

If the *Policy on Results* was being pursued, there would be a clear program objective and clear measures to determine if and how it was being achieved. Ensuring First Nations children can access the products and services they need when they need them is important, but why are they not able to access them through ISC's existing programs? Are all instances of requests extenuating circumstances? Is Jordan's Principle contributing to substantive equality or equality or is Jordan's Principle concealing existing ongoing problems in other program areas?

ISC recognized in a 2019 audit of the implementation of Jordan's Principle that the approach in its early years was "focused on respecting timelines mandated by the CHRT and managing the significant increase in the volume of Jordan's Principle requests [...]."⁵⁸ This meant that "business processes that govern the implementation of Jordan's Principle were being developed while the Principle was being delivered under tight timelines."⁵⁹ While Jordan's Principle was being implemented on an expedited basis to respond to the CHRT, according to the implementation audit, "[t]he main purpose for the Department's data collection for Jordan's Principle was to report to Treasury Board and to show compliance with CHRT rulings."⁶⁰ It does not appear that much has changed with respect to internal reporting. Current public reporting does not provide information to understand how Jordan's Principle is addressing matters of substantive equality or how it is closing service gaps for First Nations children.

What is known about Jordan's Principle is that requests are increasing, as are expenditures. This information is not helpful in understanding whether Jordan's Principle is responding to matters of substantive equality or equality. All that is known is

⁵⁷ Government of Canada, "Infographic for Jordan's Principle and the Inuit Child First Initiative," InfoBase (see "Planned results 2022-23"), last updated August 4, 2022, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/results>.

⁵⁸ Government of Canada, "Audit of the Implementation of Jordan's Principle," Indigenous Services Canada, last updated October 28, 2020, <https://www.sac-isc.gc.ca/eng/1594378735468/1594378764255>.

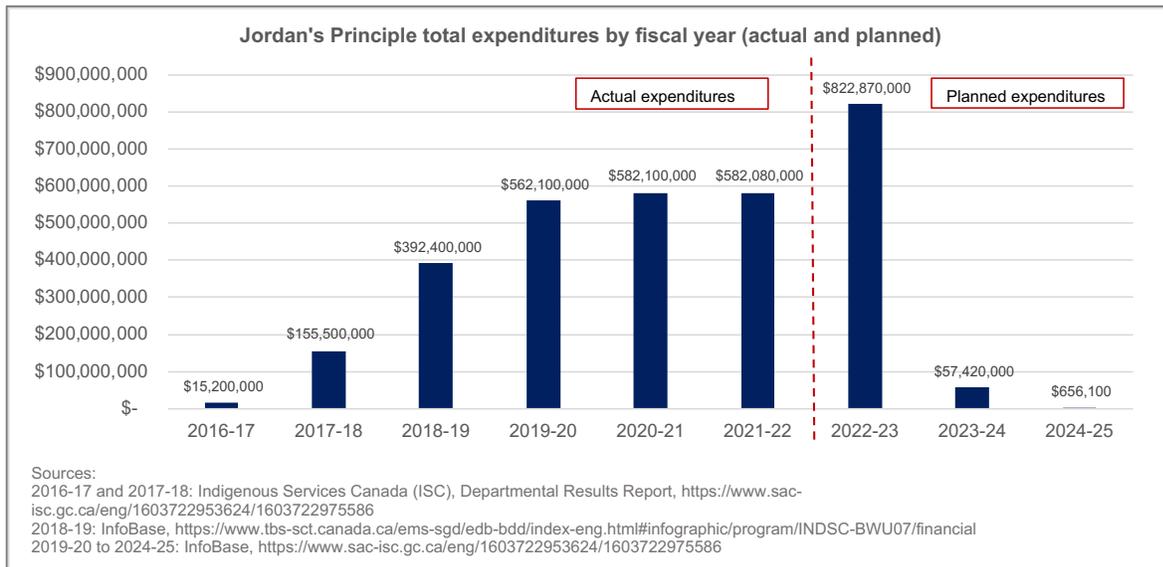
⁵⁹ Government of Canada, "Audit of the Implementation of Jordan's Principle," Indigenous Services Canada, last updated October 28, 2020, <https://www.sac-isc.gc.ca/eng/1594378735468/1594378764255>.

⁶⁰ Government of Canada, "Audit of the Implementation of Jordan's Principle," Indigenous Services Canada, last updated October 28, 2020, <https://www.sac-isc.gc.ca/eng/1594378735468/1594378764255>.

that there are shortfalls. Where and why those shortfalls exist should be better understood to develop an approach to respond to and correct matters of substantive equality that Jordan’s Principle is intended to address.

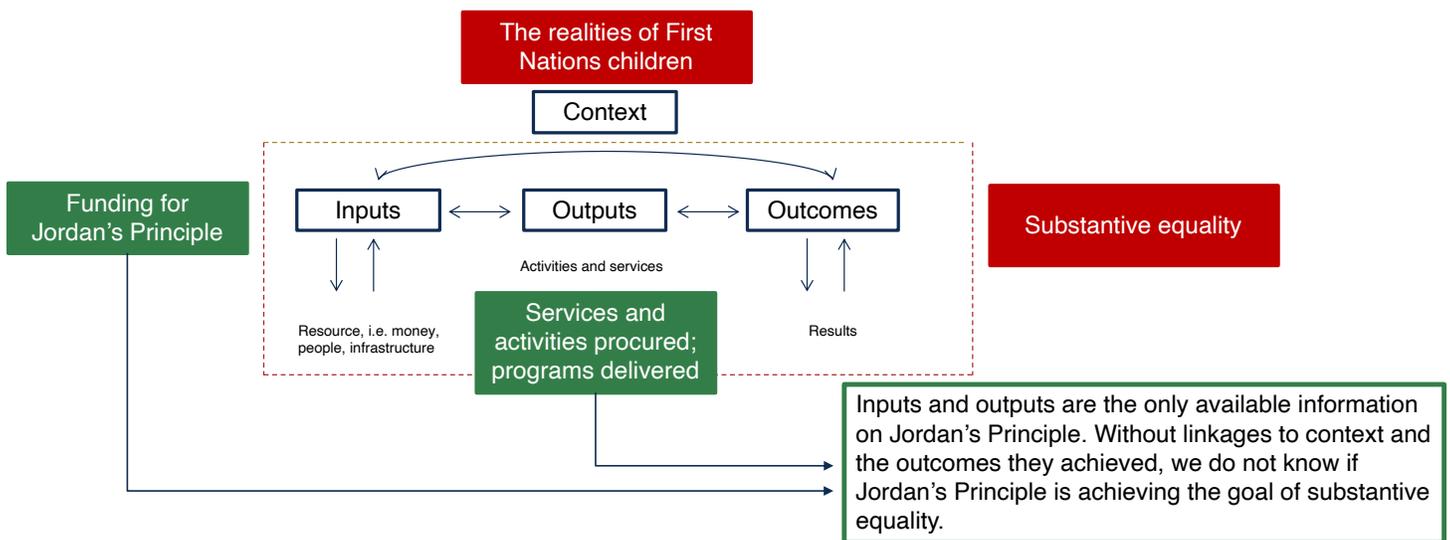
Although requests and expenditures are increasing for Jordan’s Principle, publicly available projections from InfoBase suggest expenditures will decrease significantly by fiscal year 2024-2025 (Figure 3). The assumptions underlying these estimates are unclear. As expenditures virtually flatline, so too does the number of full-time equivalents associated to Jordan’s Principle. These projected expenditures and staff numbers suggest either that needs through Jordan’s Principle are expected to decline substantially in three years; that substantive equality will be met; that the gaps and shortfalls from other program areas will be remedied, no longer requiring active use of Jordan’s Principle; or some combination thereof. The reference level forecast suggests that the problem has been solved.

Figure 3



The CHRT’s rulings on Jordan’s Principle require funding to achieve substantive equality. This is not about the level of funding that you are allocating to Jordan’s Principle. The principle is about correcting deficiencies and inequities for children. Jordan’s Principle should be about an outcome not an input or output, but the structure and reporting do not speak to results.

Figure 4



The CHRT’s rulings indicate that Jordan’s Principle applies until substantive equality has been achieved. The current operationalization of Jordan’s Principle does not link information to outcomes for the child/group recipients (no linkages between context, input, output, outcome, i.e., Treasury Board of Canada policy). The application of Jordan’s Principle is dependent on the adjudication of individual requests against a set of criteria, i.e., normative standard, culture, substantive equality. There is no way of understanding if Jordan’s Principle is addressing substantive equality or not (Figure 4).

ISC appears to have applied a program-based approach (without outcome indicators) to operationalize Jordan’s Principle. There is no way of knowing if the funding from Jordan’s Principle is addressing gaps in substantive equality. Properly implementing Jordan’s Principle will require reliable systems to identify and track Jordan’s Principle cases that go beyond the current approach in which a great deal of information is generated, but is inadequate for assessing substantive equality. This means linking **why** the claim was being made, i.e., the shortfall being addressed, and **what** happened to the child’s/group’s wellness after the claim.

To test if Jordan’s Principle is meeting the goal of substantive equality, the following questions would have to be answered:

- 1) What is substantive equality?
- 2) What are the different points of departure of recipients of Jordan’s Principle and their First Nations or community/place of residence?
- 3) What issue(s) was Jordan’s Principle funding intended to address?
- 4) Was the request a function of shortfalls or inadequacies in existing funding areas?
- 5) What happened to recipients after receiving Jordan’s Principle funding, i.e., how is their well-being?

The table below proposes an approach to operationalizing substantive equality.

Table 3

Current approach	Operationalizing substantive equality
Reactive – professional or family/community must make request	1) Define the policy goal , i.e., what is the problem you are trying to solve?
Application-based for adjudication at the region, and potentially, nationally	2) Rescope and rethink the program architecture, with revised program activities and results frameworks to achieve the goal of substantive equality, i.e., how will substantive equality be defined? How will substantive equality be achieved for First Nations children? Can funding be streamlined into areas of need to more clearly capture and address gaps in existing services driving the request?
Information available = allocation (\$) by item/service/request, i.e., input for output	3) Assess the performance of Jordan’s Principle based on outcomes, i.e., how do you know if the policy goal is being achieved?

Having assessed ISC’s public reporting on Jordan’s Principle, IFSD requested GC Case data to determine if its internal reporting can clarify if the substantive equality outcome was achieved.

Part III: ISC data analysis

Indigenous Services Canada (ISC) is the department that manages Jordan's Principle and information related to requests. The department is the sole source of detailed information on Jordan's Principle requests, approvals/denials, and expenditures. Jordan's Principle requests contain personal and private information on health, needs, special circumstances, etc. It is understandable that managing and accessing data from the GC Case System (the platform used to collect and hold data on Jordan's Principle) requires careful consideration of privacy matters.

The analysis of Jordan's Principle being undertaken by IFSD was part of the Agreement-in-Principle on the long-term reform of child and family services being negotiated by the parties to the Canadian Human Rights Tribunal (CHRT). Anticipating readily accessible data on Jordan's Principle, IFSD planned to complete the project in approximately three months. This was not the case. The process of requesting and accessing Jordan's Principle data from ISC took several months of effort by the department and IFSD. IFSD was required to retain an expert privacy lawyer for support in expediting the process.

On November 19, 2022, IFSD submitted its original request for data to ISC. Working with program officials and the Office of the Chief Data Officer, ISC expected to provide access to the dataset to IFSD by December 31, 2021. A standard process for data access from ISC was underway (with which IFSD was familiar, having previously requested and obtained access to granular expenditure data associated to ISC's programs).

The data being requested by IFSD was classified as "Protected B⁶¹," meaning that it contained personal information that could be harmful to individuals or groups if compromised. IFSD was only interested in non-identifiable data, as the aggregate portrait of Jordan's Principle requests had explanatory value for the project (not individual requests to Jordan's Principle). To provide the necessary information for IFSD's work, ISC de-identified and clustered variables that would be shared in the dataset. This meant that for certain variables, e.g., age, expenditure, etc., ranges rather than exact variables were provided. Along with the de-identification and use of ranges for the variables, there were strict information and technological management protocols that ISC required of IFSD to receive the information. With notice of those requirements received in mid-December and the internal processes at ISC, the December 31, 2021, deadline was missed.

⁶¹ Public Works and Government Services Canada (PWGSC) defines various security levels for information and asset protection of the Government of Canada. The Protected B label is applied "to information or assets that, if compromised, could cause serious injury to an individual, organization or government." See Government of Canada, "Levels of Security," Public Works and Government Services Canada, last modified November 22, 2021, <https://www.tpsgc-pwgsc.gc.ca/esc-src/protection-safeguarding/niveaux-levels-eng.html>.

ISC and IFSD worked through January to review a draft ISA and resolve a difference in understanding of the requested data. By February 2022, there were two separate parts to the data request that would be fulfilled on different timelines:

- 1) Jordan's Principle request data for First Nations only fiscal years 2019-20 and 2020-21. Qualitative entries and child-identifying information were removed from the data set.
- 2) A random sample of 30% of Jordan's Principle requests for fiscal years 2016-17, 2017-18, and 2018-19 for First Nations only. Qualitative entries and child-identifying information were removed from the data set. (This information was requested to cover the period prior to the use of the GC Case system and was used to test the consistency of inductive analysis from the primary datasets for fiscal years 2019-20 and 2020-21).

By the end of February 2022, the Information Sharing Agreement (ISA) between ISC and IFSD was signed, with an understanding that an amendment would follow to access to the random sample data (defined in #2, above). The complete data sets for fiscal years 2019-20 and 2020-21 was transferred first at the end of February 2022. The random sample was transferred in June 2022.

As IFSD began working with the initial dataset and raised questions about the availability of additional information. While pursuing the amendment to the ISA for the 30% sample, IFSD worked with ISC on an additional information request for a summary table of all Jordan Principle requests for non-First Nations children. This information was requested for completeness to understand the scope and scale of requested expenditures, approved, and denied expenditures.

At the end of May 2022, IFSD confirmed the ISA amendment to access the 30% random sample. The document was signed by both parties by mid-June 2022, and the data was provided shortly thereafter.

In an effort to better capture and understand *why* requests were being to Jordan's Principle, i.e., which issues or challenges were being addressed, IFSD requested qualitative entries associated to the GC Case system. Approaching the end of May 2022, ISC noted for IFSD, that despite best efforts and consultations in the department, IFSD would not be able to access the qualitative data associated to individual Jordan's Principle requests without additional submissions and reviews. From a programmatic (not a technical) perspective, there were concerns about the private and personal information in the qualitative data. For those reasons, any access to the information would require additional requests and reviews, without a guaranteed outcome or timeline. For these reasons, in consultation with its client, IFSD decided to forego the pursuit of the qualitative information. In this report, IFSD cannot confirm the content of the qualitative information or its utility in understanding root causes of requests to Jordan's Principle, as it could not access the information within reasonable timelines for completion of the project. An inability to understand needs being addressed through

Jordan's Principle (not the product or service being requested, but *why* it is being requested) is a gap that should be addressed in future work.

While there was no child-identifying or qualitative information shared with IFSD, all analysis IFSD produced using GC Case data had to be reviewed by ISC's Privacy team (pursuant to the ISA). This review by ISC was required to ensure that no reader of the final report could piece together information from different analysis to identify an individual child or their request. IFSD submitted analysis in May, June, and July 2022 for the privacy review.

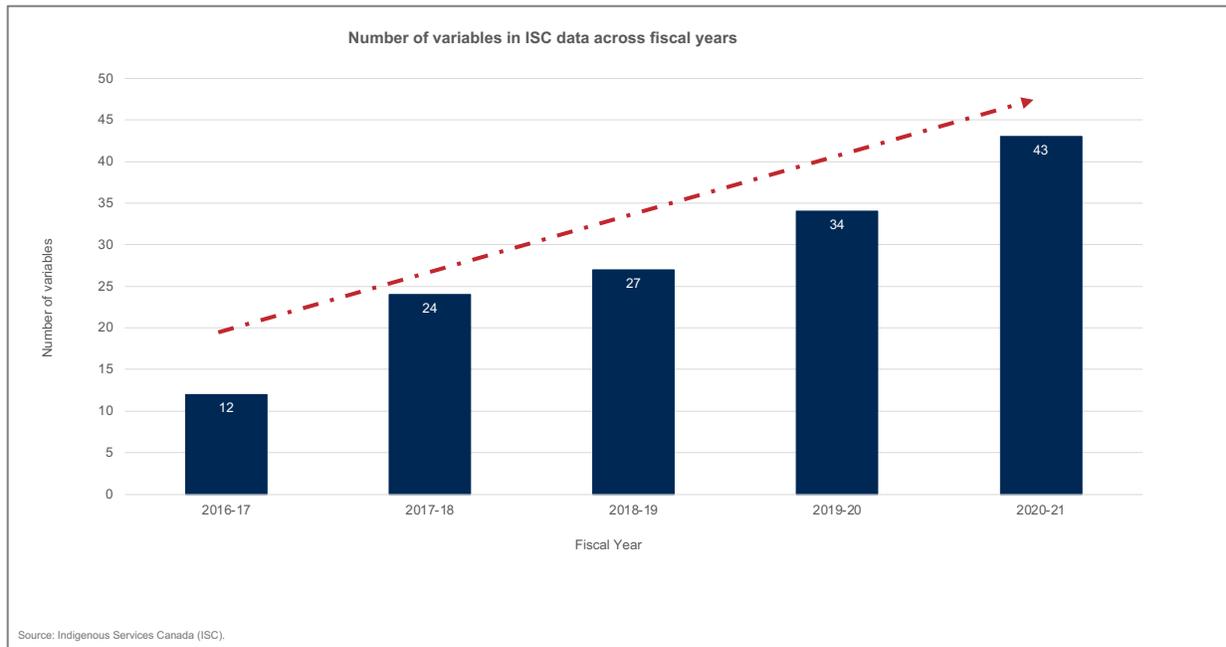
The information requested from ISC was essential for completing this work. IFSD used the data provided to understand Jordan's Principle requests, categories of services and products, and alignment to matters of substantive equality and equality. Without the granular data from the GC Case system the analysis would not have been possible as publicly accessible information does not contain sufficient detail for analysis.

Data analysis proceeded inductively with findings derived from assessments of the data. The inductive analysis was undertaken by sorting the GC Case data against different variables, e.g., service/product category, age range, expenditure, etc. The analysis was useful in understanding input metrics on Jordan's Principle, but insufficient for understanding needs or the root causes of requests through Jordan's Principle.

To use the data provided by ISC to respond to the project's research questions, IFSD used distinct requests. This means that IFSD was not concerned with the number of individuals or groups making a request, but rather the total number of products or services requested (as an individual or group may have requested more than one product or service). Thus, across fiscal years, the total number of requests was used and not the number of children requesting a product or service. IFSD used this approach to analyze the dataset as it was attempting to understand if Jordan's Principle was responding to substantive equality. IFSD was concerned with understanding what products or services were being asked for and why, not how many products or services an individual or group may request.

The data for fiscal years 2019-20 and 2020-21 contained sufficient detail for in-depth analysis, which are the focus of this report. The data for fiscal years 2016-17 to 2018-19 provided as a random 30% sample (prior to the use of the GC Case system) were insufficiently detailed for in-depth analysis. IFSD understood from ISC that those data sets differ in completeness, quality, and in the variables collected. While data collection has noticeably improved since 2016-17 (increase in variables, consistency, and quality of data collection (Figure 5) only data from fiscal years 2019-20 and 2020-21 were deemed sufficiently detailed and complete for this analysis.

Figure 5



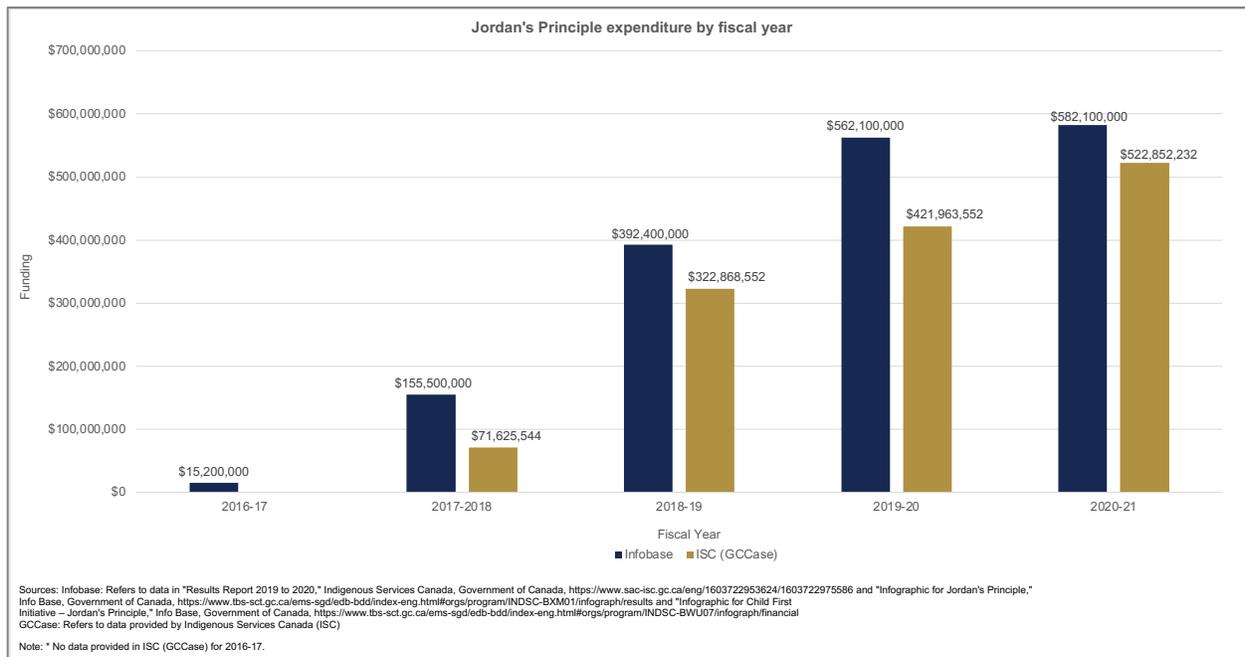
IFSD had originally anticipated completing this project in February 2022. The deadline was readjusted on several occasions, finally reaching July 29, 2022, to accommodate the time and challenges in accessing the required information. In mid-July 2022, ISC notified IFSD of outliers that had to be removed from the dataset. The ‘outlier’ values were removed from the dataset as they contained inaccurate age information. Subsequently, various parts of analysis had to be reconstructed by IFSD, had to undergo IFSD’s internal quality assurance processes, and then be resubmitted to ISC for the privacy review. In addition, ISC provided considerations on the interpretation of ‘blank’ values⁶² and approaches to reporting in InfoBase. IFSD undertook additional analysis at that time to review these considerations. The additional analysis was submitted to ISC for the privacy review in late July 2022.

For a detailed discussion on the dataset, including limitations, and the analysis undertaken by IFSD see Appendix A.

The approach taken by IFSD based on the number and categorization of requests differs from reporting in InfoBase. InfoBase is the Government of Canada’s public reporting tool, managed by the Treasury Board of Canada Secretariat that provides information to Canadians on expenditures and the outcomes achieved.

⁶² “Blank” values in the Amount Requested Category or Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded, or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all of the “blank” values in these categories.

Figure 6



InfoBase request data cannot be directly compared with GC Case data request data, as the reporting basis differs in the treatment of group requests. Group-level request data from the GC Case system captures needs, i.e., the requested service/product, which is the basis of IFSD’s analysis. InfoBase request data for groups reflects the products and services multiplied by the number of children attached to the request, e.g., if 100 children request a health service, that health service is recorded 100 times in InfoBase but once in IFSD’s methodology. IFSD’s methodology is focused on understanding service requests, not the number of unique individuals requesting them and receiving approvals. In principle, InfoBase reporting should reconcile with GC Case data. IFSD was not able to reconcile InfoBase reporting with data from GC Case with the data provided, including on expenditures (Figure 6) (see the methodology note in Appendix A for further information).

In summary, the following information was provided to IFSD and is reviewed in this report:

- 1) Aggregate national-level data on Jordan’s Principle requests (total expenditure and number) for fiscal years 2017-18 to 2020-21 (Table 4).
- 2) Jordan’s Principle request data for First Nations only for fiscal years 2019-20 and 2020-21.
- 3) A random sample of 30% of Jordan’s Principle requests for First Nations only for fiscal years 2016-17, 2017-18, and 2018-19.
- 4) Aggregate data on the total requests (First Nations and non-First Nations) across fiscal years 2016-17 to 2020-21.

All qualitative and child-identifying information was excluded from the datasets by ISC.

Aggregate national analysis

The data provided by Indigenous Services Canada (ISC) produces an overview of requests, decisions, and categories of need. Analysis of the data provided produces descriptive analytics. The data provided reaffirms gaps in the implementation and monitoring of Jordan’s Principle:

- ISC appears to have applied a program-based approach (without outcome indicators) to operationalize Jordan’s Principle.
- There is no way of knowing if the funding from Jordan’s Principle is addressing gaps in substantive equality.
- Properly implementing Jordan’s Principle will require reliable systems to identify and track Jordan’s Principle cases. This means linking **why** the claim was being made, i.e., the shortfall being addressed, and **what** happened to the child’s/group’s wellness after the claim.

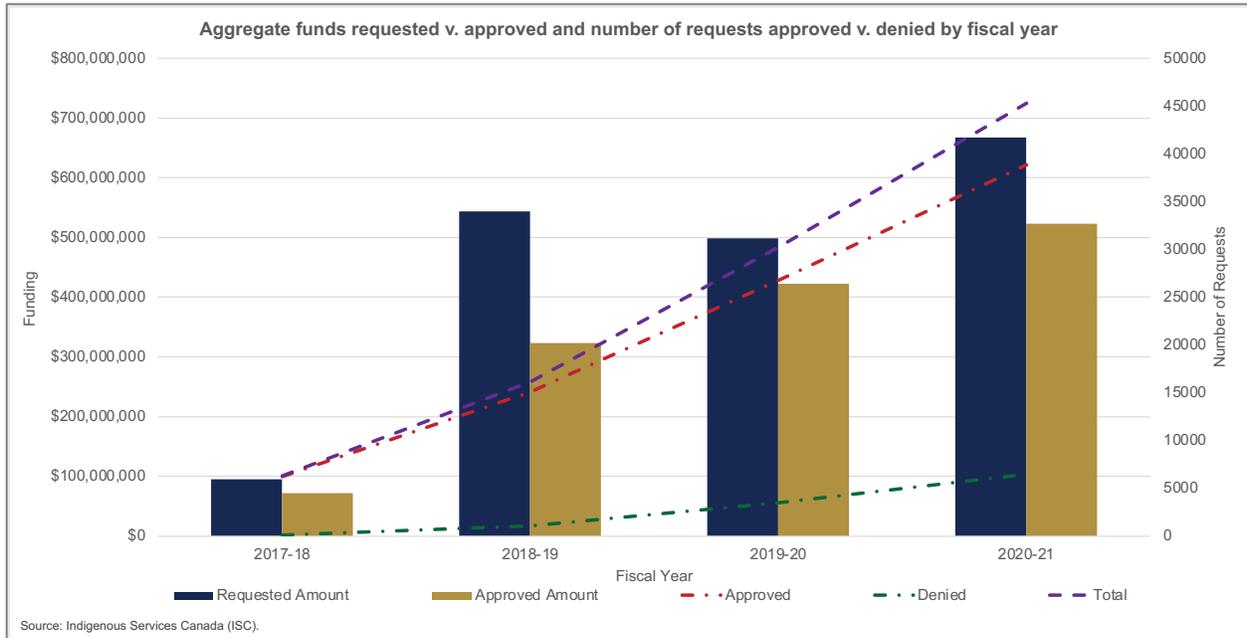
In this analysis, the term ‘requests’ refers to all requests submitted to Jordan’s Principle whether they were later approved or denied. ‘Escalated’ requests refer to those sent for additional review and adjudication to Headquarters.

Table 4

Fiscal year	Total number of requests	Decision		Requested funds	Approved funds
		Approved	Denied		
2016-17	Data is unavailable				
2017-18	6,254	6,174	80	\$94,462,804	\$71,625,544
2018-19	16,137	15,111	1,026	\$544,439,737	\$322,868,552
2019-20	30,281	26,773	3,508	\$498,773,827	\$421,963,552
2020-21	45,335	38,899	6,436	\$667,700,400	\$522,852,232

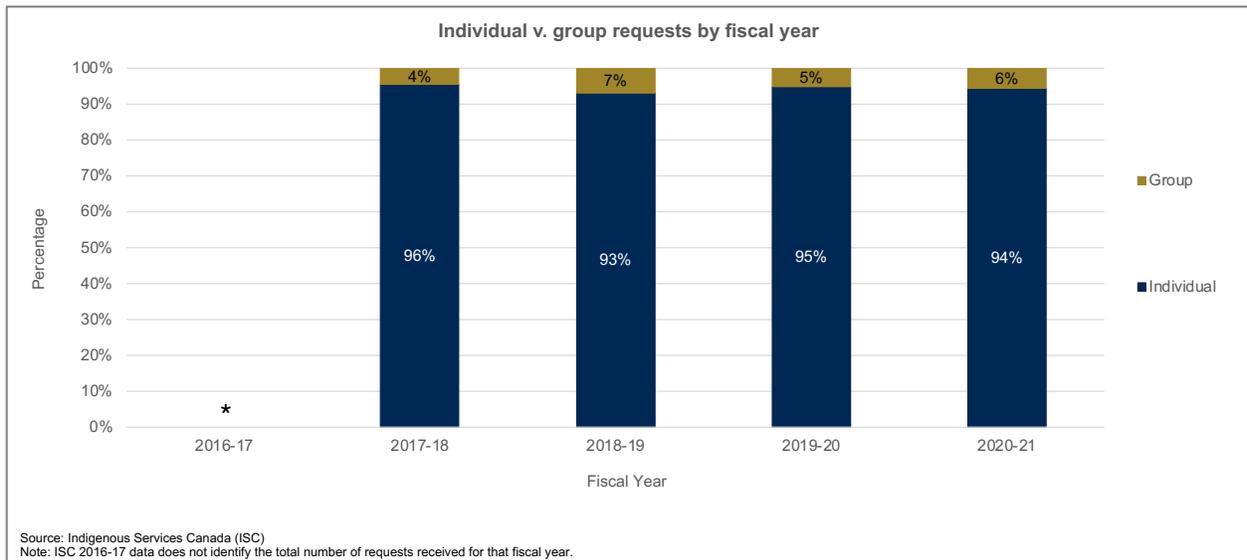
Since 2017-18, the number of requests increased, so did the requested amounts for support (Figure 7). The percentage change of total requests to Jordan’s Principle increased by 625% between fiscal year 2017-18 and 2020-21.

Figure 7



Most requests were for individuals, with less than 10% of requests every fiscal year for groups (Figure 8).

Figure 8

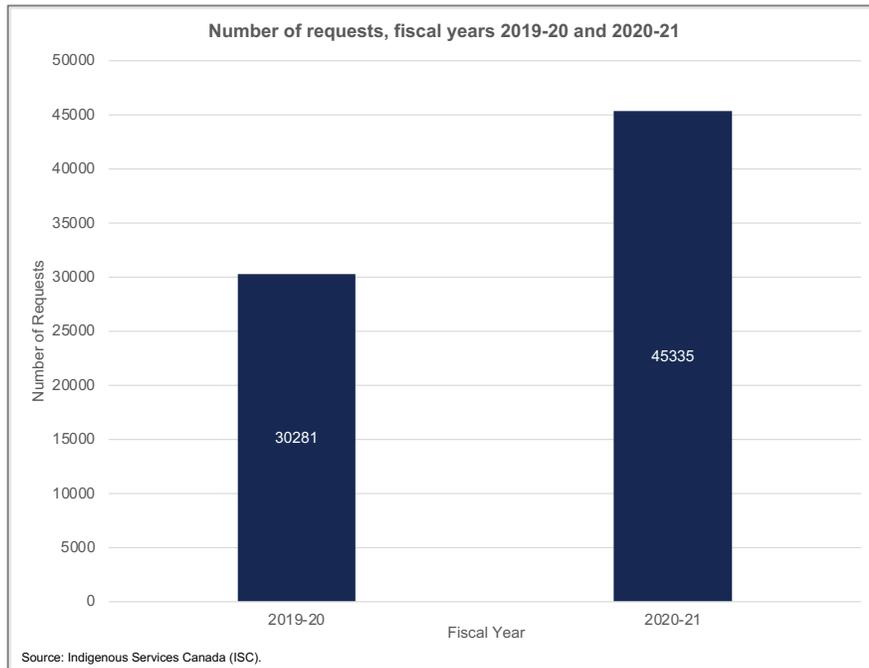


Data from 2019-20 and 2020-21

The 2019-20 and 2020-21 data sets from the GC Case system are the most complete and will be the focus of this analysis. There will be instances in which 2020-21 data alone is presented, as there are more variables in that fiscal year that allow for additional analysis.

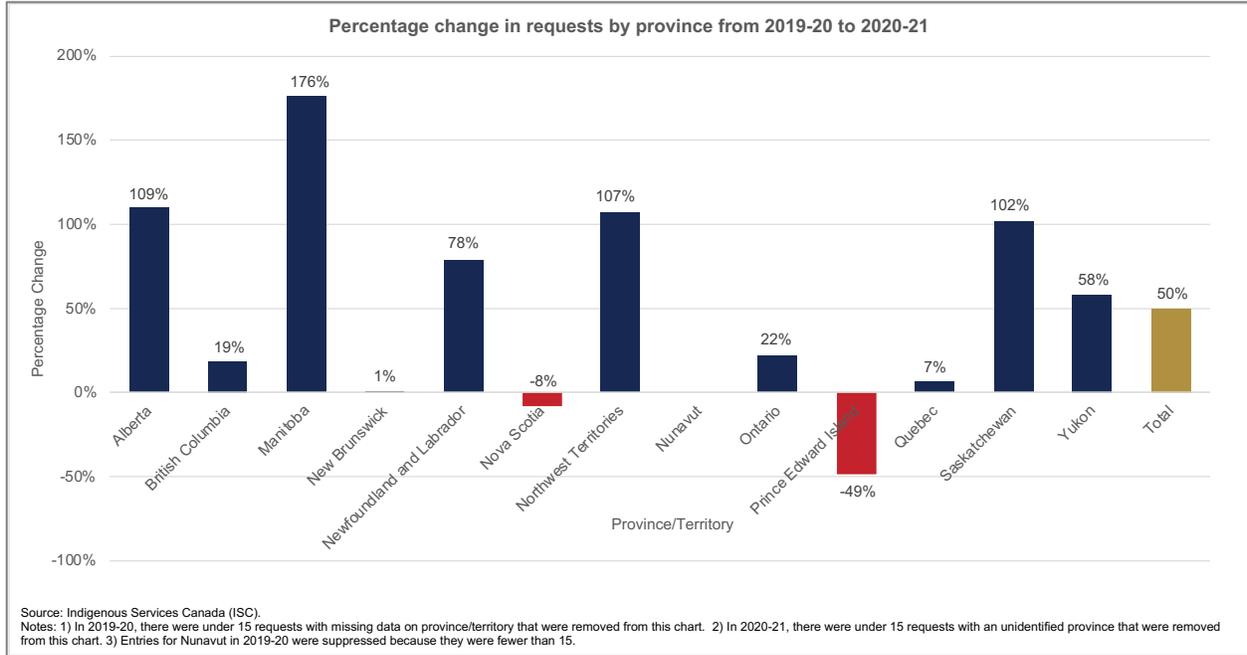
Overall, the number of requests submitted to Jordan’s Principle increased by roughly 50% between 2019-20 and 2020-21 (Figure 9). Most of the requests for fiscal years 2019-20 and 2020-21 were for education. The most expensive requests were for orthodontics (\$5,000 +). Most approved requests were for products or services <\$4,999. The data suggests that requests to Jordan’s Principle are frequently for lower-cost products or services. This merits closer attention, as it is unclear if Jordan’s Principle is closing gaps in substantive equality or formal equality or being used as a stop-gap to cover shortages from existing programs and services.

Figure 9



The most significant increases in requests were in Manitoba, followed by Alberta, Northwest Territories, and Saskatchewan. Requests from Nova Scotia and Prince Edward Island decreased (Figure 10) between fiscal year 2019-20 and 2020-21.

Figure 10



The Northwest Territories, British Columbia, and Ontario had the highest percentages of denied requests among all provinces and territories in 2019-20 (Figure 11), with Alberta replacing Ontario in the top three in 2020-21 (Figure 12).

Figure 11

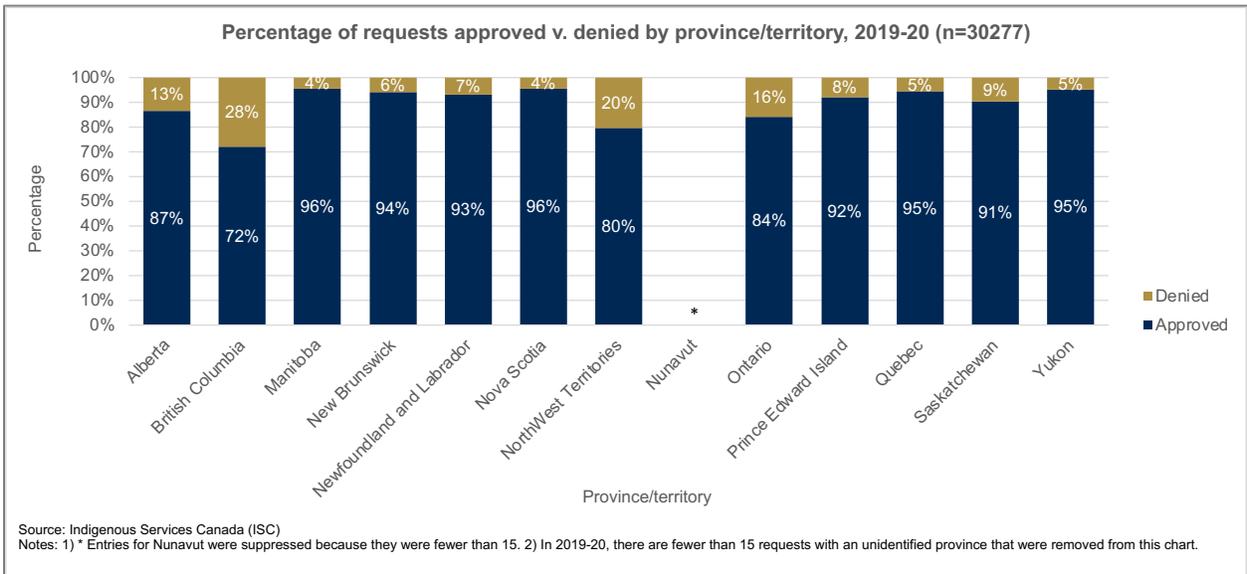
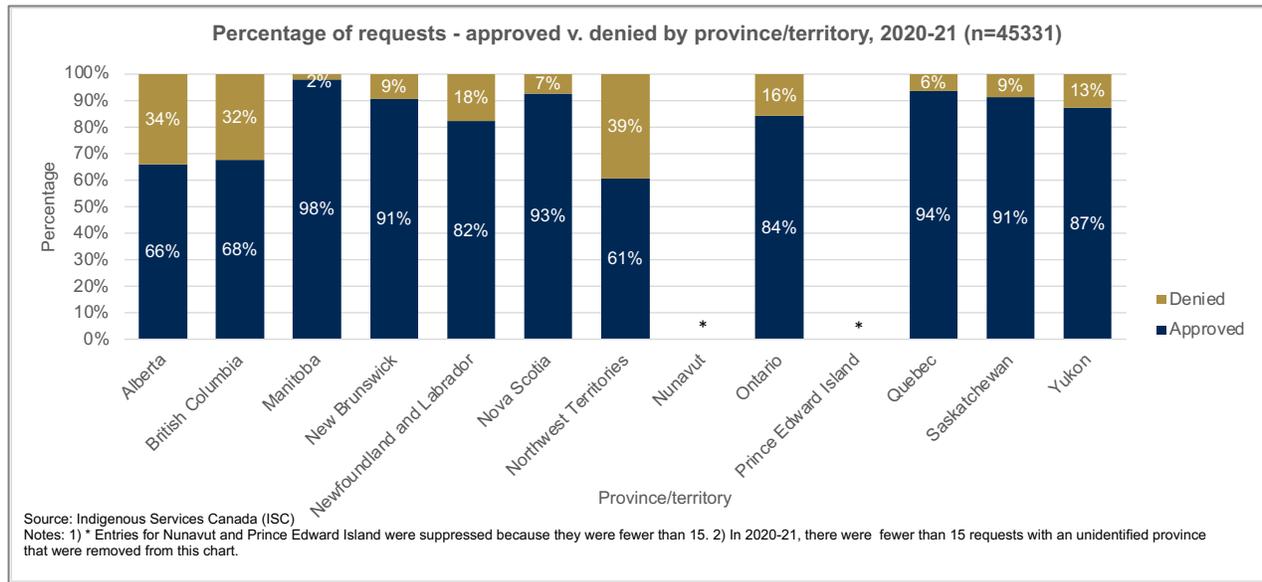


Figure 12



Nearly all requests made were for individuals (Figure 13). A greater percentage of group requests (roughly 20%) were denied compared to individual requests (approved at rates of nearly 90%) across both fiscal years (Figure 14 and Figure 15).

Figure 13

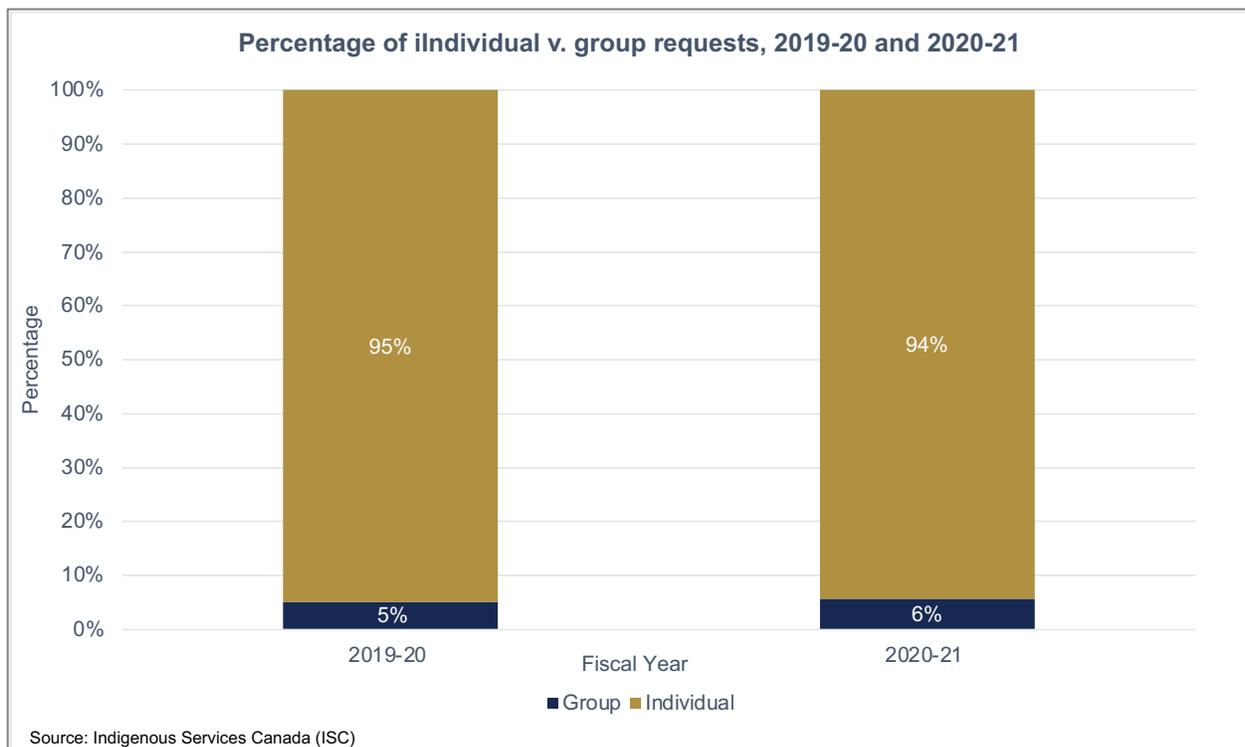


Figure 14

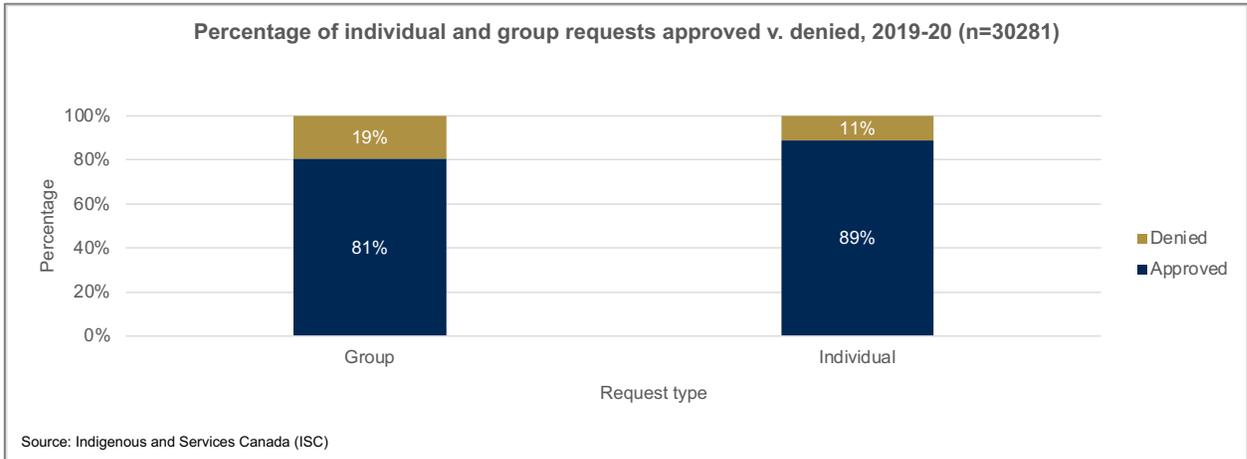
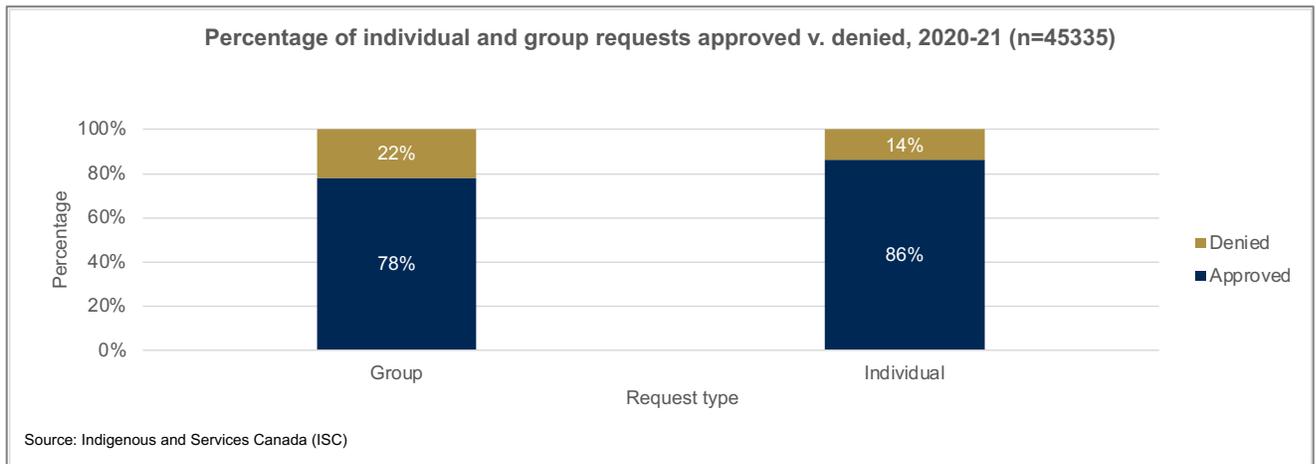
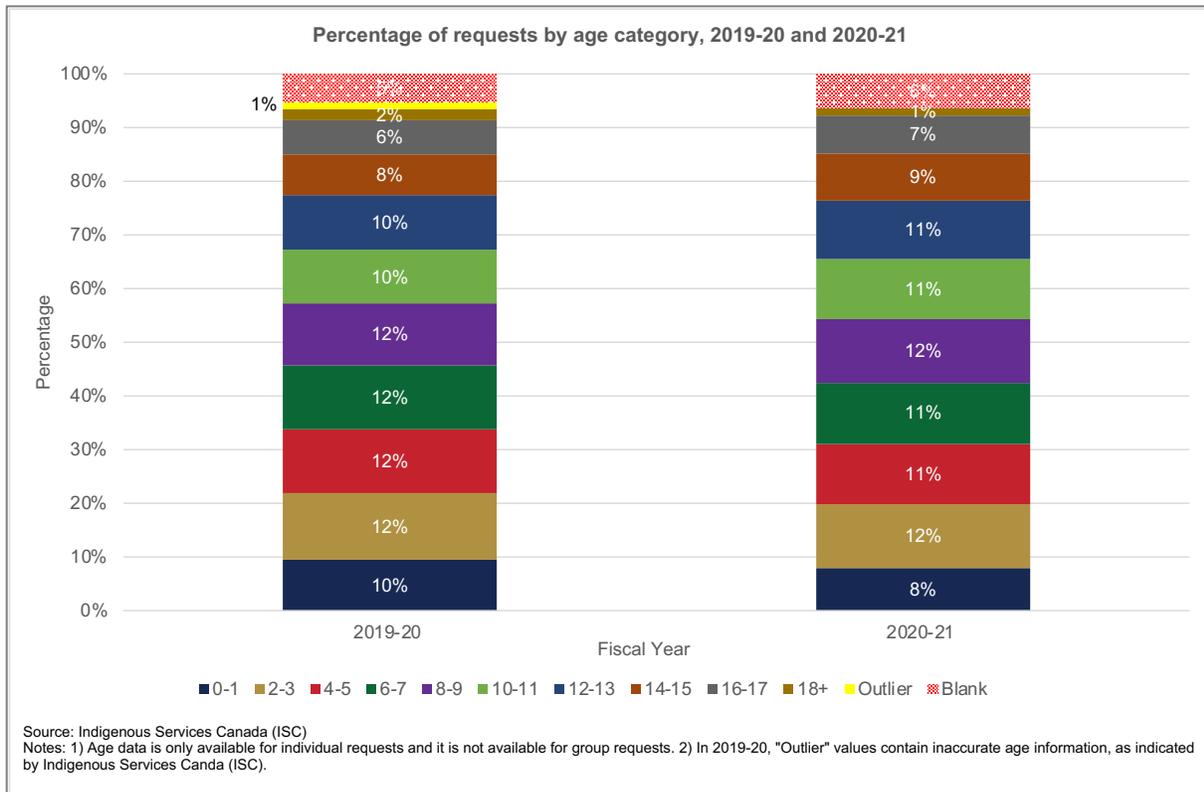


Figure 15



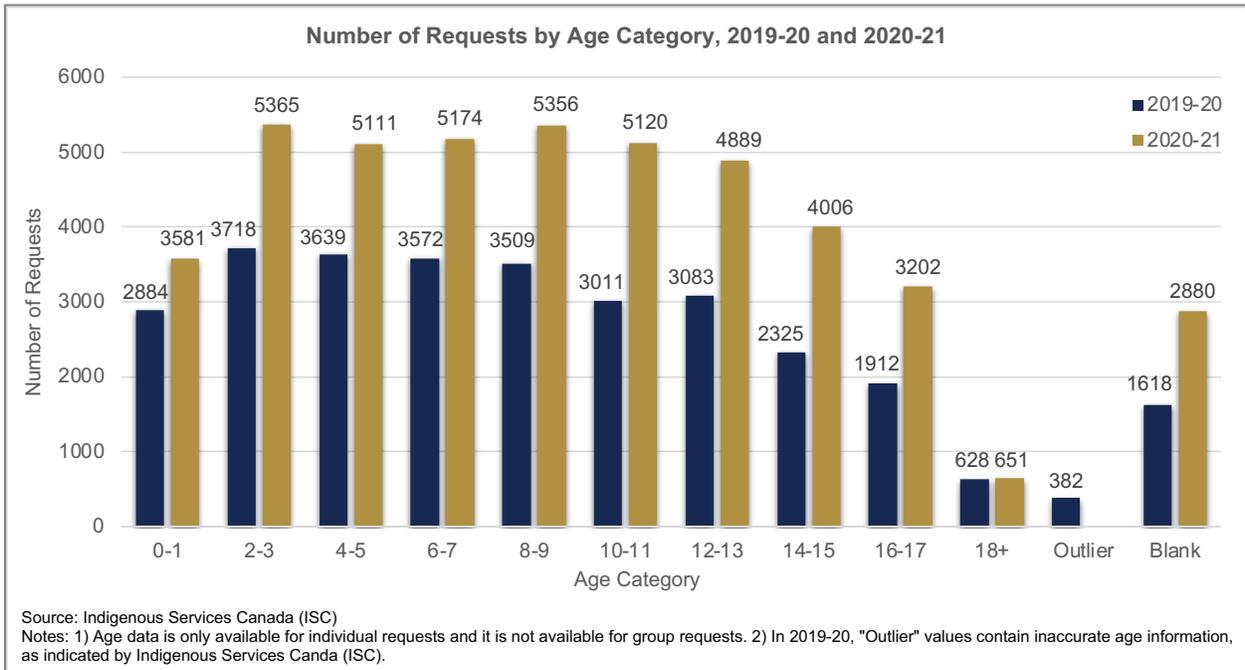
Just over 50% of requests in 2019-20 and 2020-21 were for children between 0-9 years old (Figure 16).

Figure 16



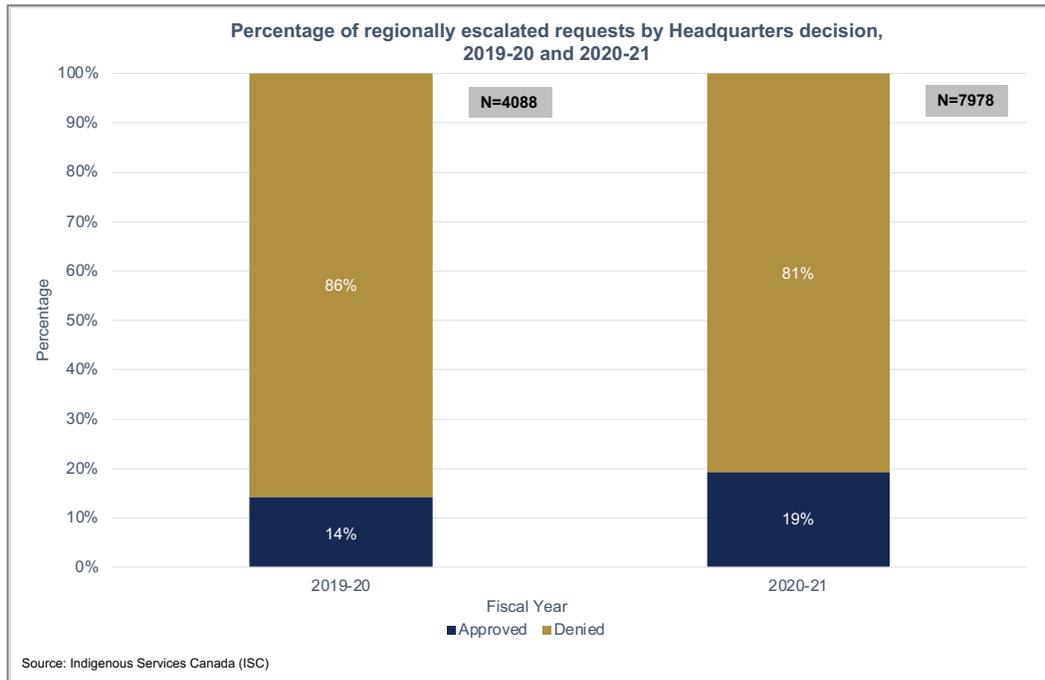
Requests tend to be made for children and youth from ages 2-3 to 12-13, and then tend to decrease (Figure 17).

Figure 17



Requests escalated by the region to headquarters for a decision are mostly denied with less than 20% approved for fiscal years 2019-20 and 2020-21 (Figure 18).

Figure 18



In 2020-21, nearly all requests escalated to headquarters were deemed to be above the normative standard of care (Figure 19). Of regionally escalated requests that were evaluated against one or more of: substantive equality, best interests of the child, cultural appropriateness:

- 48% were deemed to be a matter of substantive equality (Figure 20)
- 35% were considered a matter of cultural appropriateness (the least assessed category) (Figure 21)
- 58% were associated to the best interests of the child (Figure 22)

Figure 19

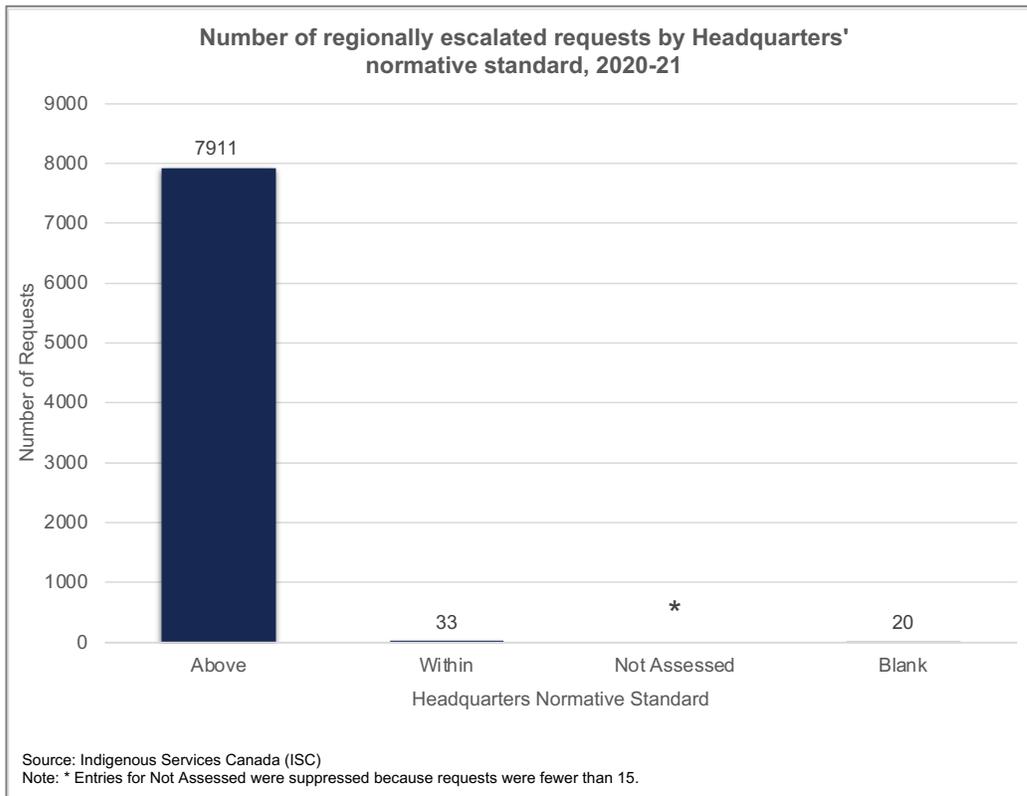


Figure 20

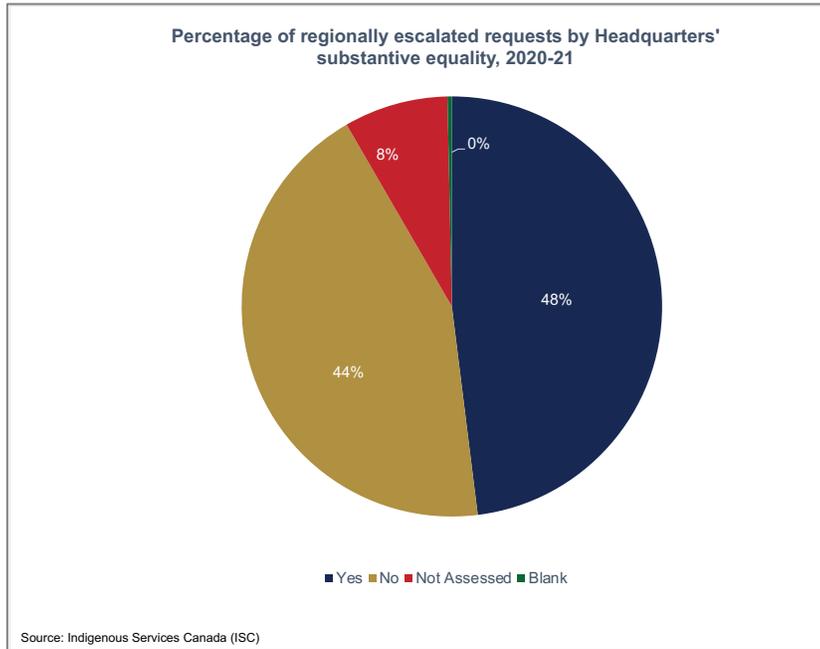


Figure 21

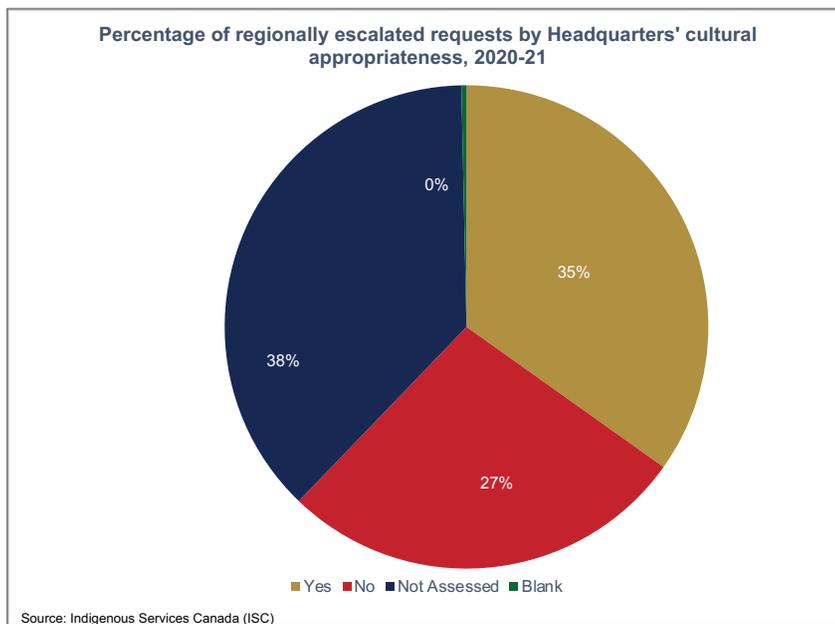
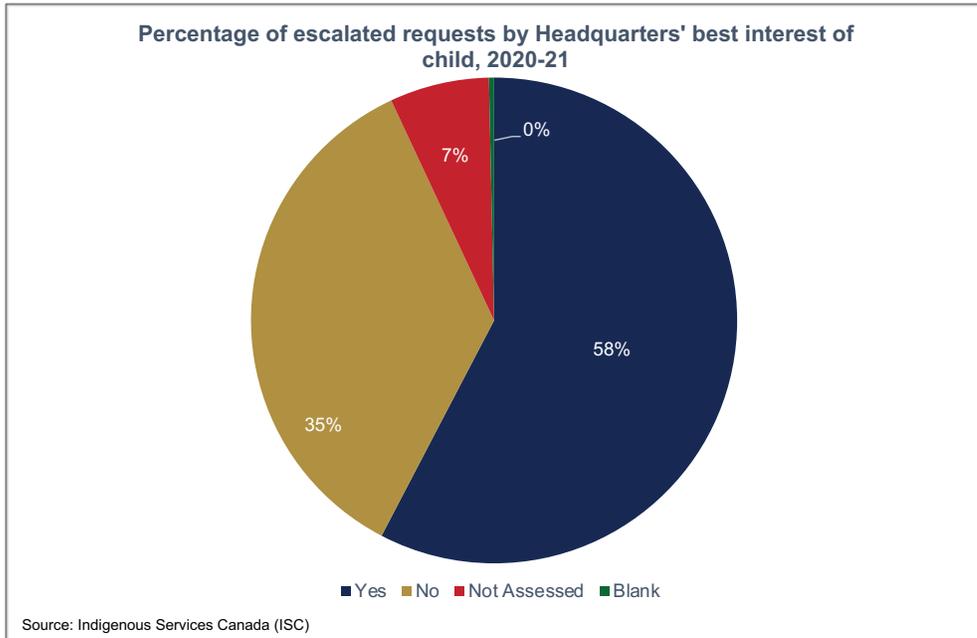


Figure 22



In 2020-21, there were more appeals recorded than in 2019-20 for escalated regional requests that were denied (Figure 23). Of those appealed denials, more were partially or fully approved in 2020-21 than in 2019-20 (Figure 24).

Figure 23

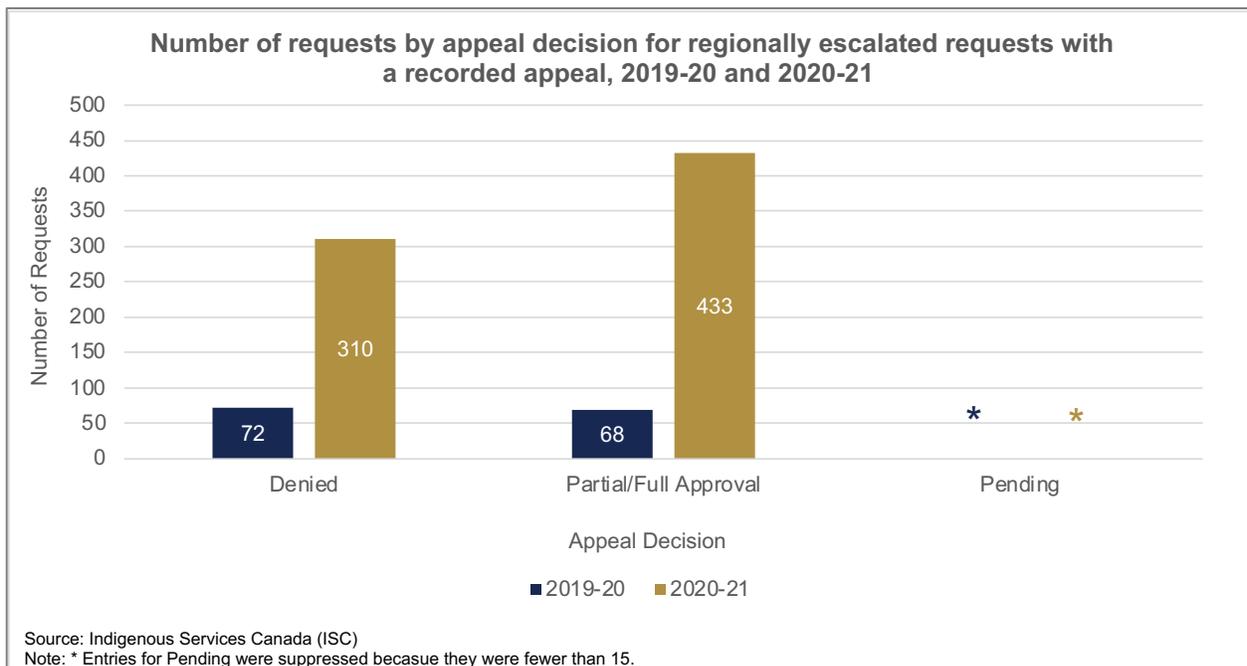
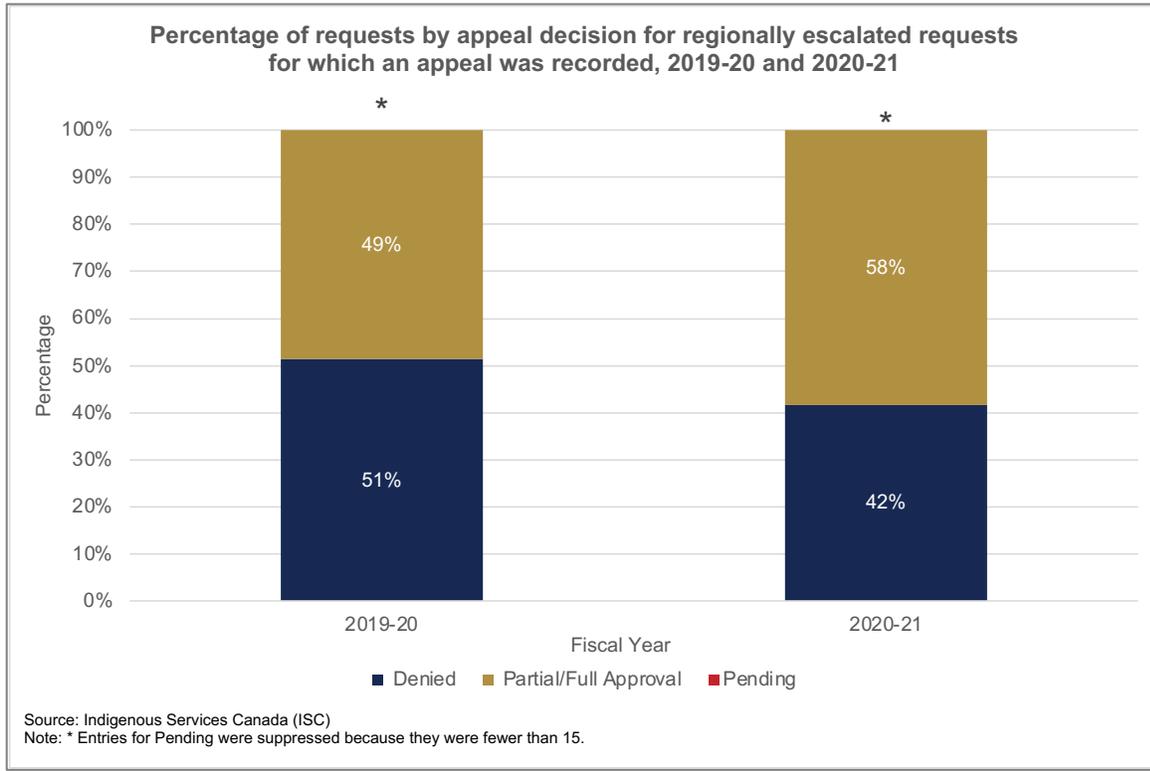


Figure 24



In both fiscal years, less than 5% of requests were deemed to be urgent (Figure 25 and Figure 26). Urgent requests require responses in 12 hours by Canada.

Figure 25

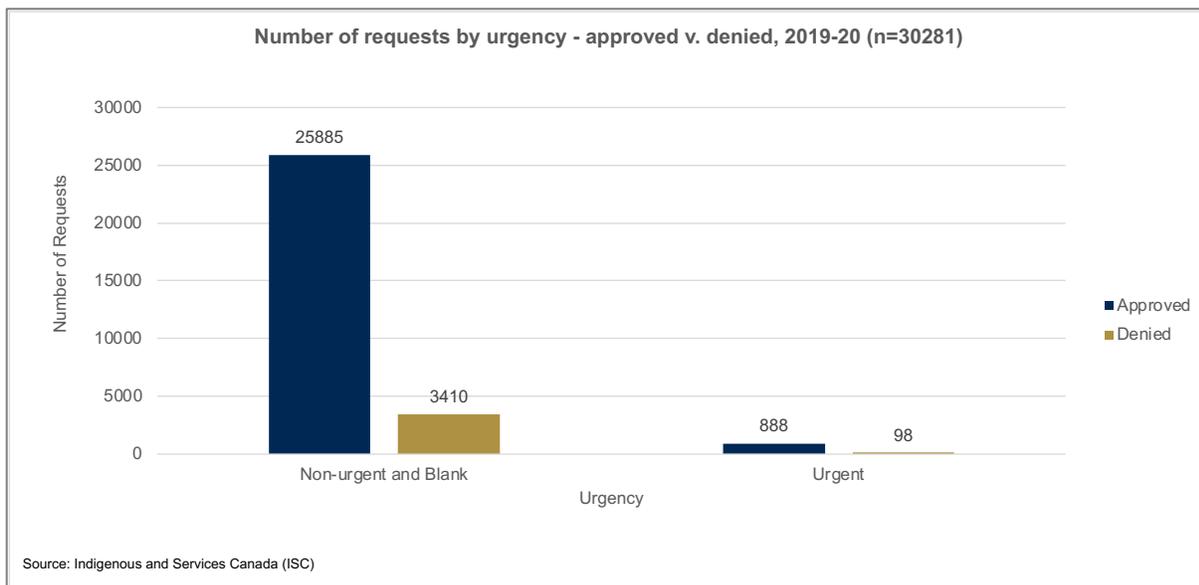
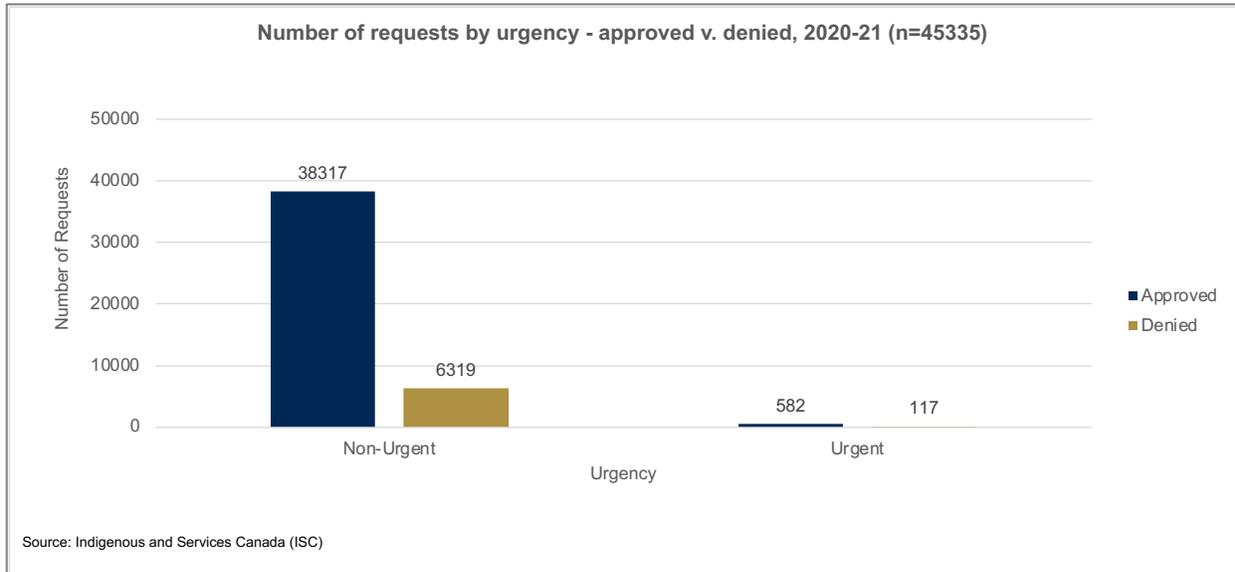
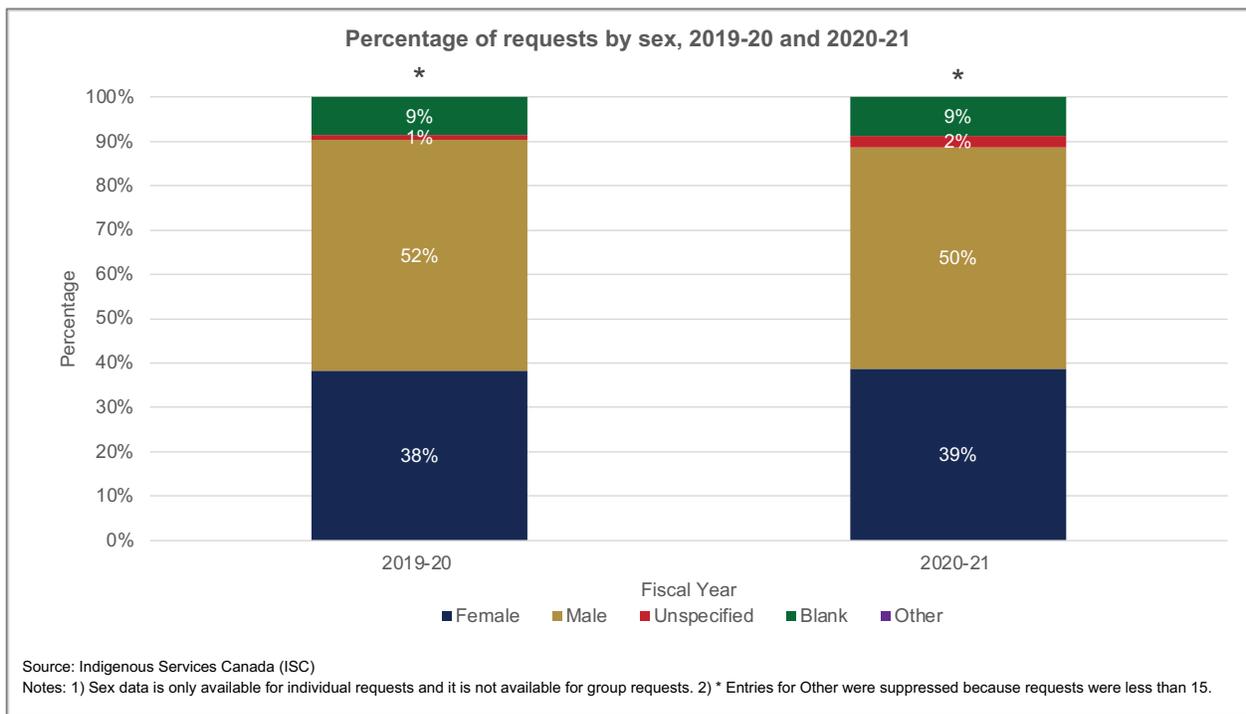


Figure 26



At least half of the requests submitted to Jordan’s Principle were for male children (Figure 27).

Figure 27



Most requests are for products or services with costs below \$5,000 (Figure 28). Approved requests reflected a similar percentage breakdown (Figure 29).

Figure 28

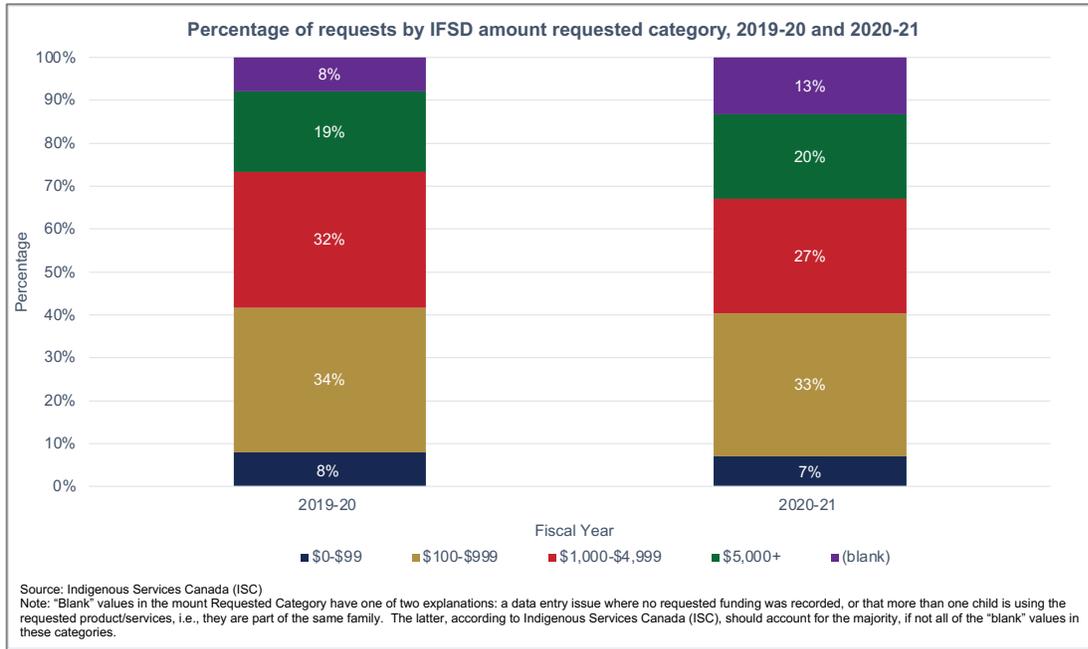
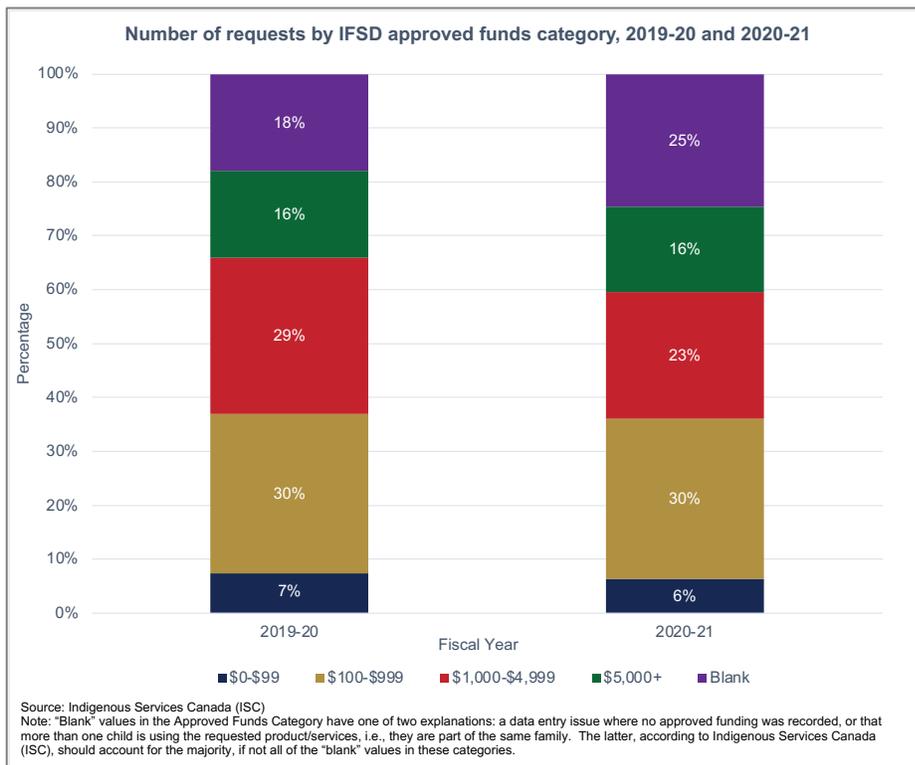


Figure 29



Most requests in fiscal year 2019-20 came from education and medical transportation. In 2020-21, the request categories remained consistent, with healthy child development following closely behind medical transportation (see Figure 30, Figure 31, and Figure 32).

Figure 30

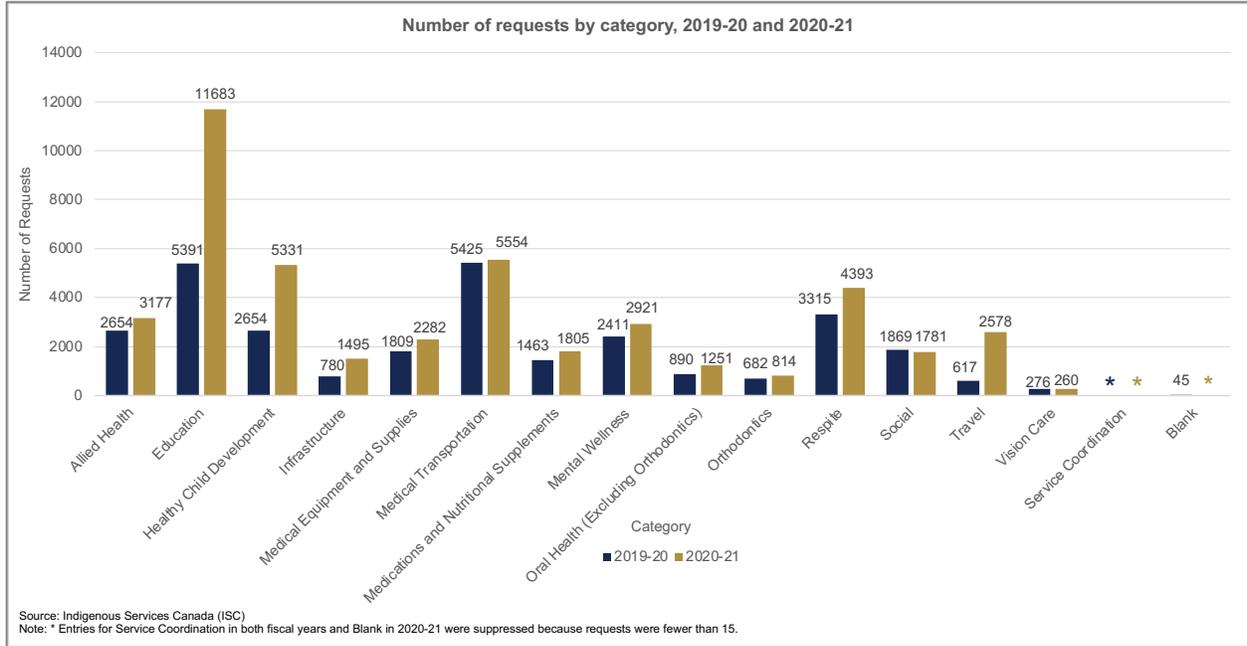


Figure 31

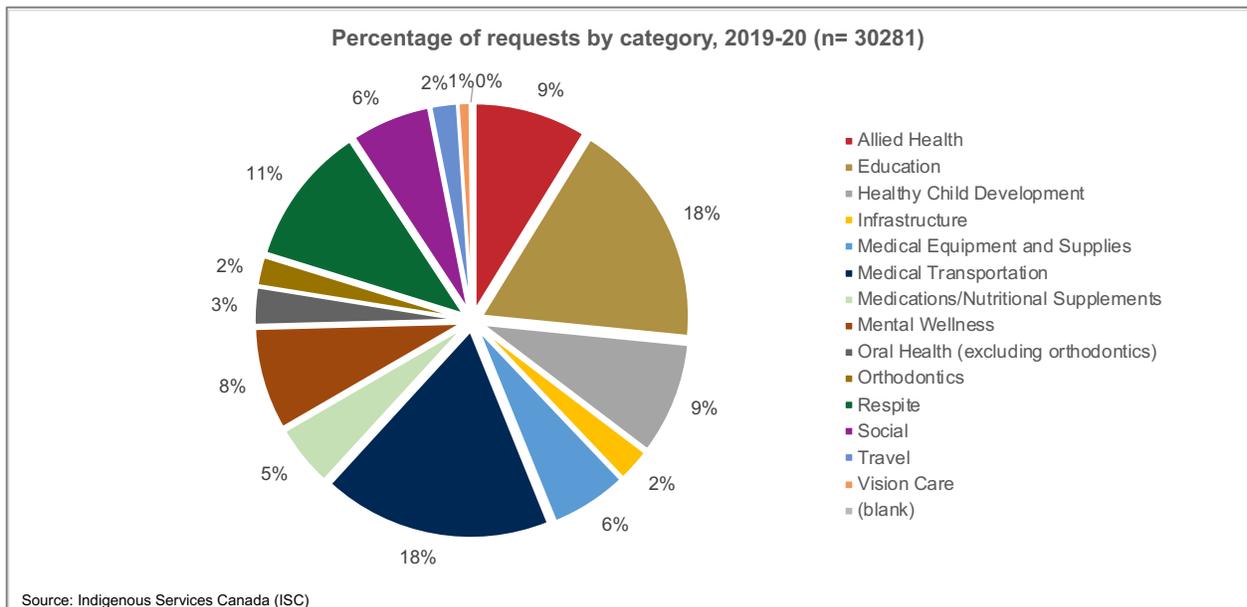
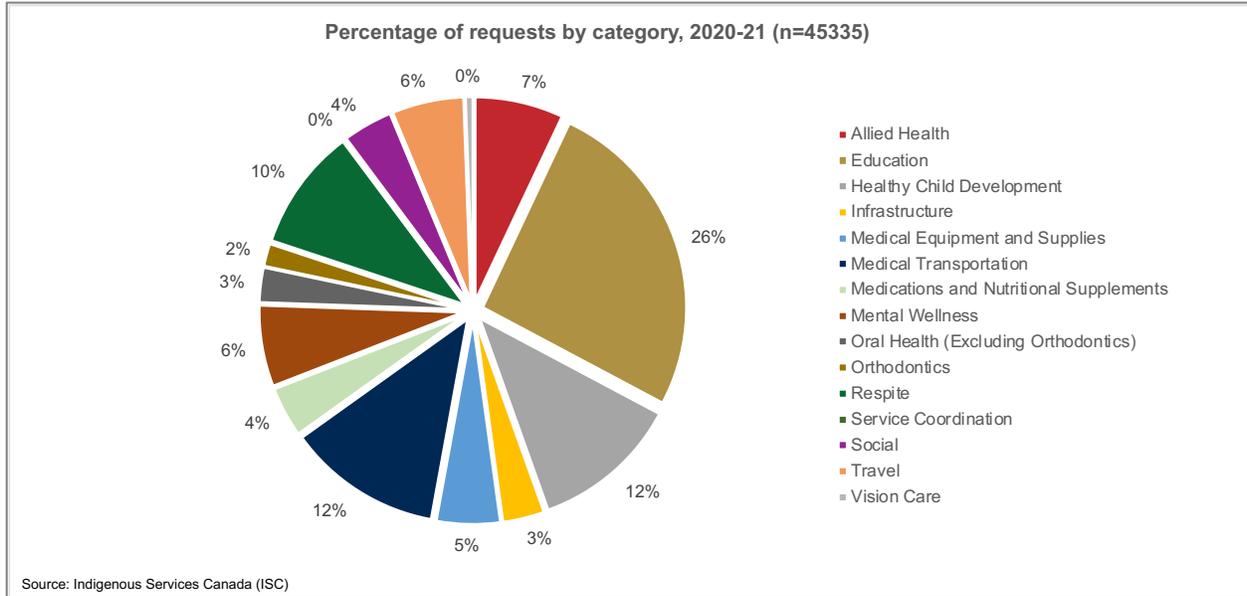


Figure 32



Education, respite, and mental wellness are the categories with the greatest number of requests for products or services valued at more than \$5,000 in both fiscal year 2019-20 and 2020-21. Medical transportation had the highest number of requests for products or services valued at less than \$5,000 in 2019-20, and in 2020-21, it was education (Figure 33 and Figure 34).

Figure 33

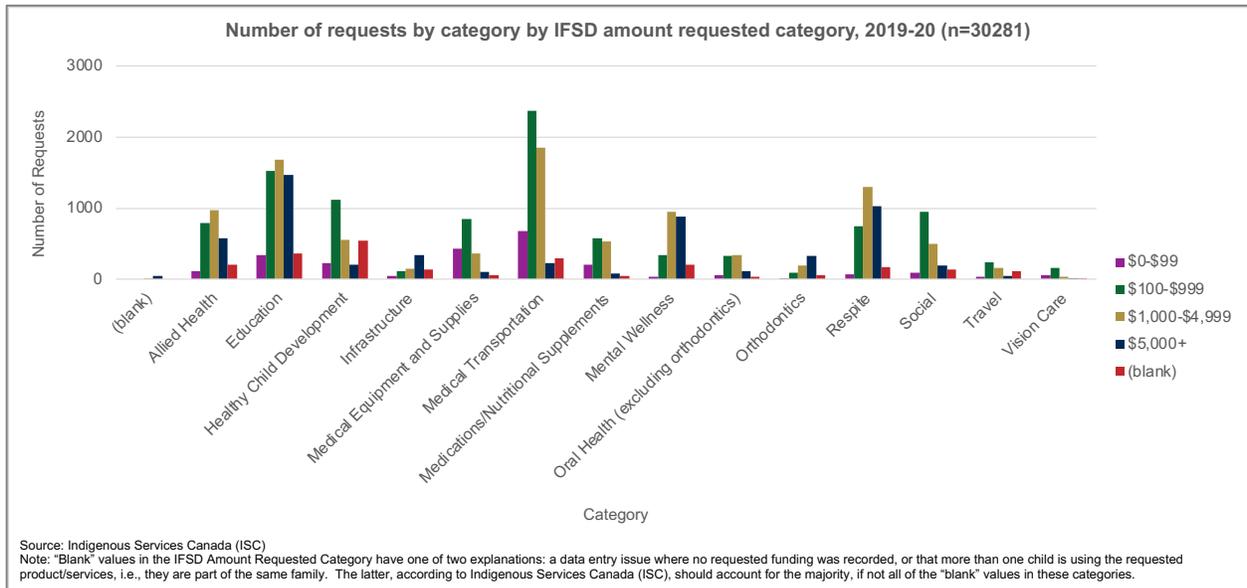
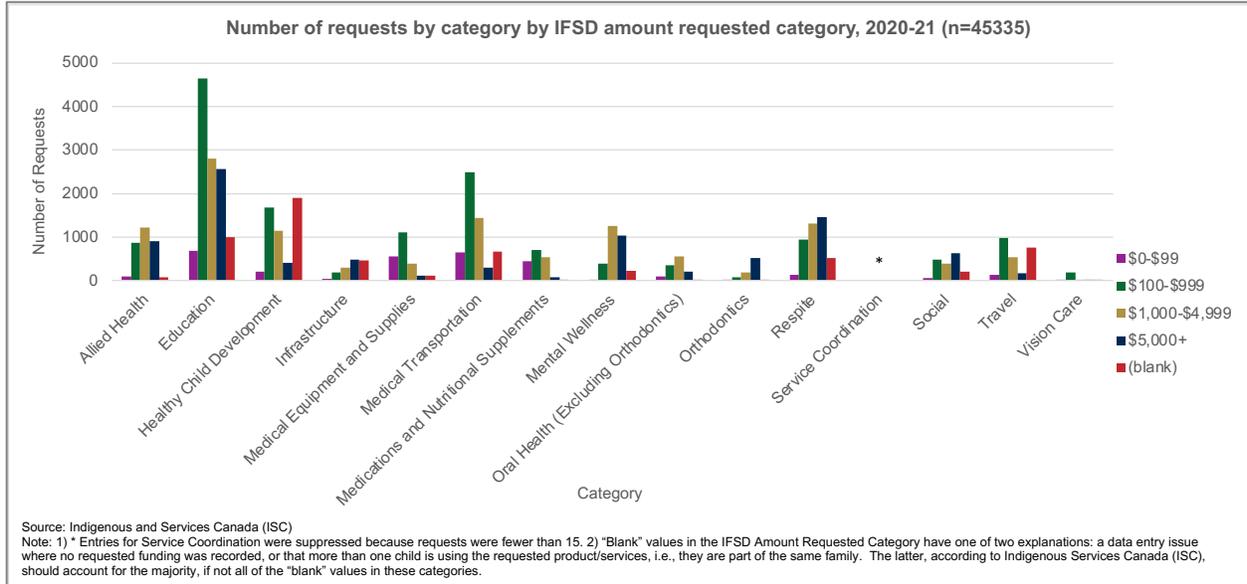


Figure 34



Most funding was approved for fiscal year 2019-20. The largest sources of denials were in infrastructure, orthodontics, and social. In 2020-21, most funding was approved. The largest sources of denials were mainly in orthodontics, followed by infrastructure, healthy child development, and social (Figure 35 and Figure 36).

Figure 35

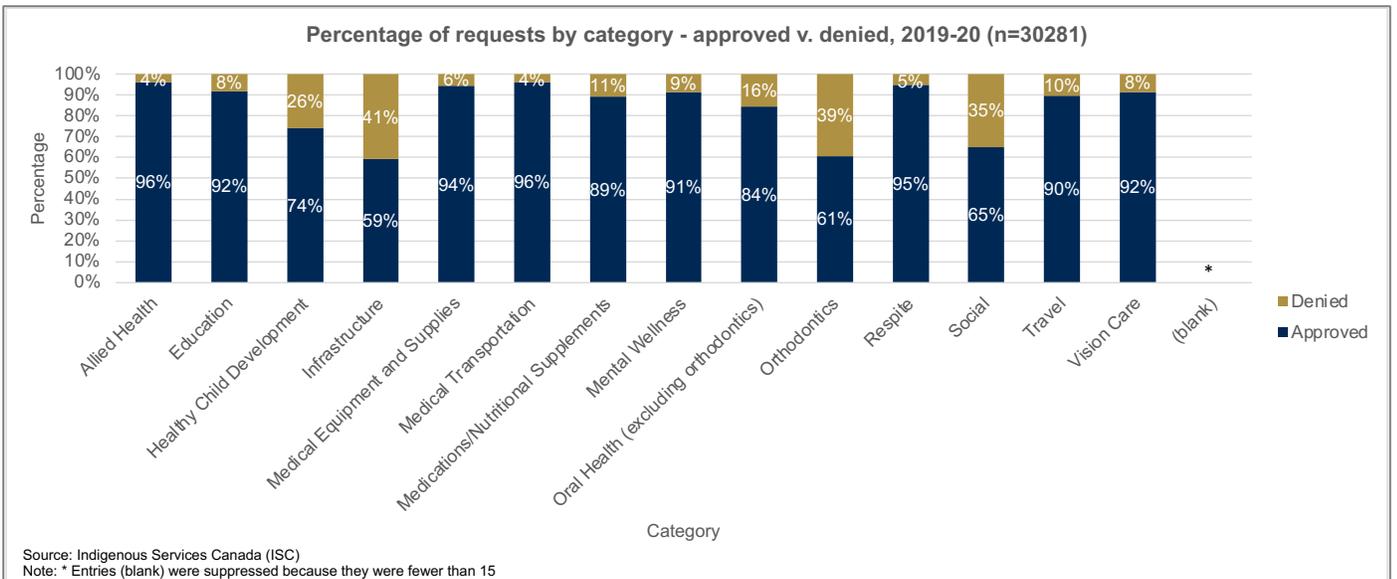
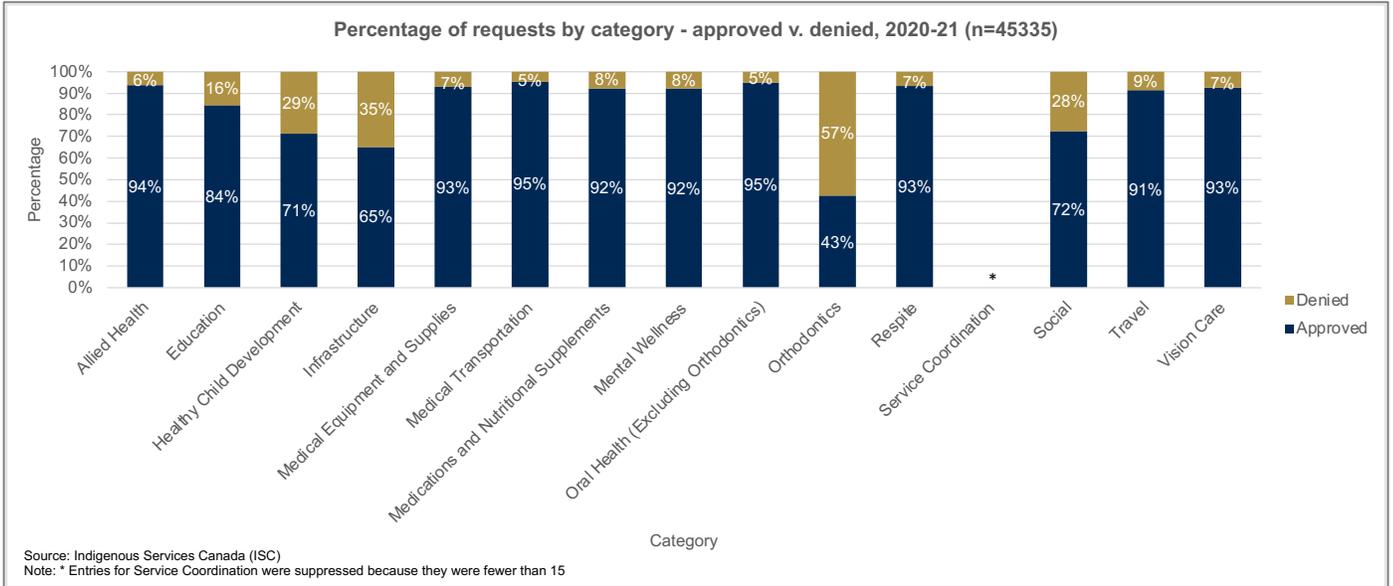


Figure 36



Jordan’s Principle requests require supporting information. On behalf of children needing services, family members, health or education professionals, Jordan’s Principle Navigators, and others may support or prepare the request on their behalf. In 2020-21, Navigators, community-based workers, and family members submitted nearly three-quarters of the requests (

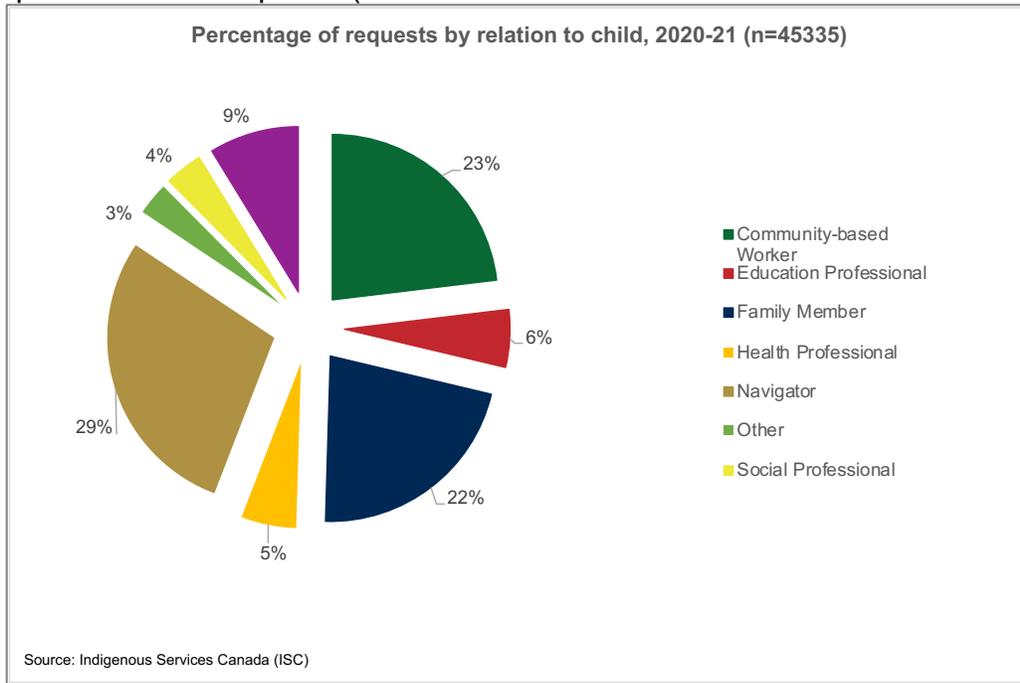
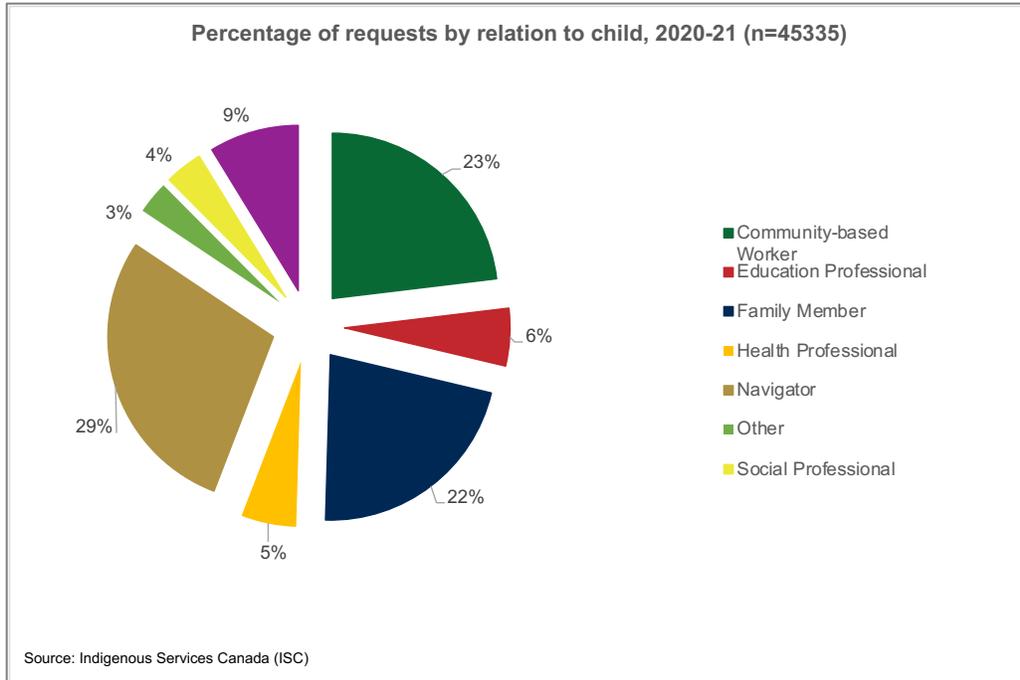


Figure 37



To simplify the analysis, IFSD sorted requestors into three categories: professional (which includes everyone other than family member and other); non-professional (which includes family member); and other and blank. Most request are submitted by a professional and are approved (Figure 38). When comparing approval rates on a percentage basis within the individual categories, family members have a lower approval rate than professionals and other and blank (Figure 39).

Figure 38

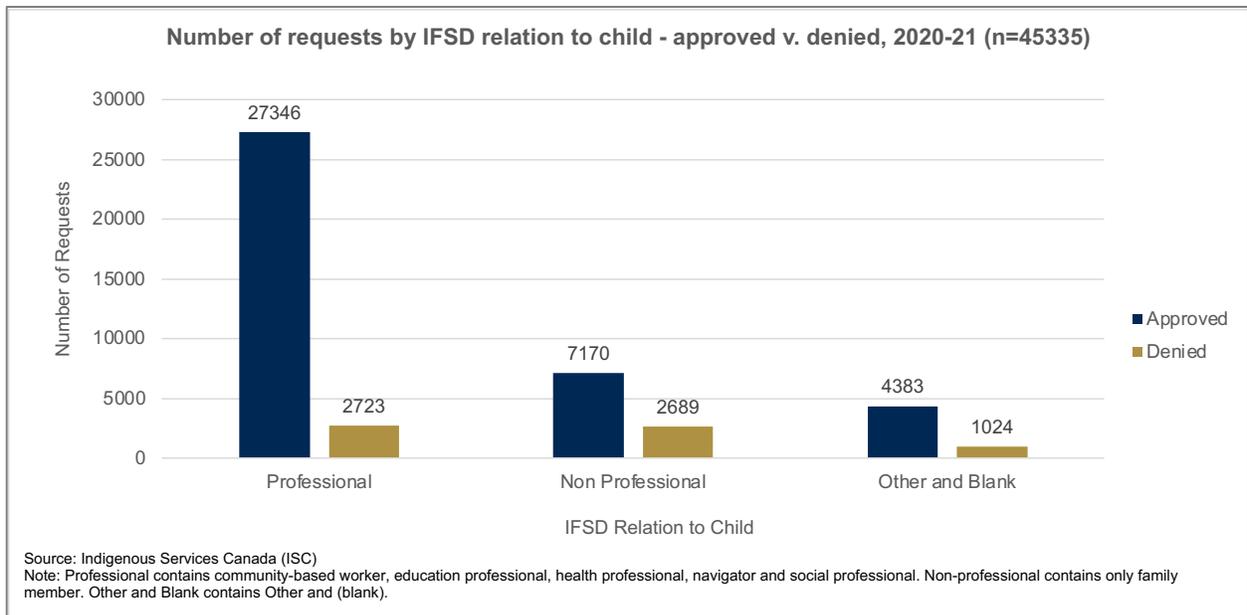
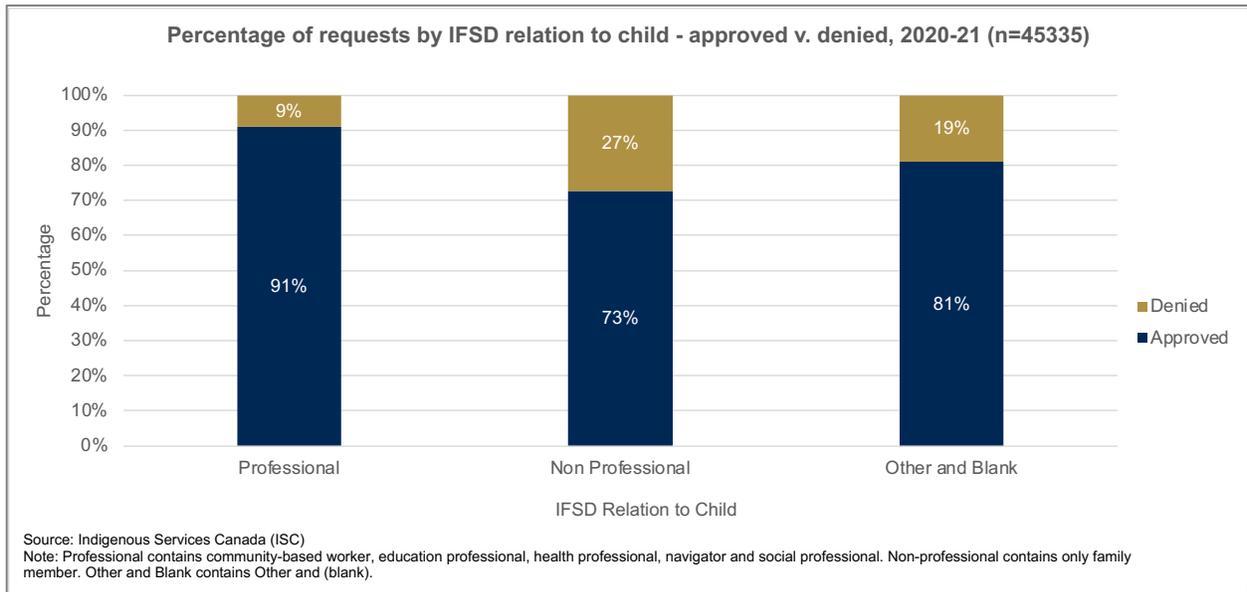
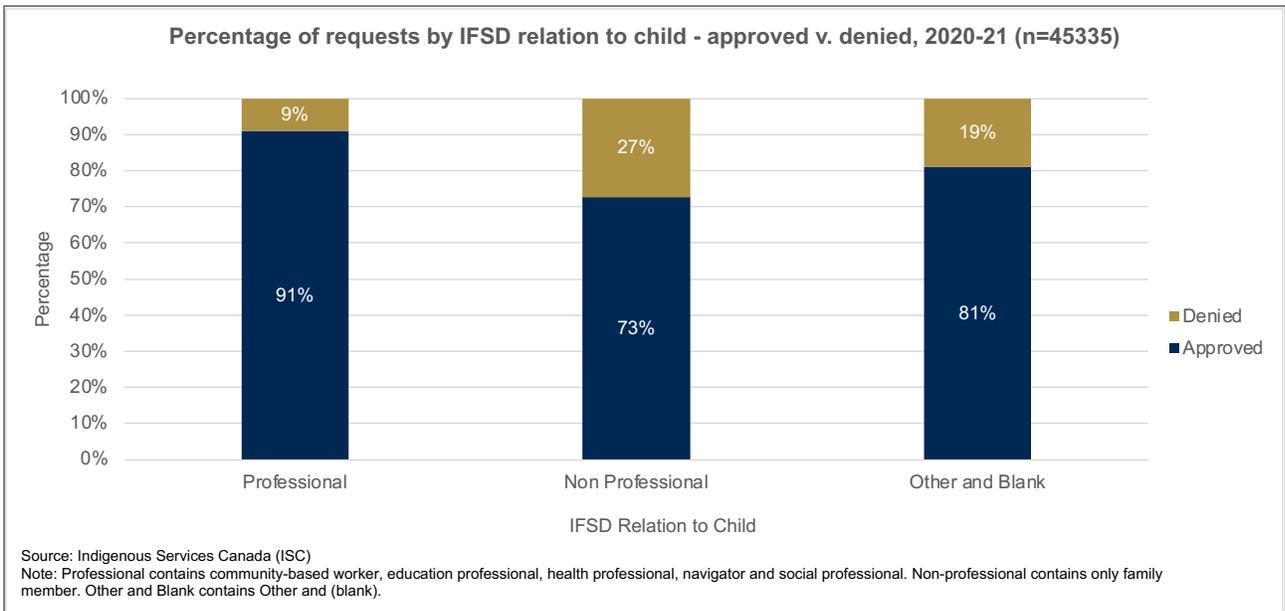


Figure 39



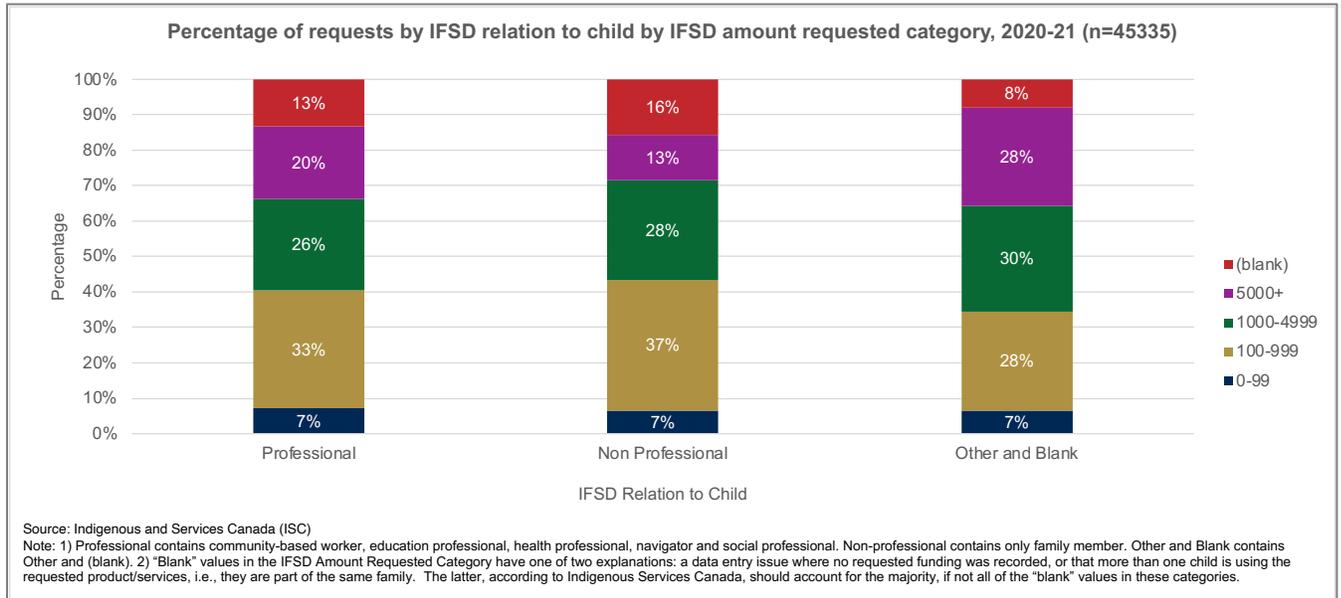
Rejected requests across provinces and territories were submitted primarily by family members and community-based workers (Figure 40).

Figure 40



Requests by expenditure are fairly similar between professional and family members for amounts less than \$5,000. Other and blank entries have nearly 30% of their requests for amounts above \$5,000, with professionals at 20%, and family members at 13% (Figure 41).

Figure 41



Decision timelines

When a request for an individual is submitted to Jordan’s Principle, Canada has 48 hours to provide a response. If the request is urgent, the response requirement is 12 hours. For group requests, Canada has two weeks to respond and 48 hours if the group request is urgent.

The majority of individual request have a final decision rendered in 0-2 days, although a significant number can take between 8-30 days to adjudicate, for both fiscal years 2019-20 and 2020-21.

Figure 42

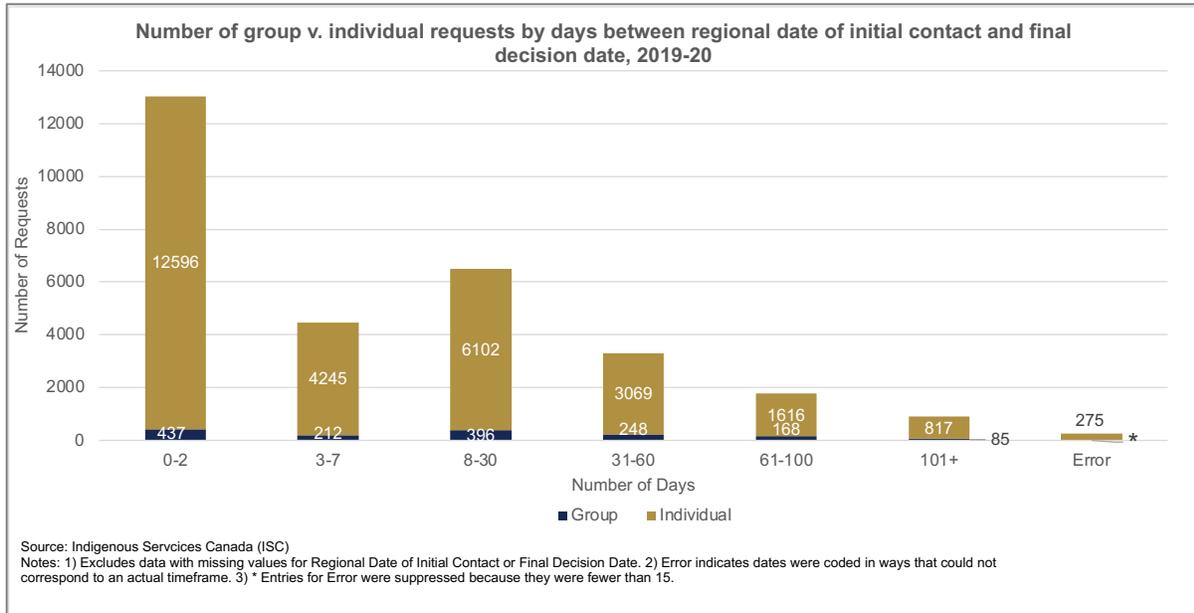
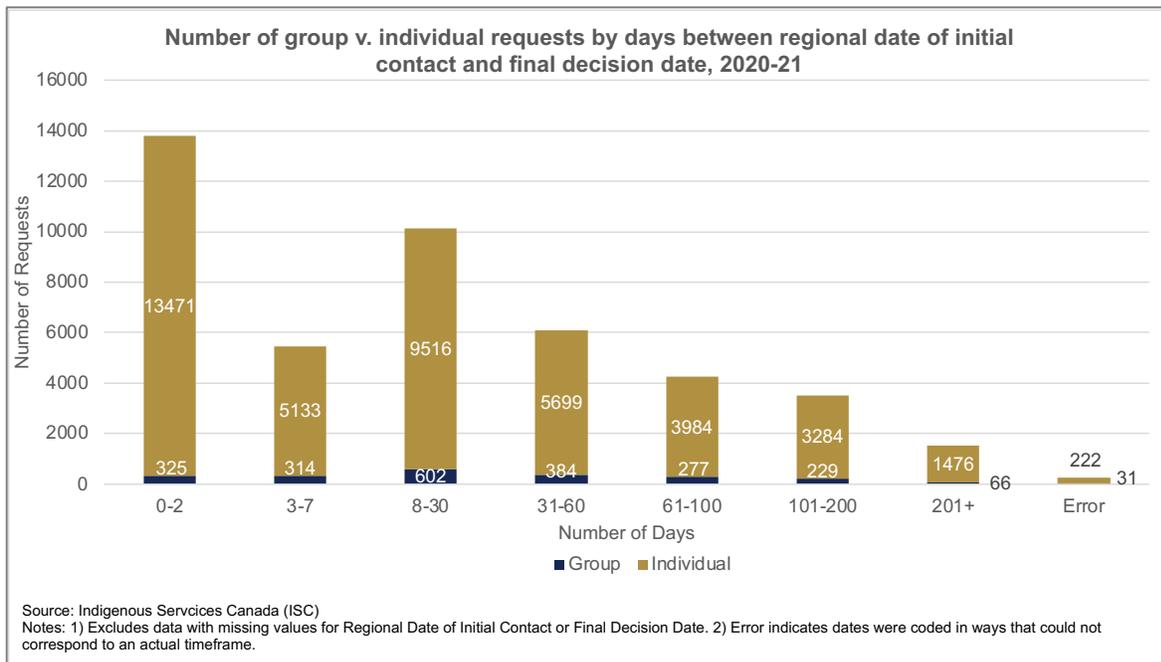


Figure 43



There is variability across provinces in timelines. Across both fiscal years, Quebec and Manitoba appear to render most of their regional decisions in 0-2 days, making them the fastest of the provinces and territories (Figure 44 and Figure 45).

Figure 44

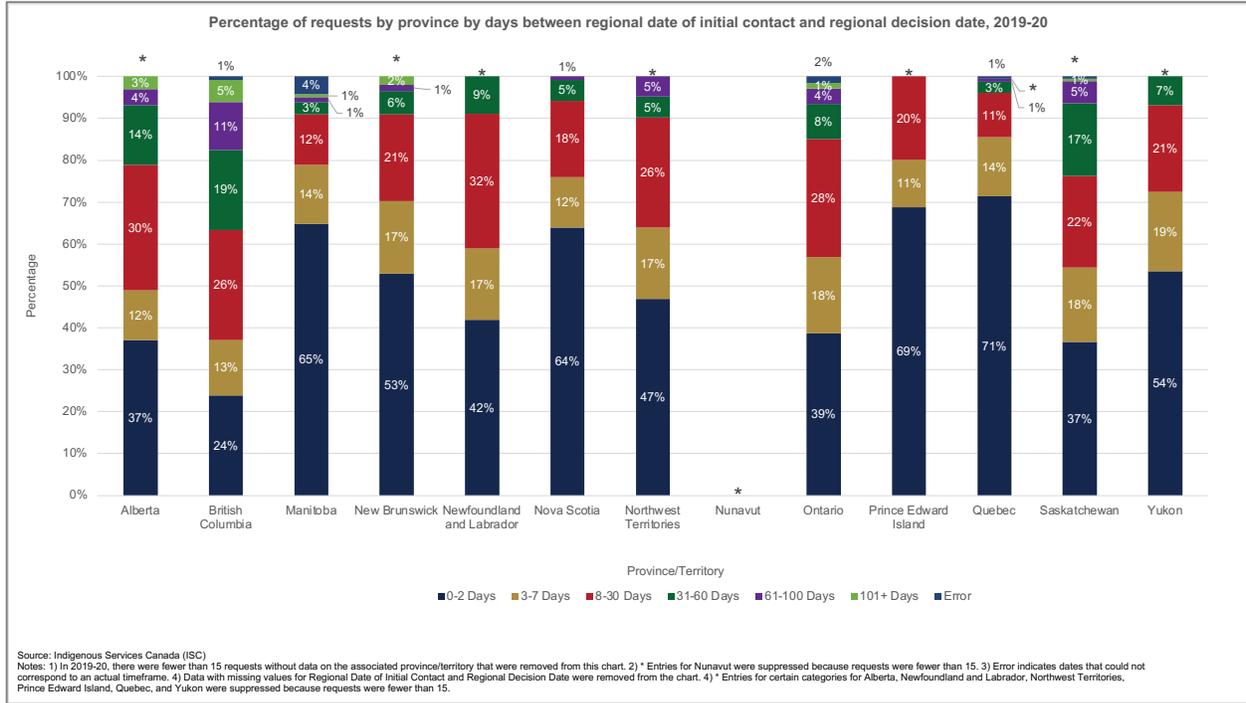
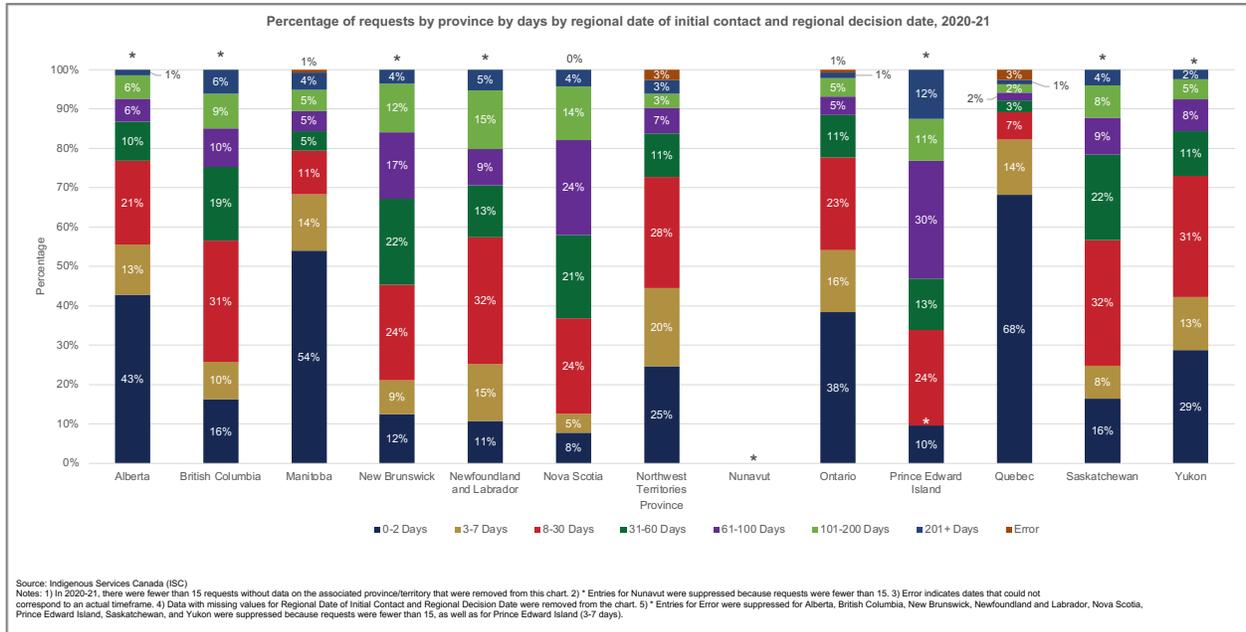
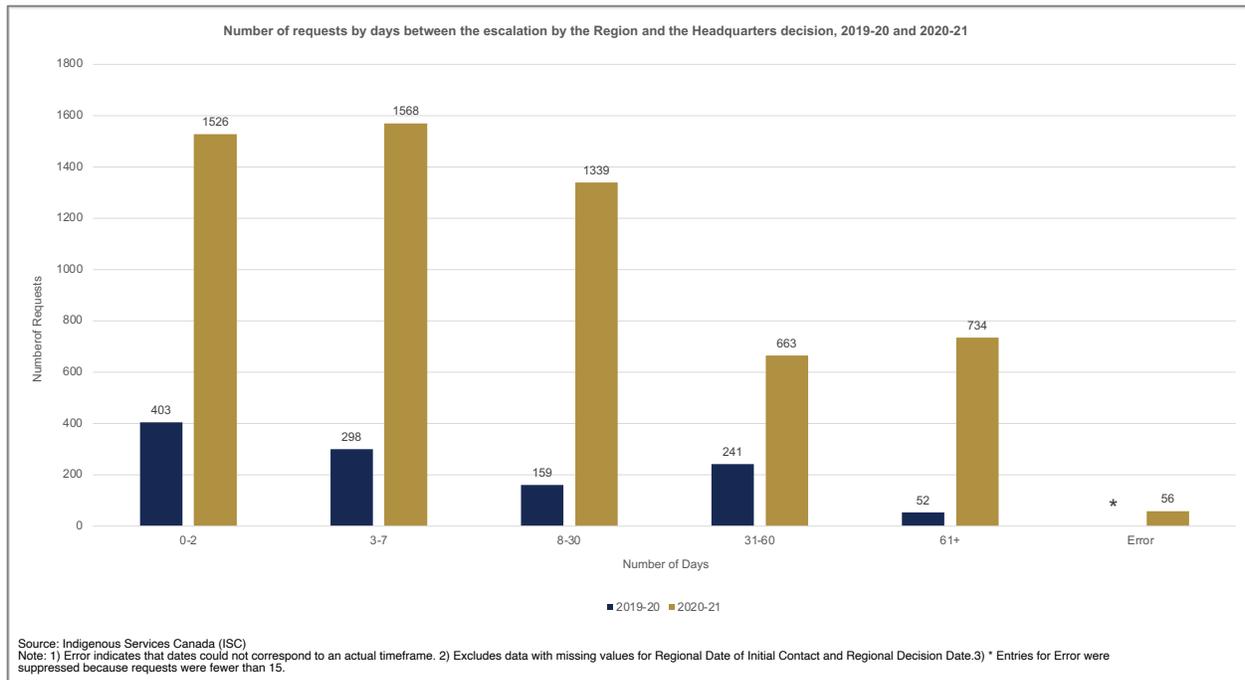


Figure 45



When requests are escalated, most received a final decision from headquarters in 0-7 days in 2019-20 and 2020-21 (Figure 46).

Figure 46



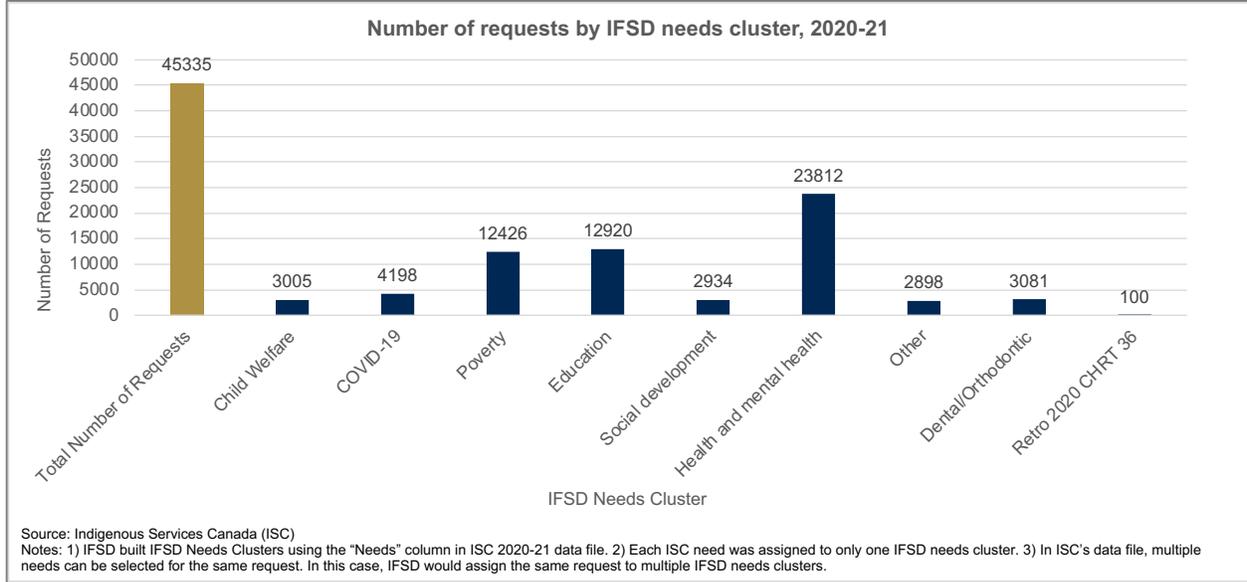
IFSD needs cluster analysis

IFSD developed a set of needs-based categories from the GC Case ‘need’ variable only available for fiscal year 2020-21. The categories were developed by clustering related indicators from the original 267 defined in GC Case (see Appendix B for the categories and their associated indicators): education; health and mental health; poverty; social development; dental/orthodontic; retro 2020 CHRT 36; and other. The needs-analysis was undertaken to try to understand why requests were being made through Jordan’s Principle.

While issues or services were identified in the GC Case needs category, they were insufficient to confirm the root cause of the request. The only IFSD cluster that could potentially identify root causes of need was poverty, which included indicators such as: affordability, unspecified low-income, unspecified financial, malnutrition, etc. Other indicators from the GC Case ‘need’ variable, such as, unspecified seizure, tooth decay, difficulty with writing, stuttering, mental, preserving family integrity, etc., do not explain the root cause of why the product or service was being requested through Jordan’s Principle or why it was inaccessible through existing programs. Was it a one-time unaffordable or inaccessible product or service that was required? Was the root cause chronic or acute? Could the issue or need be addressed through other programs or services? If yes, why was it not? Refinements to data collection and analysis on Jordan’s Principle should capture the root cause of need to better understand gaps in other program areas.

Among the IFSD needs clusters, health and mental health had the largest number of requests (nearly 24,000), followed by education (nearly 13,000), and poverty (nearly 12,500) (Figure 47).

Figure 47



While most requests were approved (Figure 48), the highest instances of denial were in the health and mental health and poverty clusters (Figure 49).

Figure 48

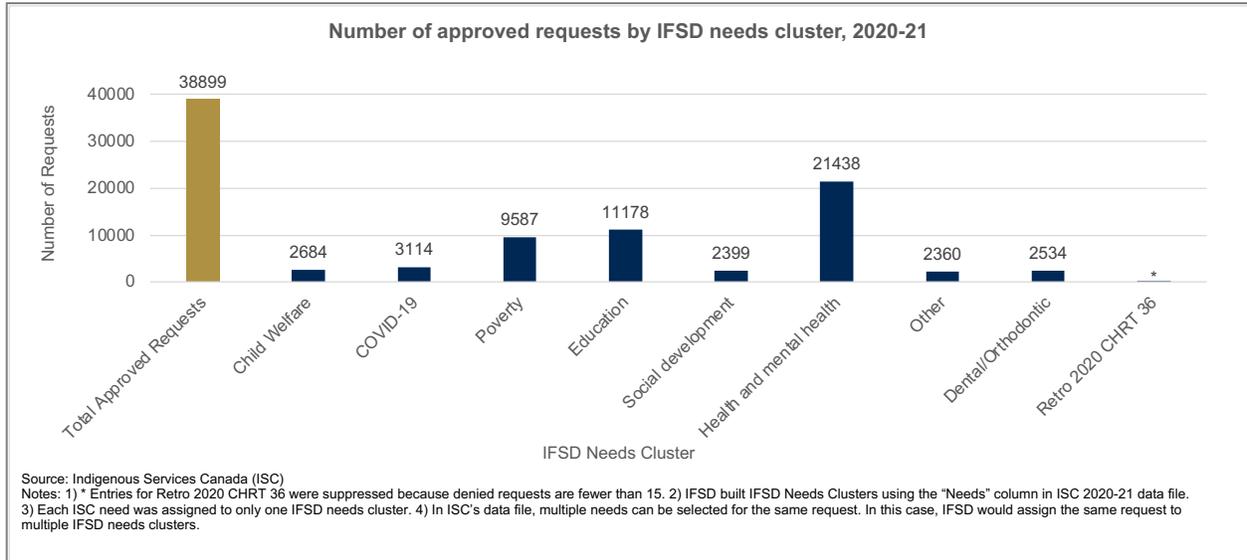
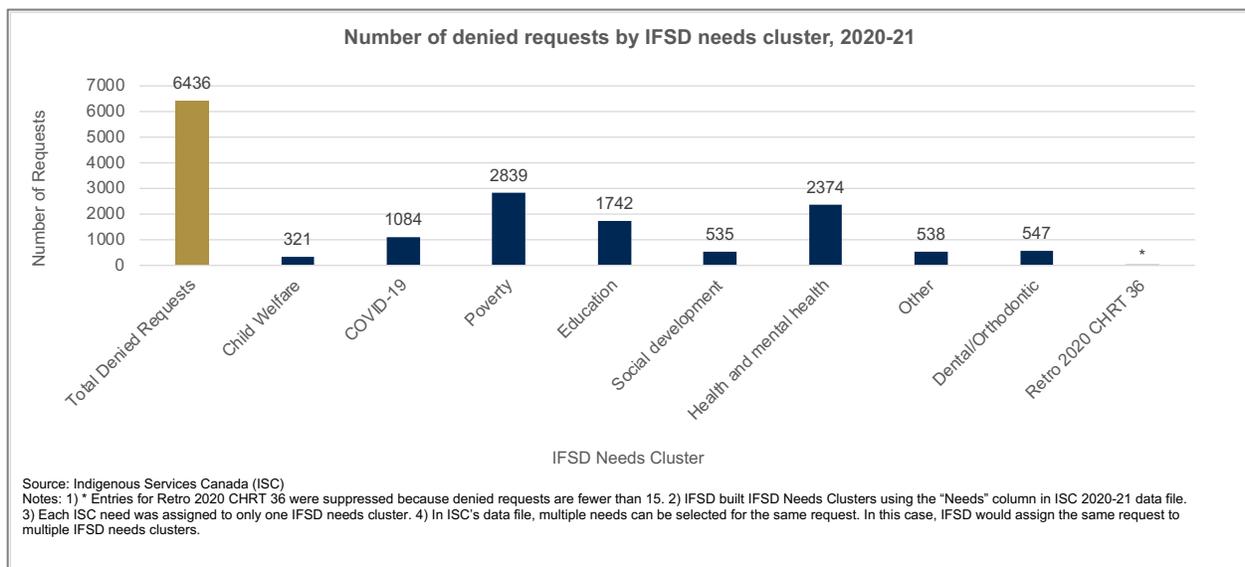


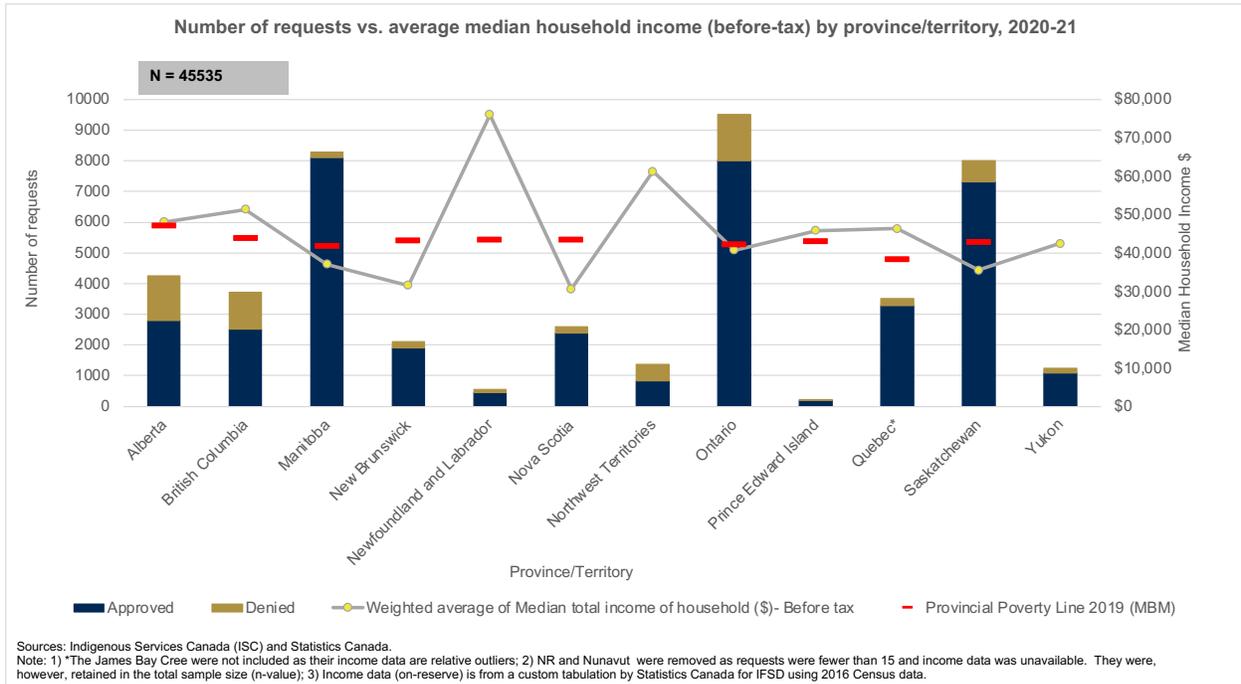
Figure 49



Jordan’s Principle was not designed to be an income support or supplement program for parents. There are, however, interesting tendencies when the number of requests is considered relative to total median household income (for First Nations on-reserve only) and the market basket measure (2019)⁶³ as the poverty line. The three provinces with the largest number of requests, Ontario, Manitoba, and Saskatchewan have total median household incomes below their respective provincial poverty lines (Figure 50). This tendency does not hold for some of the Atlantic provinces, as their numbers of requests are not as high as other regions, despite having a total median household income below their mixed basked measure poverty lines.

⁶³ Cost of a basket of goods to produce a modest basic standard of living for a reference family (two adults; two children), developed by ESDC and informed by food, shelter, transportation. A household with disposable income less than the threshold for their region and community size would be living in poverty ([Statistics Canada, 2017](#)).

Figure 50



18+ requests

The age of majority in Canadian provinces and territories differs between 18 and 19 years of age. Even though a young person may be at or past the age of majority, they may still have special needs or circumstances that require additional supports. In Jordan’s Principle, there is a category of request tagged as 18+.

At a national level, there were slightly more denied than approved requests in fiscal year 2020-21. When considered on a regional basis, the Atlantic provinces in 2019-20 had a significant percentage of approved requests for 18+ at 88% and the lowest being Manitoba at 27%. The Atlantic provinces continued to lead in the percentage of approved requests in 2020-21, with Alberta behind the other regions in approved requests.

Figure 51

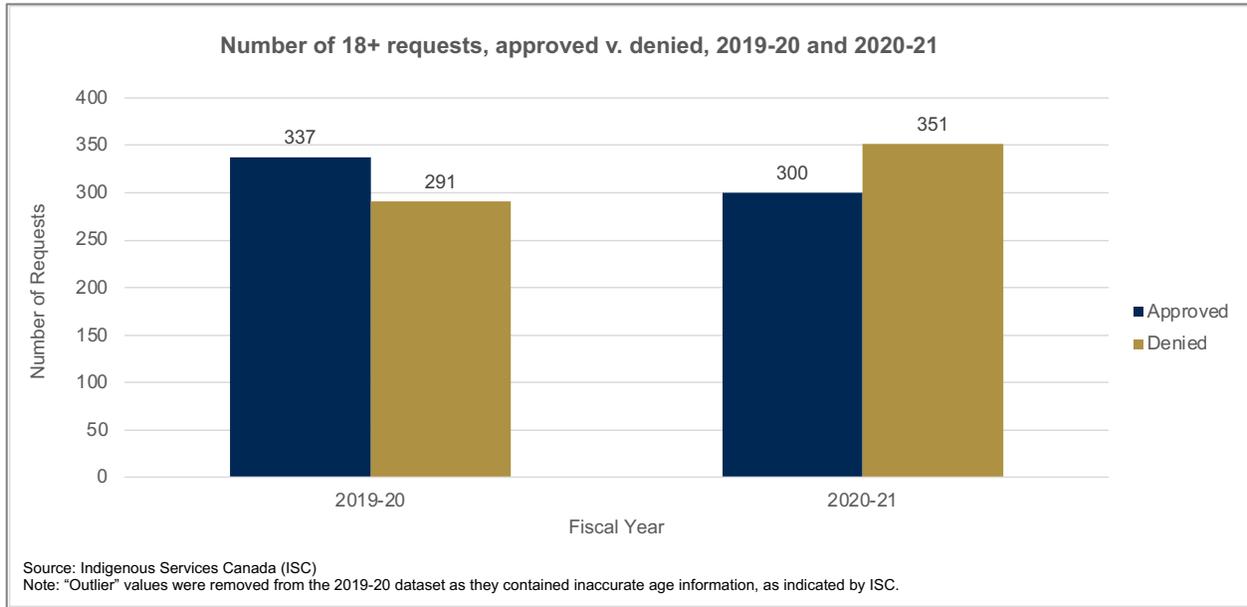


Figure 52

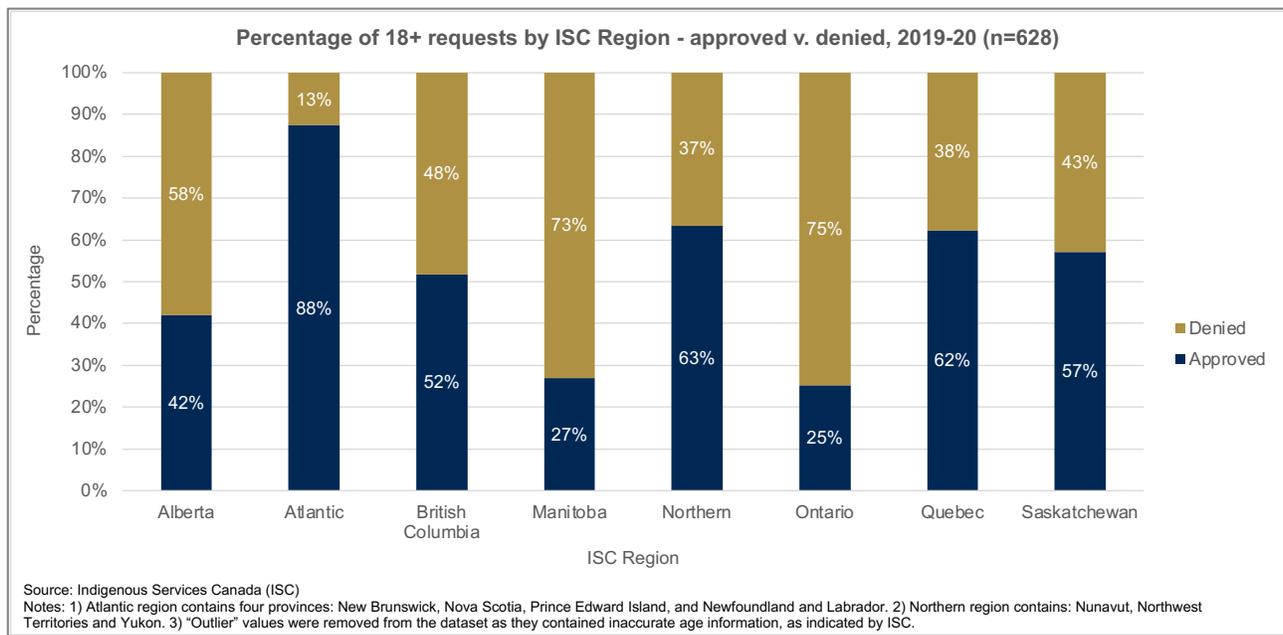
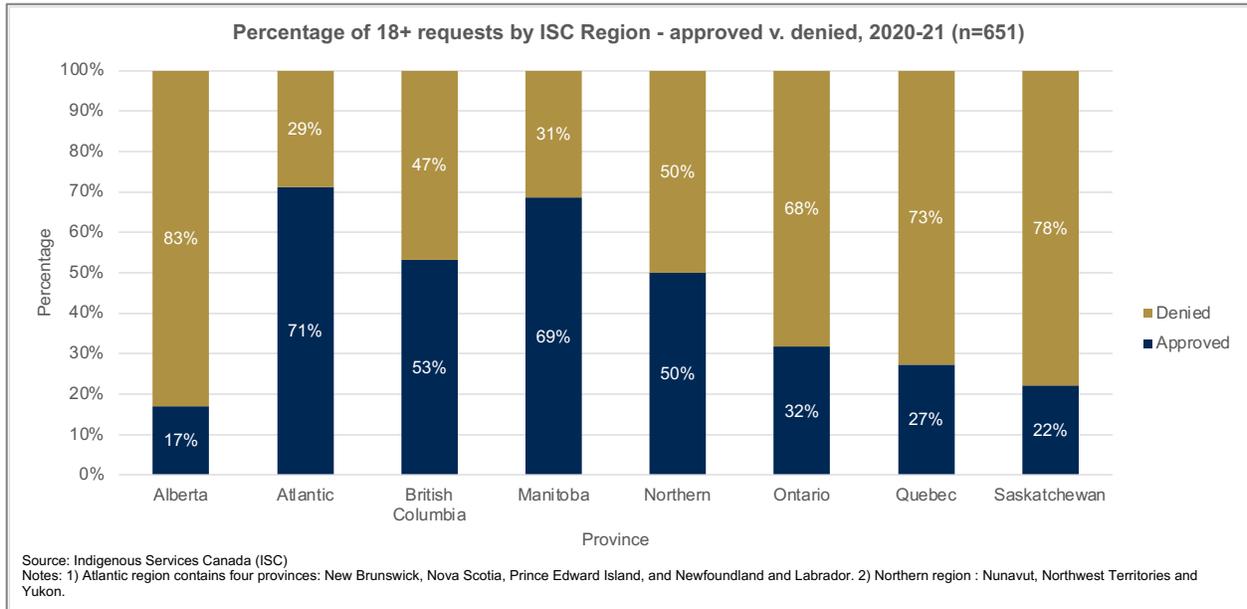


Figure 53



Medical transportation was in both 2019-20 and 2020-21 the category with the largest percentage of approved requests (Figure 54 and Figure 55). Orthodontics received the fewest approvals in 2019-20.

Figure 54

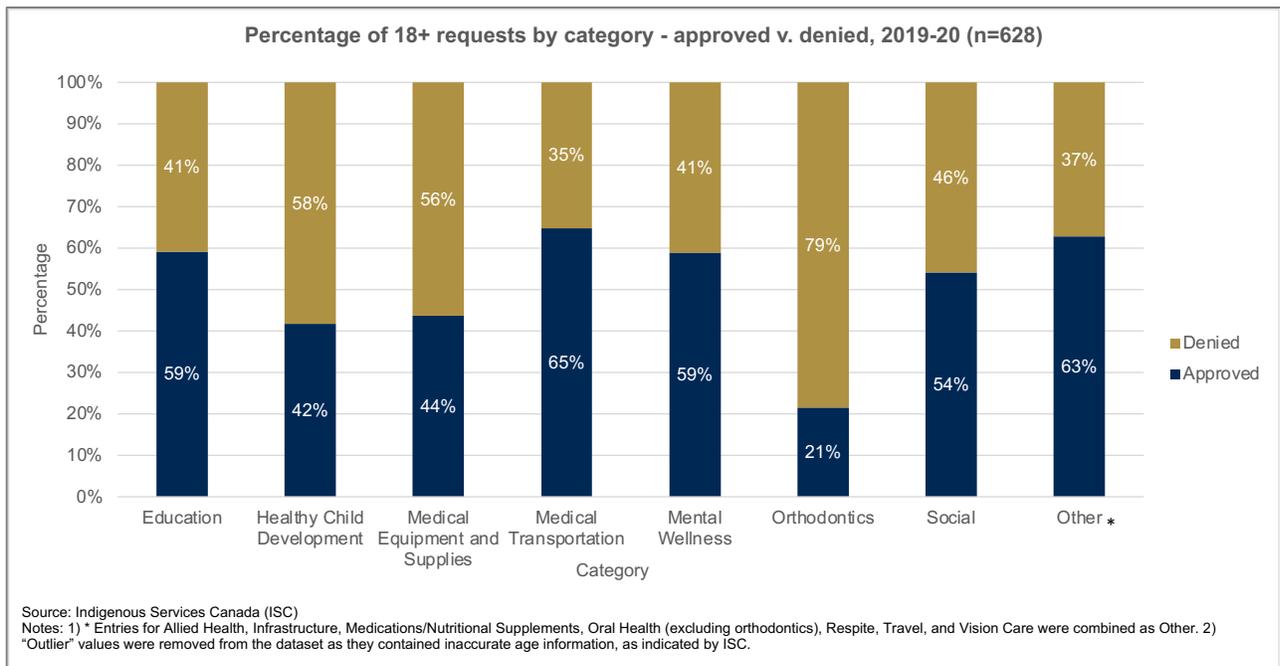
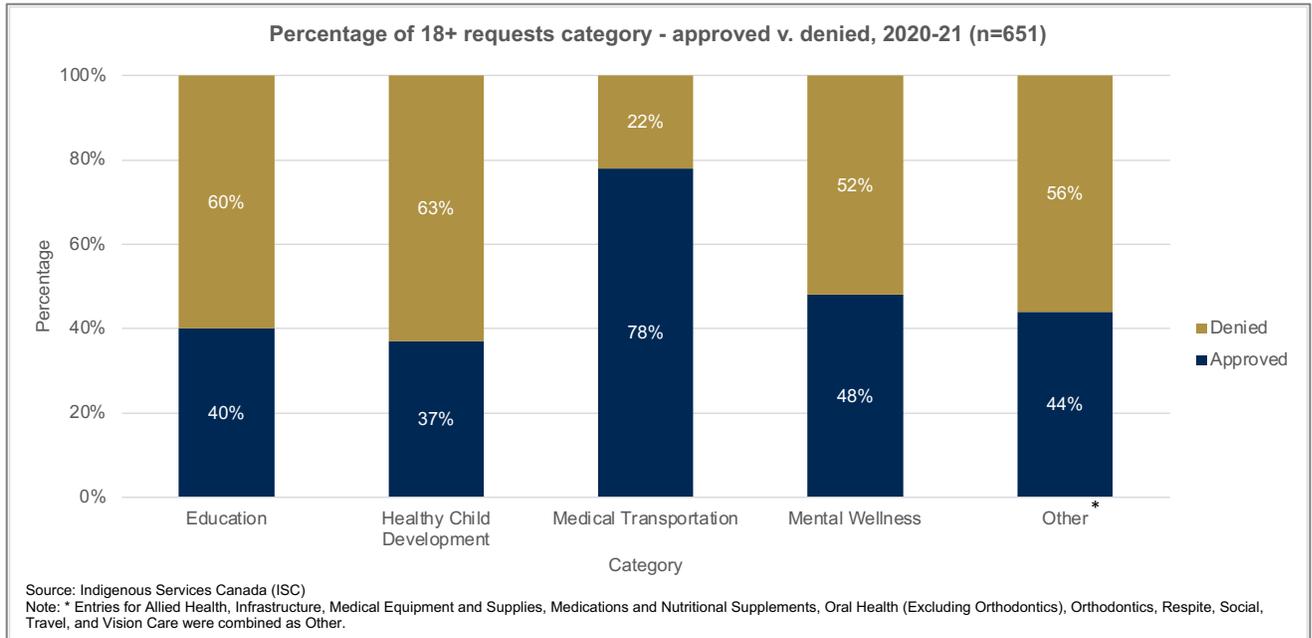


Figure 55



While most 18+ requests are for items below \$5,000, roughly 20% of requests are for amounts above \$5,000 in both fiscal years (Figure 56 and Figure 57).

Figure 56

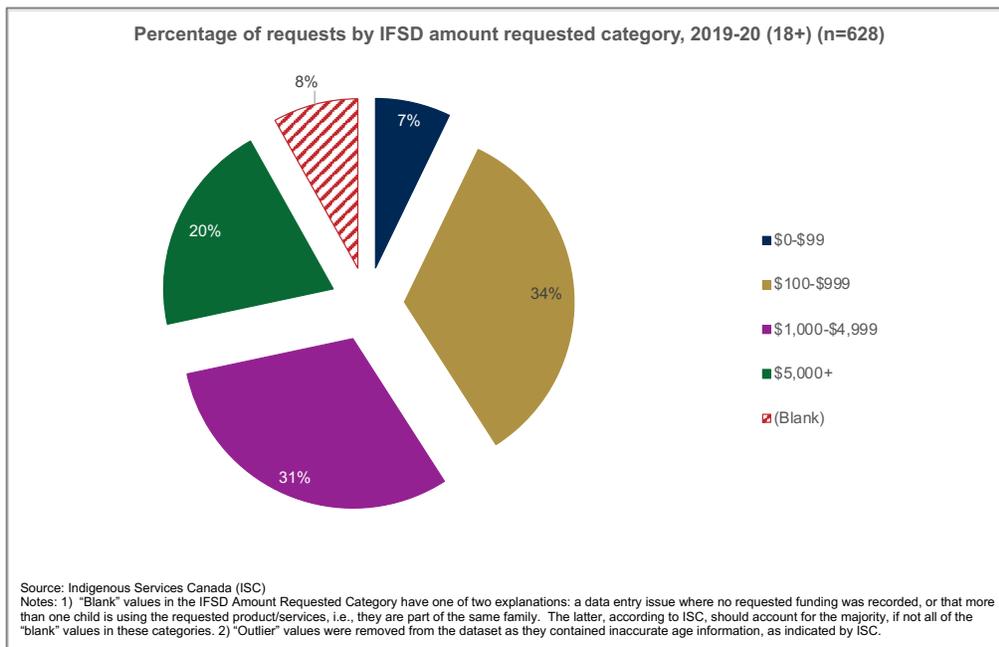
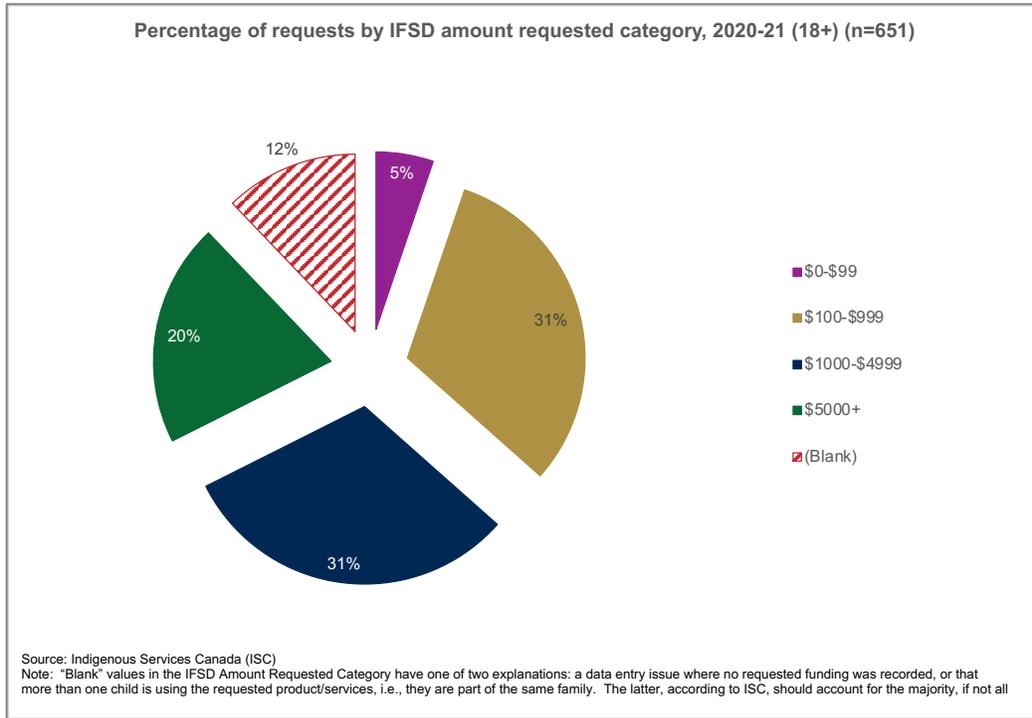


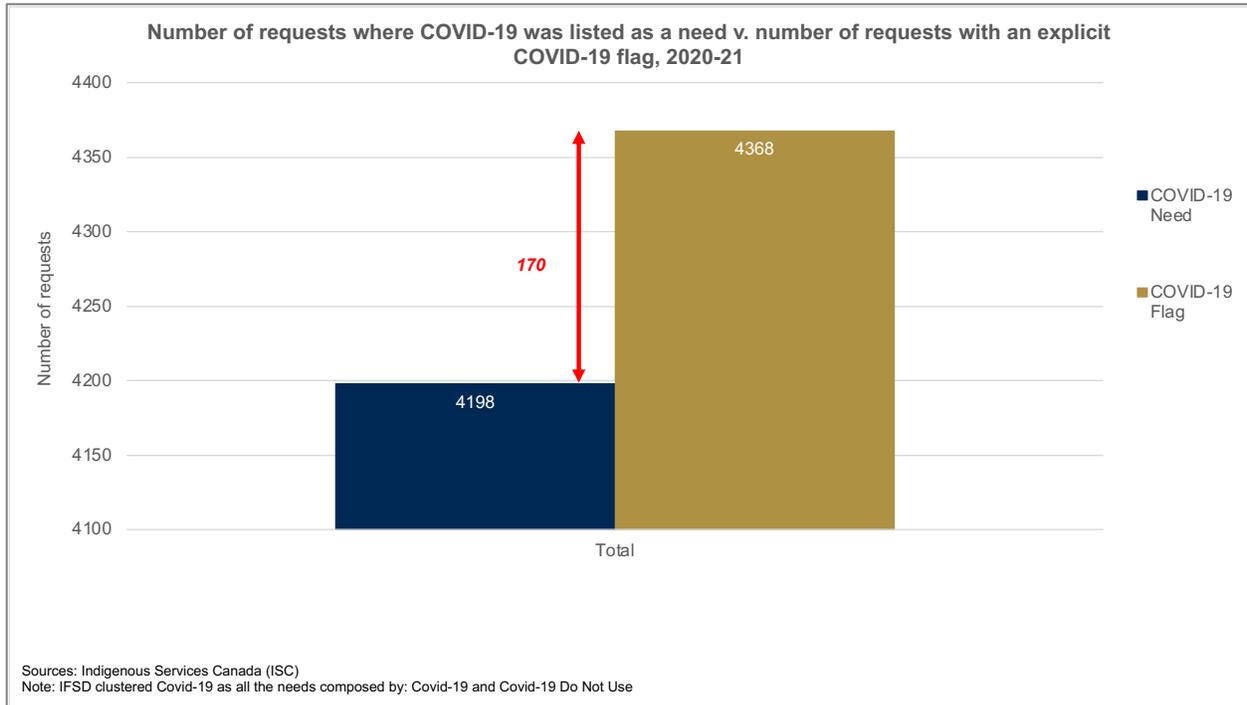
Figure 57



COVID-19 analysis

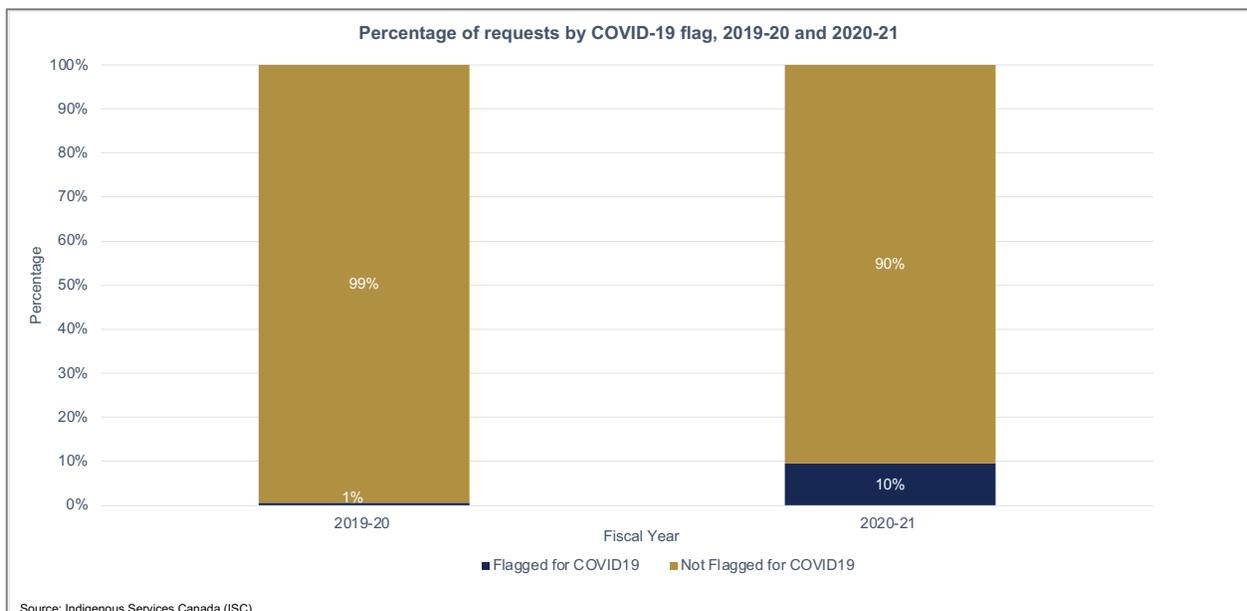
In the GC Case dataset for 2019-20 there was a 'flag' for COVID-19 and in 2020-21, there were two tags for a COVID-19 related requests: 1) COVID-19 'flag,' included by ISC in the GC Case data set (as in 2019-20); 2) COVID-19 'need,' a category identified by IFSD from the 'needs' category of the GC Case data set. In 2020-21 most requests with a COVID-19 'flag,' also had a COVID-19 'need' selected. To check the uses of the tags in 2020-21, IFSD compared entries with a 'flag' and a 'need.' Most COVID-19 related requests in 2020-21 had both a 'flag' and a 'need.' There were 170 requests in 2020-21 that did not have both a flag and need associated to the entry (Figure 58). The difference for this analysis is not material, subsequently, both the 'flag' and 'need' categories are used in the analysis below.

Figure 58



In 2019-20, roughly 1% of requests were flagged for COVID-19, which grew to approximately 10% in 2020-21 (Figure 59).

Figure 59



On a regional basis (as defined by ISC⁶⁴), most denied COVID-19 requests in 2019-20 and 2020-21 were from the Northern region (i.e., territories) (Figure 60 and Figure 61).

Figure 60

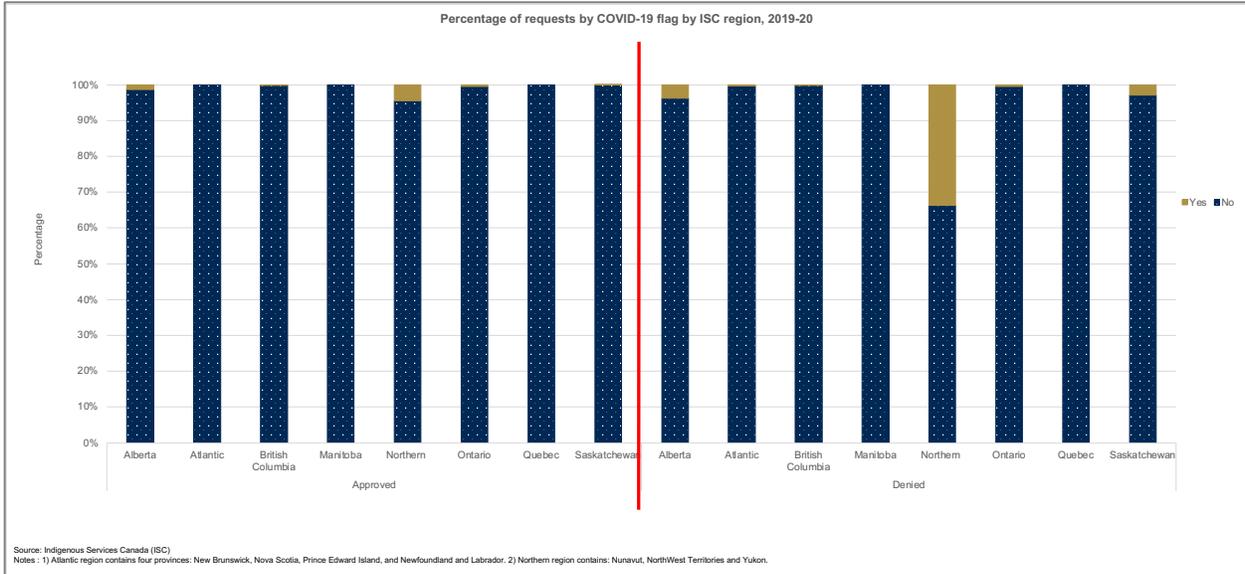
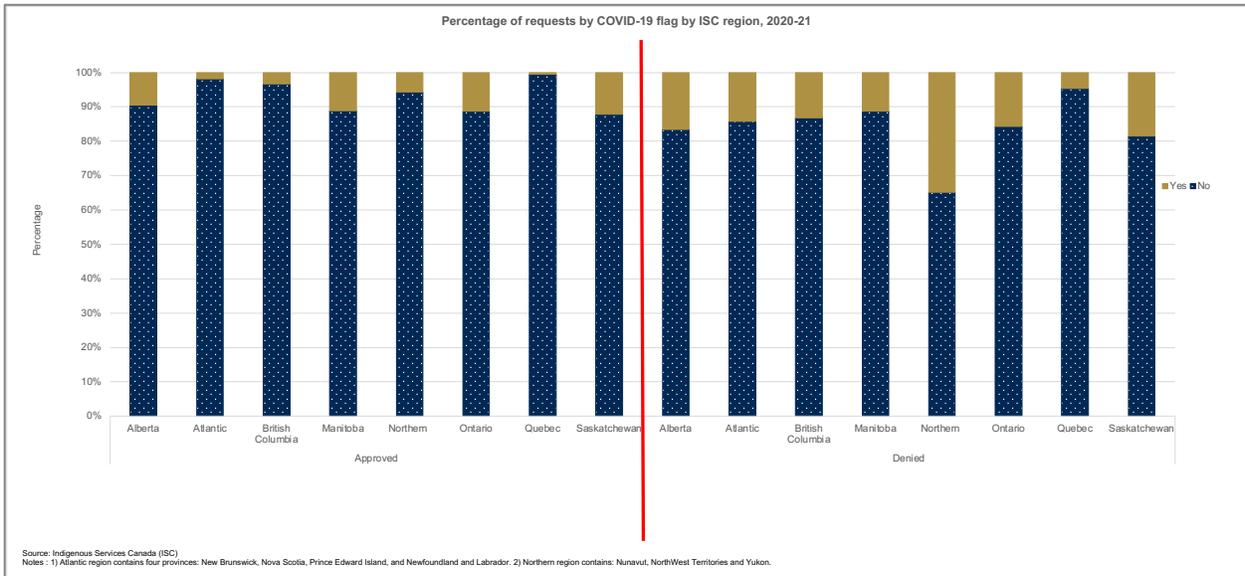


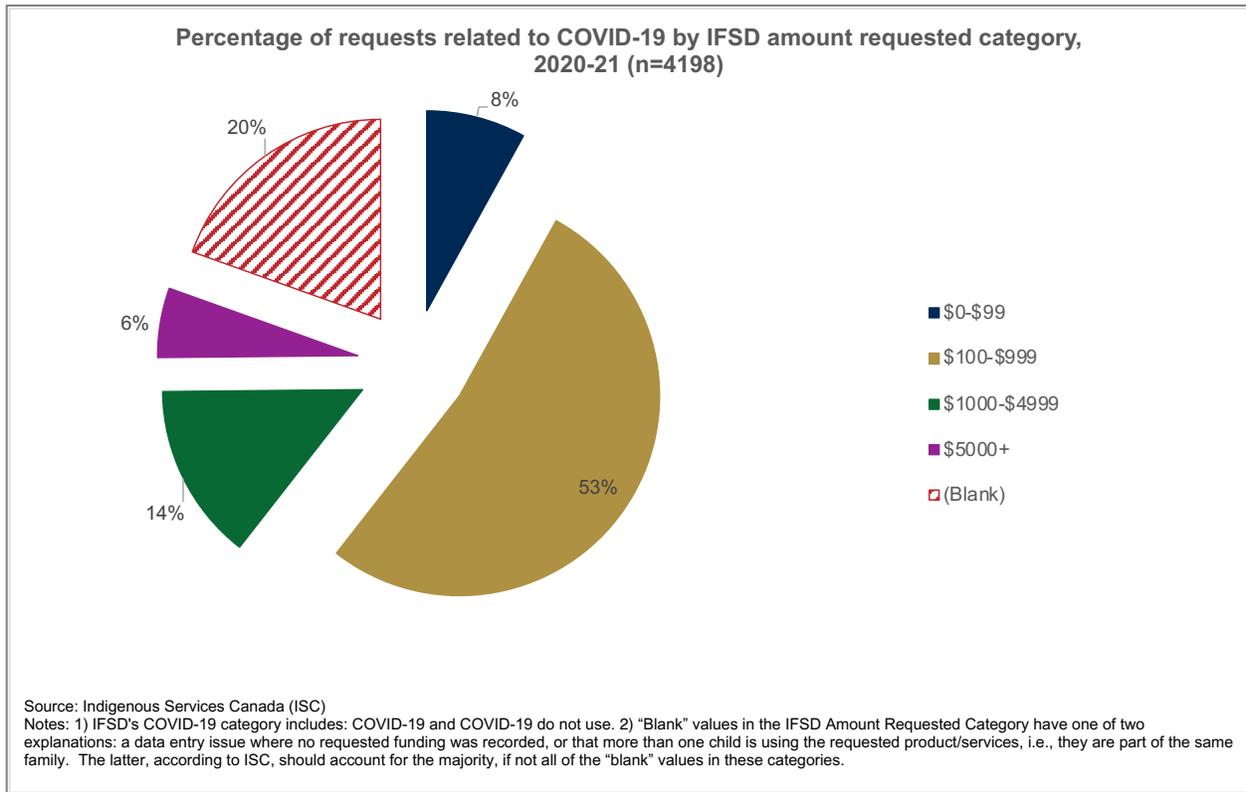
Figure 61



Over half of the COVID-19 related requests in 2020-21 were for products and services with costs between \$100-\$999 (Figure 62).

⁶⁴ Indigenous Services Canada (ISC) defines regions as follows: 1) Atlantic region includes: New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador; 2) Northern region includes: Nunavut, Northwest Territories and Yukon.

Figure 62



Analysis of the 30% random sample

As noted in the data access discussion earlier in this section, a 30% random sample of data was requested by IFSD for fiscal years prior to 2019-20. Although the data varies in completeness and in consistency, its assessment is relevant for identifying major changes in the behaviour of the request data. For this analysis, 30% random sample data for fiscal years 2017-18 and 2018-19 are presented alongside the full data sets from 2019-20 and 2020-21 (note that 2016-17 data is often unavailable).

Consistent with subsequent fiscal years, most requests are approved (although, the percentage of approved requests tends to decrease slightly in later years) (Figure 63) and over 90% of requests are for individuals (Figure 64).

Figure 63

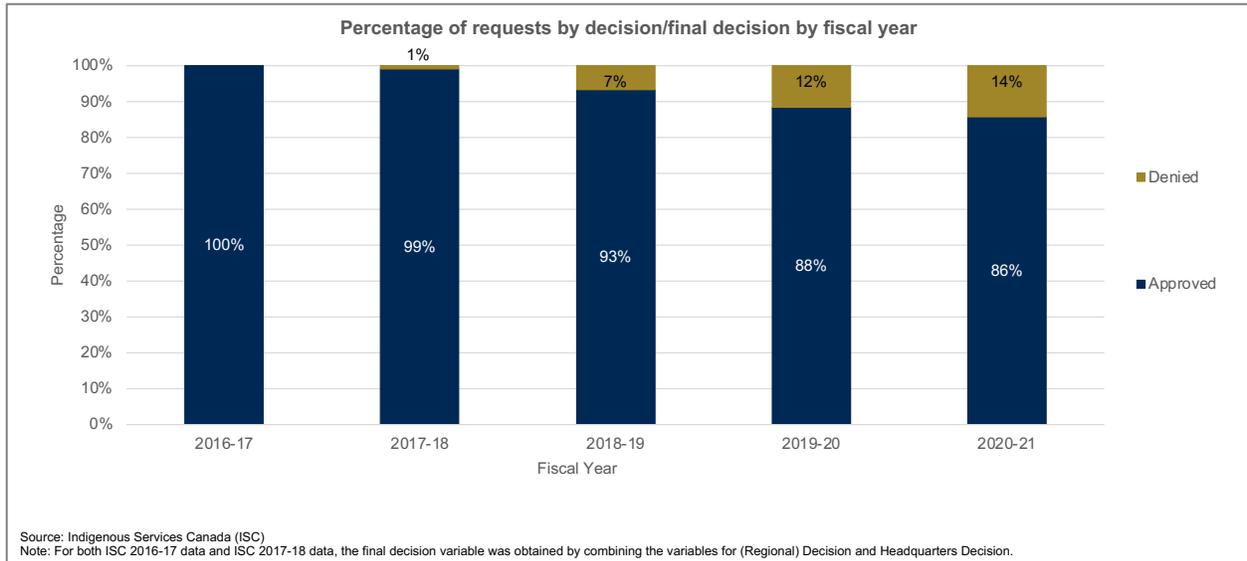
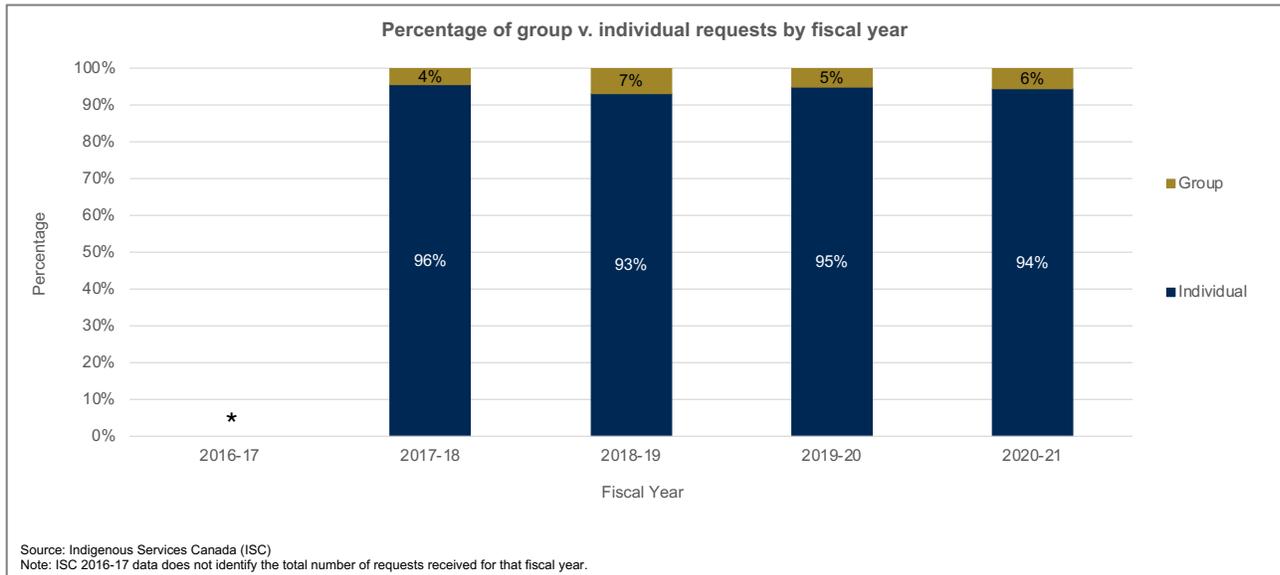


Figure 64



The amounts of funding requested and approved are consistent, with more than half of requests for amounts below \$5,000 (Figure 65 and Figure 66).

Figure 65

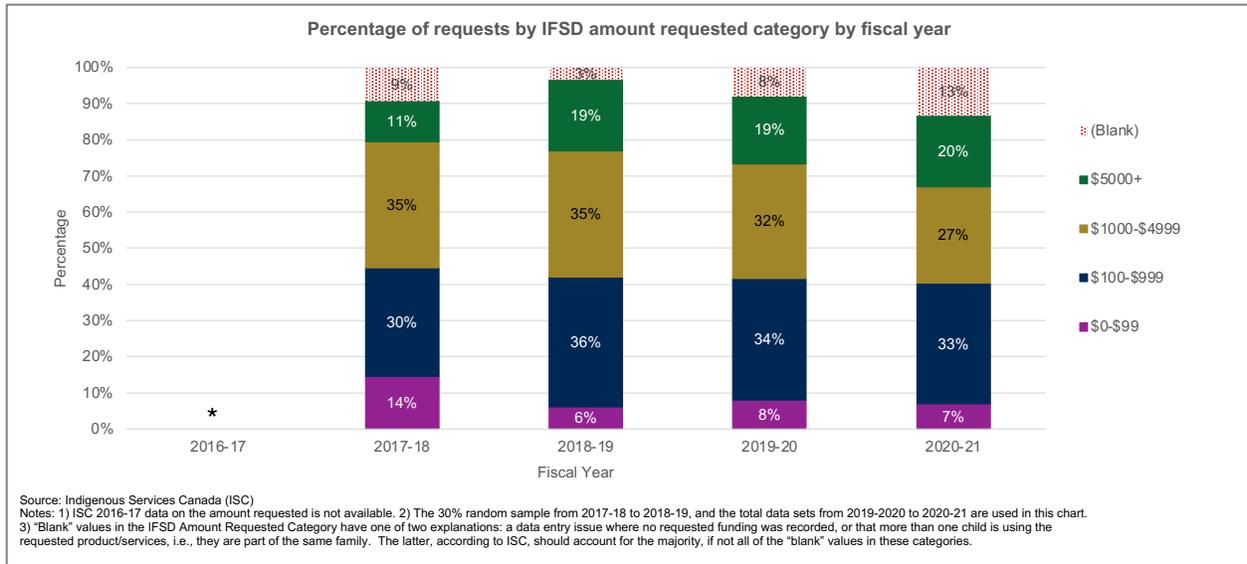
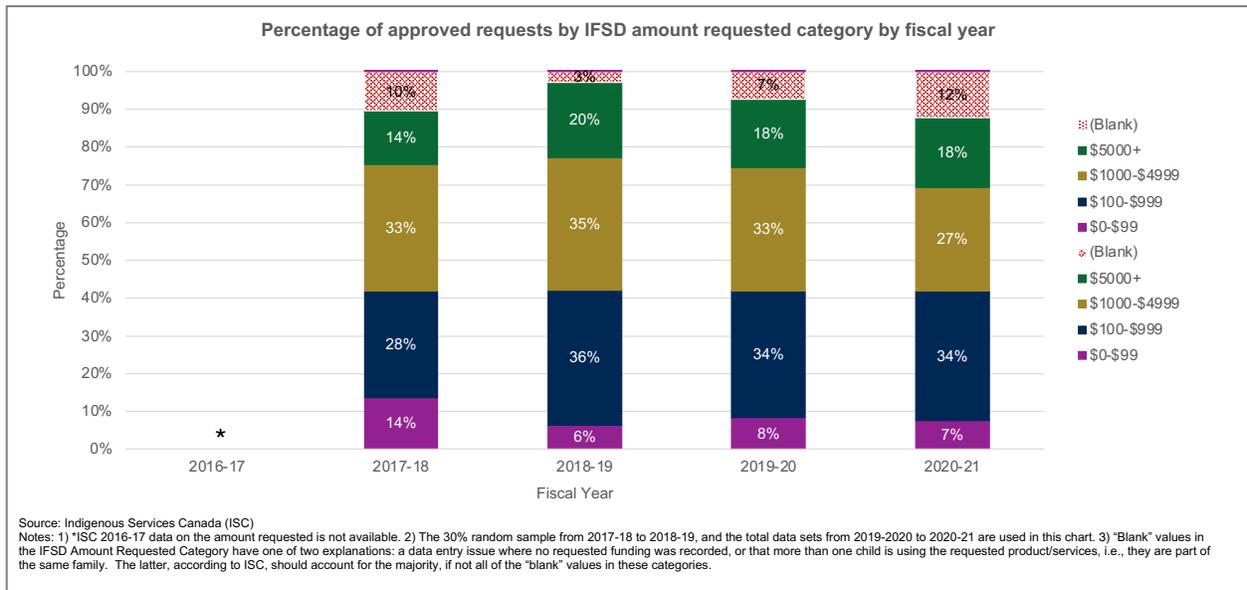


Figure 66



Requests are mostly made for children below the age of 13, with percentages in age categories fairly consistent across fiscal years (Figure 67). Half or more of the requests every fiscal year are for male recipients (Figure 68). Education and respite are the categories with the most requests across fiscal years, although trends differ in 2019-20 and 2020-21 when the complete dataset is considered (Figure 69).

Figure 67

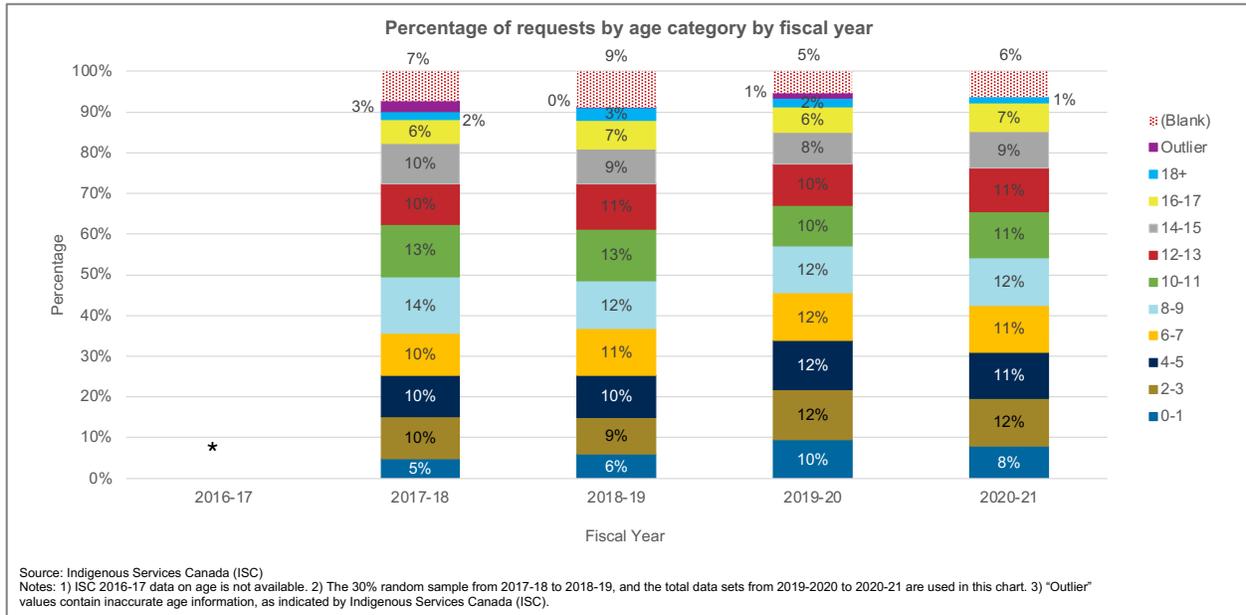


Figure 68

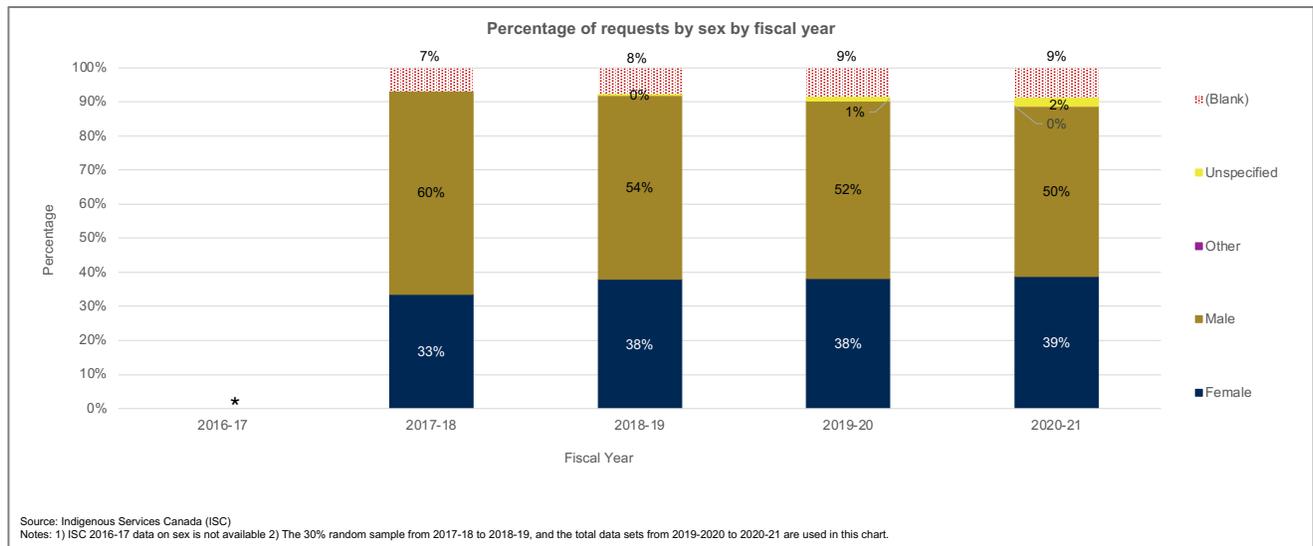
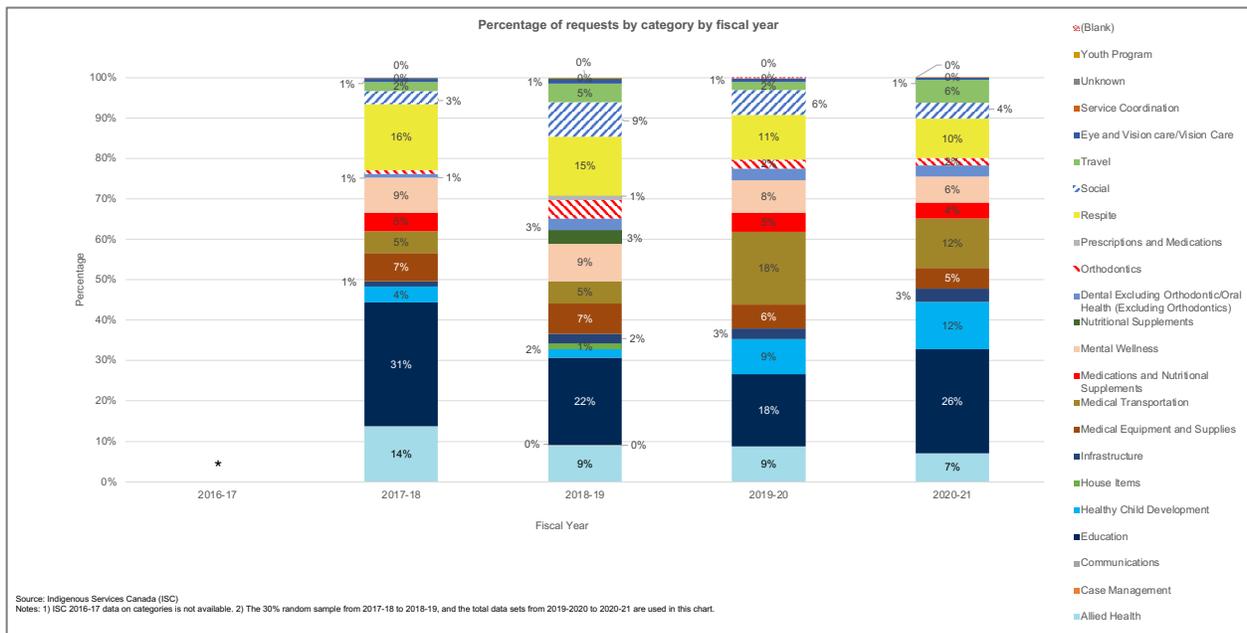


Figure 69



ISC collects a significant amount of information through the GC Case system. The information is useful for descriptive analytics. The number of requests can be quantified, the category of service or product need defined, age, sex, province/territory of residence, among other variables are all accessible. However, the information is insufficient to understand if substantive equality is being achieved. For ISC to demonstrate that it is fulfilling its declared objectives relative to substantive equality, a baseline of the current state and information that captures the root causes of requests are necessary starting points.

Part IV: Approaches for cost analysis

Consistent with the Treasury Board of Canada policies, government expenditures require definition of goals, alignment of resources to priorities, and tracking and reporting mechanisms to ensure results and value for money. Costing Jordan’s Principle requires consideration of the Treasury Board of Canada’s policies and clarity around its purpose. Understanding Jordan’s Principle through the context, input, output, outcome, framework discussed in Part II in reverse, clarifies components relevant to cost estimation. The table below (Table 5) presents a refined overview of Jordan’s Principle with consideration of substantive equality that can be used for a future cost estimation exercise.

Table 5

Context	Different for every First Nation. Cost analysis must capture different points of departure.
Outcomes	Thriving First Nations children who can access products and services when they need them in exceptional circumstances, because gaps are closed in other programs and services.
Output	The products and services requested, approved, and the reasons why they were necessary.
Inputs	The expenditure required to close underlying gaps in other programs and services. (To be defined through cost analysis).

Underlying this approach is an understanding that Jordan’s Principle should be used in exceptional circumstances to ensure First Nations children can access products and services when they need them. Through this understanding, Jordan’s Principle is a final recourse to close gaps because other program and policy areas are complete. Such an approach would be consistent with substantive equality. Rather than depending on Jordan’s Principle to close gaps to equalize points of departure, substantive equality is built-in to the programs that are intended to support First Nations children. This means that a future cost analysis of Jordan’s Principle requires costing the gaps in existing programs. To cost Jordan’s Principle, you are functionally costing substantive equality.

To operationalize substantive equality, IFSD proposes the following approach building from the definition of substantive equality in Part I:

Substantive equality is assessed on both the provision of service (access and type) and the policy outcome (measure of well-being). It recognizes that differential treatment may be necessary to respond to the contextual needs of a certain individuals or group. To address non-equal points of departure in the provision of service, the full context of the individual or group, including cultural, economic, social, and historical disadvantages should be examined and considered.

Realigning Jordan’s Principle to the legal rule it was designed to be, rooted in substantive equality, could inform the overall approach of social services within ISC. Costing substantive equality in the spirit of Jordan’s Principle is about building

substantive equality through equity in points of departure. This requires costing each social policy area being addressed by Jordan's Principle and defining the desired normative state, and then subtracting the current state from it. The approach would identify the underlying gaps in other programs to be remedied, with Jordan's Principle then working as intended as a recourse in exceptional circumstances.

Current requests through Jordan's Principle reflect perceived gaps in available products and services by requestors. ISC's approval of the expenditures is tacit recognition of these gaps. Rather than remedying gaps on an ad-hoc basis, a complete review of social programs in ISC would better serve the spirit of Jordan's Principle by ensuring adequacy and applicability of programs at the front-end, rather than remedying shortfalls at the backend.

As a framework, the Spirit Bear Plan⁶⁵ can help to cost overall service gaps. The Spirit Bear Plan calls on government and parliament to remedy the shortfalls of federally funded services on-reserve and aims to encompass the full spectrum of policy areas that account for the disparity in social, economic and health results for First Nations children. There are eleven core policy areas that align to the Spirit Bear Plan that could be costed to identify gaps: education, children's health, emergency services, water, housing and sanitation, juvenile justice, early childhood, child and family services, poverty reduction, mental wellness, intimate partner violence, and capacity for service delivery. These program areas are relevant categories of expenditure as they relate to the inequitable points of departure of First Nations children.

Of the eleven core policy areas for action in the Spirit Bear Plan, three have a completed costing (Table 6). Another six policy areas have some cost information, while two others lack the information required for a cost estimation. The cost analysis should quantify the cost to close the gap between the current state and desired future state. There is a foundation of existing research across several of the policy areas that underscore the importance of resolving the gaps, due to their costs societally and economically. Reliable costing is a prerequisite for establishing better approaches to funding and performance.

The challenges experienced by First Nations children are compounded with incomplete, piecemeal approaches that do not fully address any of these policy areas. To address these challenges, the nature of the current state, cost estimates, normative state and required supports should be fully articulated. With the Government of Canada's commitment to reconciliation, there is no better place to start than building a well-being focused future for First Nations children. The Spirit Bear Plan's call for action offers a blueprint for decision makers and policy makers.

⁶⁵ First Nations Child and Family Caring Society (Caring Society), "Spirit Bear Plan," last accessed August 7, 2022, <https://fncaringsociety.com/spirit-bear-plan>.

Table 6

Policy area	Costing complete	Availability of cost data	Complete
Education	Yes Office of the Parliamentary Budget Officer (PBO) (2016-17)	N/A	Partially complete
Children's health	No	No, provincial per capita rates only	Unavailable
Emergency services	No	Partial, some gaps in services identified, e.g., fire	Partially complete
Water, housing and sanitation	Yes PBO (2017)	N/A	Complete
Juvenile justice	No	Partial, national costs of incarceration	Partially complete
Early childhood	No	Partial, program spending data from ISC and from existing providers	Partially complete
Child and family services	Yes IFSD (2018 and 2020)	N/A	Complete
Poverty reduction	Partial, the gap between a provincial poverty line and household income can be measured. However, it is considered incomplete.	Partial, IFSD is undertaking analysis to develop First Nations-based approaches to understanding and measuring poverty; considerations for cost analysis are expected to emerge	Partially complete
Mental wellness	No	No, but several reviews and program impact assessments exist	Unavailable
Intimate partner violence	No	Partial, national economic impact of spousal violence	Partially complete
Operational capacity for service delivery	No	Partial, analysis (and potential proxies) available through rural municipalities	Partially complete

Table 7 illustrates, at a high level, the current state of analysis relative to a desired future state where policies align to performance and are supported with requisite funding. For an overview of the Spirit Bear Plan policy areas and available cost analysis, see Appendix C.

One example of a complete program cost analysis from the Spirit Bear Plan is that of the First Nations child and family services (FNCFS) program. The analysis, produced from the bottom-up, a portrait of cost, cost drivers, gaps, and challenges that ultimately led to the development of an approach that connected performance, funding and governance in child and family services. FNCFS is considered to have a complete costing, performance framework (Measuring to Thrive) and a funding approach connected to desired results. How this approach is pursued remains the decision of the negotiating Parties, the Minister, and the department.

Table 7

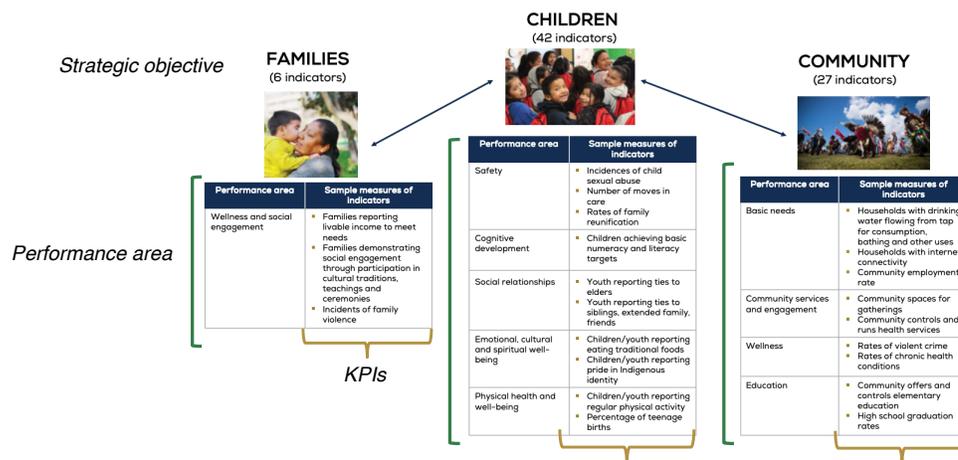
Policy area	Costing	Performance framework	Funding approach
Education	●	◐	○
Children's health	○	○	○
Emergency services	○	◐	○
Water, housing and sanitation	●	◐	◐
Juvenile justice	○	○	○
Early childhood	○	◐	○
Child and family services	●	●	●
Poverty reduction	○	○	○
Mental wellness	○	◐	◐
Intimate partner violence	○	○	○
Operational capacity for service delivery	○	○	○

Not complete	○
Somewhat complete	◐
Partially complete	◑
Mostly complete	◒
Fully complete	●

Once the costing of the Spirit Bear Plan has identified gaps in existing program areas, a monitoring framework that tracks outcomes for First Nations can be applied. Monitoring relevant indicators consistent with First Nations' conceptions of holistic well-being is a crucial accountability mechanism. Measuring to monitor changes in well-being, especially at the level of communities can help to ensure programs and decisions are being made consistent with the best interests of children, families, and communities. Linking measures to well-being means having an early warning system to identify challenges and the relevant information to highlight successes. This is an essential component to the long-term reform of Jordan's Principle by defining how substantive equality will be measured and monitored.

The Measuring to Thrive Framework is a well-being focused approach developed from the input of FNCFS agency leadership, practitioners, and experts. With three interrelated parts (children, families, communities), the Measuring to Thrive Framework's 75 indicators are intended to measure to monitor holistic well-being (Figure 70).

Figure 70



The community-level indicators are broadly applicable across social policy areas. These indicators develop a baseline portrait of a First Nation across dimensions such as, health, access to broadband, places to gather in community, education completion rates, etc. This detailed information compiled mainly through publicly available sources can serve as a starting point through which First Nations collect and control their own information to monitor changes at the level of their individual First Nation, or decide to aggregate it regionally, or nationally. Whether adopting the community-level indicators from Measuring to Thrive or another approach, it is necessary to understand changes in First Nations to know if program expenditures and structures are meeting the needs of children, families, and communities.

The costing of Jordan’s Principle should be undertaken in three steps:

- 1) Cost the gaps in programs and services through the Spirit Bear Plan;
- 2) Develop First Nations-specific portraits of community well-being through Measuring to Thrive or another approach;
- 3) Monitor changes to community well-being over five years, while reviewing Jordan’s Principle requests on an annual basis.

After five years, trends should be evaluated. Are the indicators of holistic community well-being improving for First Nations? Are First Nations reporting consistency in access of needed programs and services? Are requests to Jordan’s Principle trending toward exceptional circumstances? Are some root causes of need being addressed more effectively than others? If so, why?

Future assessments of Jordan’s Principle should be undertaken at multiple levels: 1) focus groups and interviews with public servants managing Jordan’s Principle at the national and regional levels; 2) focus groups and interviews with regional coordinators and navigators; 3) interviews and discussions with First Nations who are coordinating or accessing Jordan’s Principle for individual and/or group requests. This bottom-up understanding of practices, approaches, and understandings of Jordan’s Principle is

lacking. The perspectives from the different actors engaging with Jordan's Principle will be essential for its long-term reform and sustainability. By understanding how Jordan's Principle is operating in communities and how it is being managed changes to its operation can be more effectively implemented.

As with any major program change, implementation will take time. The gaps in programs are broad and would benefit from bottom-up cost analysis immediately. Addressing the gaps in programs could then be triaged based on areas of need. While it would be desirable to have programs change in tandem, the likelihood of broad-based programmatic change would be resource intensive and potentially, challenging for the department to manage. Identifying acute areas of need based on requests and gap analysis, the department and First Nations could work to develop an approach to remedying inequities in services.

If gaps are closed in existing programs through the Spirit Bear Plan, it is expected that recourse to Jordan's Principle should decline. This is not to suggest that needs will be eliminated or change quickly, but that the nature of requests through Jordan's Principle should change, trending toward exceptional circumstances. Substantive equality through Jordan's Principle is achievable. It requires recognizing, quantifying, and addressing existing gaps in programs and services.

Conclusion

There is a lot of information collected on Jordan's Principle. While it clarifies the number requests for funding and products/services, among other variables, the information is insufficient to assess whether Jordan's Principle is helping to achieve substantive equality for First Nations children.

It appears that the initial implementation of Jordan's Principle was inconsistent with the goal of substantive equality. Rather than structuring Jordan's Principle to track and reflect substantive equality and related measures, the implementation was hurried to respond to the CHRT's requirements focusing instead on the number of approved recipients and the timelines for adjudication.

The foundations for Jordan's Principle as a rule for addressing substantive equality were not established at the outset. This missed opportunity perpetuated a path dependent track of closing gaps on an ad-hoc basis, rather than addressing – or even understanding – the root causes of need.

This analysis of Jordan's Principle should serve as a warning sign. In its current form, Jordan's Principle serves as evidence of the broader gaps in programs and services for First Nations children. A long-term sustainable approach for Jordan's Principle will require remedying existing gaps in adjacent program areas to ensure recourse to Jordan's Principle is a last resort and not a first (or only) source of products and services.

ISC programs would benefit from renewal and restructuring to align to the provision of substantive equality. Programs to reduce gaps by equalizing points of departure will require new governance relationships with First Nations, linking actual needs and realities to program design.

The cost of inaction on Jordan's Principle is high for First Nations children and Canada. A long-term sustainable approach should be premised on a clear understanding of root causes of need in First Nations. Governments typically do not design programs without ceilings, unless in an emergency situation or when there is an unknown or undefined end to the matter, e.g., war. When there is clarity around an outcome, funding and program parameters should frame the approach. Closing underlying gaps in services in First Nations would ensure Jordan's Principle can work as it was originally intended, by serving as recourse in exceptional circumstances.

Based on the preceding analysis, it is recommended that:

- 1) Substantive equality and a related performance framework be defined;
- 2) A cost analysis of substantive equality be undertaken through the Spirit Bear Plan;
- 3) First Nations' community well-being be defined through the Measuring to Thrive framework or other similar indicators;
- 4) Actors engaged in Jordan's Principle be interviewed;

- 5) Cost estimation be undertaken to close the gaps defined in #2 and for the implementation of the accountability mechanism defined in #3;
- 6) A reformed approach to Jordan's Principle be defined, premised on recourse in exceptional circumstances.

Jordan's Principle may appear to be working for children as requests, approvals, and expenditures increase. These trends, however, are symptoms of underlying gaps in programs and services. Only when equitable points of departure are established for First Nations children can substantive equality be achievable.

Bibliography

Constitution Act, 1867 (UK) 30 & 31 Vict, c 3, reprinted in RSC 1985.

Canadian Human Rights Act, RCS 1985 c H-6.

Canadian Charter of Rights and Freedoms. Constitution Act, 1982.

First Nations Child and Family Caring Society. “Jordan’s Principle.” Last accessed August 7, 2022. <https://fncaringsociety.com/jordans-principle>.

----- “Spirit Bear Plan.” Last accessed August 7, 2022. <https://fncaringsociety.com/spirit-bear-plan>.

----- “Reconciliation in Child Welfare.” Last accessed August 7, 2022. <https://fncaringsociety.com/reconciliation-child-welfare>.

Fredman, Sandra. “Substantive Equality Revisited.” *International Journal of Constitutional Law*, 14:3 (2016): 712-738.

Government of Canada. “Jordan’s Principle.” Indigenous Services Canada (ISC). Last updated August 7, 2022. <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824>.

----- “Audit of the Implementation of Jordan’s Principle.” Indigenous Services Canada. Last updated October 28, 2020. <https://www.sac-isc.gc.ca/eng/1594378735468/1594378764255>.

----- “Policy on Results.” Treasury Board of Canada Secretariat. Last updated July 1, 2016. <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=31300>.

----- “Policy on Transfer Payments.” Treasury Board of Canada Secretariat. Last updated April 4, 2022. <https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=13525>.

----- “Infographic for Jordan's Principle and the Inuit Child First Initiative.” InfoBase (results section). Last updated August 4, 2022. <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/results>.

----- “Infographic for Jordan's Principle and the Inuit Child First Initiative.” InfoBase (see “Planned results 2022-23”). Last updated August 4, 2022. <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/results>.

------. “Levels of Security.” Public Works and Government Services Canada. Last modified November 22, 2021. <https://www.tpsgc-pwgsc.gc.ca/esc-src/protection-safeguarding/niveaux-levels-eng.html>.

House of Commons Journals. “Private Members’ Business M-296” adopted, 39-2, No 36 (12 December 2007).

Institute of Fiscal Studies and Democracy (IFSD). “Final Report: Cost analysis of current housing gaps and future housing needs in First Nations.” (2021). Online: <https://static1.squarespace.com/static/5f29b2710512b20bd57bed44/t/618930be4ba2743dace94502/1636380867668/COO+SCA+2021+-+IFSD+National+Housing+Need+Cost+Analysis.pdf>;

------. “Funding First Nations child and family services (FNCFS): A performance budget approach to well-being.” (2021). Online, https://www.ifsd.ca/web/default/files/FNCFS/2020-09-09_Final%20report_Funding%20First%20Nations%20child%20and%20family%20services%5B1%5D.pdf.

Koshan, Jennifer. “Under the Influence: Discrimination Under Human Rights Legislation and Section 15 of the Charter.” *Canadian Journal of Human Rights* 3:1 (2014): 115-142.

Loxley, John, Linda DeRiviere, Tara Prakash, Cindy Blackstock, Fred Wien, and Shelley Thomas Prokop. *Wen:De The Journey Continues*. (Ottawa: First Nations Child and Family Caring Society, 2005).

National Collaborating Centre for Aboriginal Health. “The Aboriginal Health Legislation and Policy Framework in Canada.” (2011). Last accessed August 7, 2022. <https://www.nccih.ca/docs/context/FS-HealthLegislationPolicy-Lavoie-Gervais-Toner-Bergeron-Thomas-EN.pdf>.

Office of the Parliamentary Budget Officer. “Research and comparative analysis of CIRNAC and ISC.” (May 18, 2022). Online: <https://distribution-a617274656661637473.pbo-dpb.ca/4dd5db44bd0d5ddc57fd166053a5ee6703753a32baa02d6906a3082c84b23a38>

Office of the Parliamentary Budget Officer. “Clean Water for First Nations: Is the Government Spending Enough?” (December 2021). Online: <https://www.pbo-dpb.gc.ca/en/blog/news/RP-2122-021-M--clean-water-first-nations-is-government-spending-enough--eau-potable-premieres-nations-gouvernement-depende-t-il-assez>.

Office of the Parliamentary Budget Officer. “Fiscal sustainability report, 2022.” (2022). Online: <https://www.pbo-dpb.ca/en/publications/RP-2223-012-S--fiscal-sustainability-report-2022--rapport-viabilite-financiere-2022>.

Sangiuliano, Anthony Robert. “Substantive Equality as Equal Recognition: A New Theory of Section 15 of the Charter.” *Osgoode Hall Law Journal*, 52:2 (2015): 601-646.

Schick, Allan. [*A Contemporary Approach to Public Expenditure Management*](#). (Washington, D.C.: The World Bank Institute, 1998).

Sinha, Vandna, Colleen Sheppard, Kathryn Chadwick, Maya Gunnarsson, and Gabriella Jamieson. “Substantive Equality and Jordan’s Principle: Challenges and Complexities.” *Journal of Law and Social Policy* 35, (2021): 21-43.

Court cases

Andrews v. Law Society of British Columbia, [1989] 1 SCR.

British Columbia (Public Service Employee Relations Commission) v. BCGSEU [1999] 3 SCR.

Canada (Human Rights Commission) v. Canada (Attorney General) [2012] FC 445.

Eldridge v. British Columbia (Attorney General) [1997] 3 SCR 624.

First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada), 2016 CHRT 2.

First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada), 2016 CHRT 10.

First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada), 2016 CHRT 16.

First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada), 2017 CHRT 14.

First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada), 2017 CHRT 35.

First Nations Child & Family Caring Society of Canada et al v Attorney General of Canada (Minister of Indigenous and Northern Affairs Canada), 2019 CHRT 7.

Robichaud v. Canada (Treasury Board) [1987] 2 SCR 84.

Fraser v Canada (Attorney General) [2020] SCC 28.

Hughes v Canada [2010] CHRT 4.

Indian Act, RSC 1985.

Ontario Human Rights Commission and O'Malley v Simpsons-Sears Ltd, [1985] 2 SCR.

Withler v Canada (Attorney General) [2011] SCC 12.

Appendix

Appendix A: Methodology

I. Context

Indigenous Services Canada (ISC) is the department that manages Jordan's Principle and information related to requests. The department is the sole source of detailed information on Jordan's Principle requests, approvals/denials, and expenditures. Jordan's Principle requests contain personal and private information on health, needs, special circumstances, etc. It is understandable that managing and accessing data from the GC Case System (the platform used to collect and hold data on Jordan's Principle) requires careful consideration of privacy matters.

The analysis of Jordan's Principle being undertaken by IFSD was part of the Agreement-in-Principle on the long-term reform of child and family services being negotiated by the parties to the Canadian Human Rights Tribunal (CHRT). Anticipating readily accessible data on Jordan's Principle, IFSD planned to complete the project in approximately three months. This was not the case. The process of requesting and accessing Jordan's Principle data from ISC took several months of effort by the department and IFSD. IFSD was required to retain an expert privacy lawyer for support in expediting the process.

On November 19, 2022, IFSD submitted its original request for data to ISC. Working with program officials and the Office of the Chief Data Officer, ISC expected to provide access to the dataset to IFSD by December 31, 2021. A standard process for data access from ISC was underway (with which IFSD was familiar, having previously requested and obtained access to granular expenditure data associated to ISC's programs).

The data being requested by IFSD was classified as "Protected B¹," meaning that it contained personal information that could be harmful to individuals or groups if compromised. IFSD was only interested in non-identifiable data, as the aggregate portrait of Jordan's Principle requests had explanatory value for the project (not individual requests to Jordan's Principle). To provide the necessary information for IFSD's work, ISC de-identified and clustered variables that would be shared in the dataset. This meant that for certain variables, e.g., age, expenditure, etc., ranges rather than exact variables were provided. Along with the de-identification and use of ranges for the variables, there were strict information and technological management protocols that ISC required of IFSD to receive the information. With notice of those requirements received in mid-December and the internal processes at ISC, the December 31, 2021, deadline was missed.

¹ Public Works and Government Services Canada (PWGSC) defines various security levels for information and asset protection of the Government of Canada. The Protected B label is applied "to information or assets that, if compromised, could cause serious injury to an individual, organization or government." <https://www.tpsgc-pwgsc.gc.ca/esc-src/protection-safeguarding/niveaux-levels-eng.html> last updated November 22, 2021

ISC and IFSD worked through January to review a draft ISA and resolve a difference in understanding of the requested data. By February 2022, there were two separate parts to the data request that would be fulfilled on different timelines:

- 1) Jordan's Principle request data for First Nations only fiscal years 2019-20 and 2020-21. Qualitative entries and child-identifying information were removed from the data set.
- 2) A random sample of 30% of Jordan's Principle requests for fiscal years 2016-17, 2017-18, and 2018-19 for First Nations only. Qualitative entries and child-identifying information were removed from the data set. (This information was requested to cover the period prior to the use of the GC Case system and was used to test the consistency of inductive analysis from the primary datasets for fiscal years 2019-20 and 2020-21).

By the end of February 2022, the Information Sharing Agreement (ISA) between ISC and IFSD was signed, with an understanding that an amendment would follow to access to the random sample data (defined in #2, above). The complete data sets for fiscal years 2019-20 and 2020-21 was transferred first at the end of February 2022. The random sample was transferred in June 2022.

As IFSD began working with the initial dataset and raised questions about the availability of additional information. While pursuing the amendment to the ISA for the 30% sample, IFSD worked with ISC on an additional information request for a summary table of all Jordan Principle requests for non-First Nations children. This information was requested for completeness to understand the scope and scale of requested expenditures, approved, and denied expenditures.

At the end of May 2022, IFSD confirmed the ISA amendment to access the 30% random sample. The document was signed by both parties by mid-June 2022, and the data was provided shortly thereafter.

In an effort to better capture and understand *why* requests were being to Jordan's Principle, i.e., which issues or challenges were being addressed, IFSD requested qualitative entries associated to the GC Case system. Approaching the end of May 2022, ISC noted for IFSD, that despite best efforts and consultations in the department, IFSD would not be able to access the qualitative data associated to individual Jordan's Principle requests without additional submissions and reviews. From a programmatic (not a technical) perspective, there were concerns about the private and personal information in the qualitative data. For those reasons, any access to the information would require additional requests and reviews, without a guaranteed outcome or timeline. For these reasons, in consultation with its client, IFSD decided to forego the pursuit of the qualitative information. In this report, IFSD cannot confirm the content of the qualitative information or its utility in understanding root causes of requests to Jordan's Principle, as it could not access the information within reasonable timelines for completion of the project. An inability to understand needs being addressed through

Jordan's Principle (not the product or service being requested, but *why* it is being requested) is a gap that should be addressed in future work.

While there was no child-identifying or qualitative information shared with IFSD, all analysis IFSD produced using GC Case data had to be reviewed by ISC's Privacy team (pursuant to the ISA). This review by ISC was required to ensure that no reader of the final report could piece together information from different analysis to identify an individual child or their request. IFSD submitted analysis in May, June, and July 2022 for the privacy review.

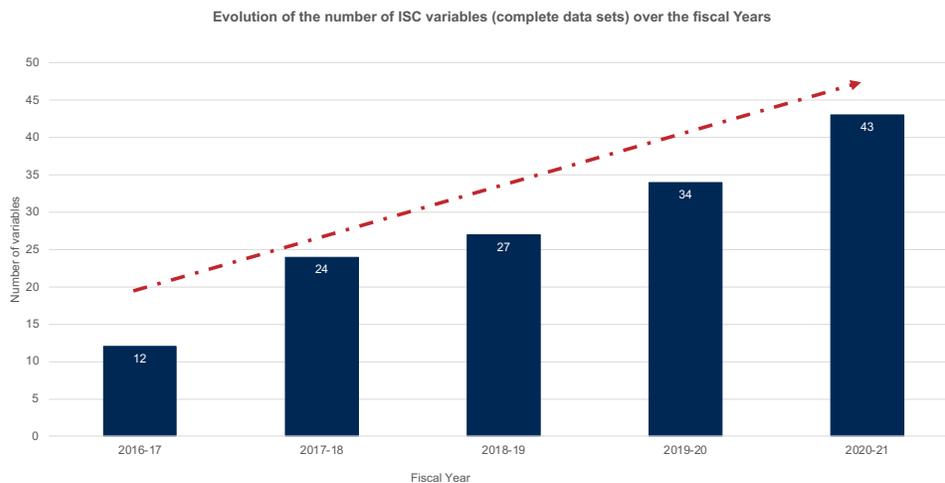
The information requested from ISC was essential for completing this work. IFSD used the data provided to understand Jordan's Principle requests, categories of services and products, and alignment to matters of substantive equality and equality. Without the granular data from the GC Case system the analysis would not have been possible as publicly accessible information does not contain sufficient detail for analysis.

Data analysis proceeded inductively with findings derived from assessments of the data. The inductive analysis was undertaken by sorting the GC Case data against different variables, e.g., service/product category, age range, expenditure, etc. The analysis was useful in understanding input metrics on Jordan's Principle, but insufficient for understanding needs or the root causes of requests through Jordan's Principle.

To use the data provided by ISC to respond to the project's research questions, IFSD used distinct requests. This means that IFSD was not concerned with the number of individuals or groups making a request, but rather the total number of products or services requested (as an individual or group may have requested more than one product or service). Thus, across fiscal years, the total number of requests was used and not the number of children requesting a product or service. IFSD used this approach to analyze the dataset as it was attempting to understand if Jordan's Principle was responding to substantive equality. IFSD was concerned with understanding what products or services were being asked for and why, not how many products or services an individual or group may request.

The data for fiscal years 2019-20 and 2020-21 contained sufficient detail for in-depth analysis, which are the focus of this report. The data for fiscal years 2016-17 to 2018-19 provided as a random 30% sample (prior to the use of the GC Case system) were insufficiently detailed for in-depth analysis. IFSD understood from ISC that those data sets differ in completeness, quality, and in the variables collected. While data collection has noticeably improved since 2016-17 (increase in variables, consistency, and quality of data collection (Figure 1) only data from fiscal years 2019-20 and 2020-21 were deemed sufficiently detailed and complete for this analysis.

Figure 1



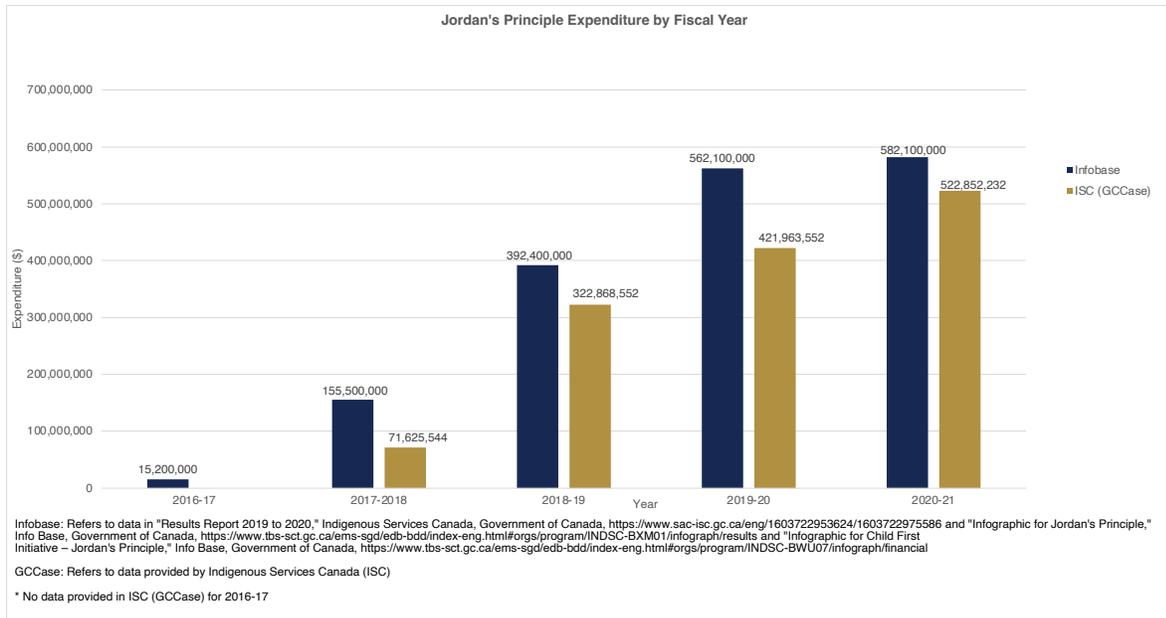
Source: Indigenous Services Canada (ISC)

IFSD had originally anticipated completing this project in February 2022. The deadline was readjusted on several occasions, finally reaching July 29, 2022, to accommodate the time and challenges in accessing the required information. In mid-July 2022, ISC notified IFSD of outliers that had to be removed from the dataset. The ‘outlier’ values were removed from the dataset as they contained inaccurate age information. Subsequently, various parts of analysis had to be reconstructed by IFSD, had to undergo IFSD’s internal quality assurance processes, and then be resubmitted to ISC for the privacy review. In addition, ISC provided considerations on the interpretation of ‘blank’ values² and approaches to reporting in InfoBase. IFSD undertook additional analysis at that time to review these considerations. The additional analysis was submitted to ISC for the privacy review in late July 2022.

The approach taken by IFSD based on the number and categorization of requests differs from reporting in InfoBase. InfoBase is the Government of Canada’s public reporting tool, managed by the Treasury Board of Canada Secretariat that provides information to Canadians on expenditures and the outcomes achieved.

Figure 2

² “Blank” values in the Amount Requested Category or Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded, or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all of the “blank” values in these categories.



InfoBase request data cannot be directly compared with GC Case data request data, as the reporting basis differs in the treatment of group requests. Group-level request data from the GC Case system captures needs, i.e., the requested service/product, which is the basis of IFSD's analysis. InfoBase request data for groups reflects the products and services multiplied by the number of children attached to the request, e.g., if 100 children request a health service, that health service is recorded 100 times in InfoBase but once in IFSD's methodology. This does not represent the number of unique individuals with approvals, but rather the number of products or services being requested. In principle, InfoBase reporting should reconcile with GC Case data. IFSD was not able to reconcile InfoBase reporting with data from GC Case with the data provided, including on expenditures (Figure 2).

In summary, the following information was provided to IFSD and is reviewed in this report:

- 1) Aggregate national-level data on Jordan's Principle requests (total expenditure and number) for fiscal years 2017-18 to 2020-21.
- 2) Jordan's Principle request data for First Nations only for fiscal years 2019-20 and 2020-21.
- 3) A random sample of 30% of Jordan's Principle requests for First Nations only for fiscal years 2016-17, 2017-18, and 2018-19.
- 4) Aggregate data on the total requests (First Nations and non-First Nations) across fiscal years 2016-17 to 2020-21.

All qualitative and child-identifying information was excluded from the datasets by ISC.

II. General Methodological Approach: Step by Step

1. Global/Descriptive Analysis

- i. Data Source: Indigenous Services Canada (ISC)
- ii. Fiscal years: 2019-20 to 2020-21
- iii. Data Preparation:

(1) The original data sets recorded 30,281 requests for the fiscal year 2019-20 and 45,335 requests for 2020-21.

(2) IFSD clustered ISC's variables **AmountRequestedCategory** and **Approved_FundsCategory** using the list in Appendix 2. IFSD kept five clusters: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (*Blank*) instead of the 145 categories reported originally.

- According to Indigenous Services Canada (ISC), "**Blank**" values in the Amount Requested Category or Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded or that more than one child is using the requested product/services, i.e., they are part of the same family. According to Indigenous Services Canada (ISC), the latter should account for the majority, if not all, the "blank" values in these categories.

(3) IFSD clustered ISC's variables **RelationtoChild** using the list in the table below. IFSD kept four clusters: *Professional*, *Non-Professional*, *Other* and (*Blank*) instead of the eight categories reported initially (On some exceptional cases, where we analyzed Approved v. Denied requests or only Approved requests, we merged Other and blank in one unique category for a better presentation).

Count	ISC Cluster – Relation to Child	IFSD Cluster – Relation to Child
1	Community-Based Worker	Professional
2	Education Professional	
3	Health Professional	
4	Navigator	
5	Social Professional	
6	Family Member	Non-Professional
7	Other	Other
8	(blank)	(Blank)

(4)

- For 2020-21, IFSD clustered ISC's variables related to **Regional/HQ Decision Rationale**. For Eligibility, Normative Standard, Substantive Equality, Best Interest of Child, and Culturally Appropriate, values have been clustered into two groups: *Yes/Within/Eligible* and *Other (No/Not Assessed/Above/Ineligible/Blank)*.
- For 2019-20, IFSD clustered the values for **Regional/HQ Decision Rationale, but only information on Normative Standard ("Norm_STD_Clean") was available**. For Normative Standard, values have been clustered into two groups: *Yes/Within/Eligible* and *Other (No/Not Assessed/Above/Ineligible/Blank)*.

(5)

- For 2019-20, ages with outlier values (i.e., ages over 100+) were included in the 18+ age group in the ISC original data sets. These outliers were reported subsequently by Indigenous Services Canada (ISC) in a different file. By using the Unique ID and the VLOOKUP function in excel, we identified all the outliers in our data set. We then created a new category amongst age categories called "Outlier". 382 records were affected out of 30,281 overall.

(6) Discrepancies in the ISC region and ISC province tagging. (See Appendix 4 for details).

- It is important to be precise here: the total in 2019-20 for ISC regions is 30277 instead of 30281 because there are 4 requests with an unidentified province (blanks).
- The totals in 2017-18 and 2018-19 represent 30% (random sample) of the overall requests in each of these two fiscal years. This data can also be sorted by region or by province/territory, with discrepancies noted in the sample.

iv. Notes:

(1) Age data is only available for individual requests, and it is not available for group requests.

(2) Sex data is only available for individual requests, and it is not available for group requests.

v. Calculation method:

(1) IFSD Counted the number of requests using ISC-provided variables in the GC Case data set for each fiscal year (with PIVOT TABLES or COUNTIFS function in Microsoft Excel):

- Fiscal Year
- Final decision
- Province
- ISC Region
- Amount Requested Category: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (blank)
- Approved_FundsCategory: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (blank)
- Relation to Child
- Dataset Type (Individual v. Group Requests)
- Category
- Regional Decision
- Regional Decision Rationale: Regional Eligibility, Regional Normative Standard, Regional Substantive Equality, Regional Best Interest of Child, and Regional Culturally Appropriate.
- HQ Decision
- HQ Decision Rationale: HQ Eligibility, HQ Normative Standard, HQ Substantive Equality, HQ Best Interest of Child, and HQ Culturally Appropriate.
- Sex
- Age Category
- Covid 19 flag
- Urgency
- Days Between Initial Contact and Sufficient Information
- Days Between Initial Contact and Regional Decision
- Days Between Initial Contact and Final Decision
- Days Between a Request Being Escalated to HQ by the Region and the HQ Decision
- Days Between Final Decision and Start of Requested Program
- Days Between Start and End of Requested Service
- Appeal Decision

(2) Percentage Breakdown: Divide number of requests in each category by total number of requests.

(3) Percentage change in number of requests =
$$\frac{\text{Number of Requests in 2020-21} - \text{Number of Requests in 2019-20}}{\text{Number of Requests in 2019-20}}$$

(4) In order to do a specific analysis, for example on approved or Denied/Rejected, we filtered the variable "**Final Decision**".

2. Regional/Provincial Analysis

- i. Data Source: Indigenous Services Canada (ISC)
- ii. Fiscal years: 2019-20 to 2020-21
- iii. Data suppression rule: Entries were suppressed if requests in a province were fewer than 15 or, in some cases, if requests in a category³ are fewer than 15 for privacy reasons.
- iv. Calculation method:

(1) Thirteen (13) provinces and territories are included in this analysis: Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan, Northwest Territories, Nunavut, and Yukon.

(2) ISC identified eight (8) regions: Alberta, Atlantic, British Columbia, Manitoba, Northern, Ontario, Quebec, and Saskatchewan.

³ Charts in the Global Analysis where categories were suppressed for privacy concerns include: Number/Percentage of Requests by Sex, 2019-20 and 2020-21; Of Regionally Escalated: Number of Requests by Headquarters Normative Standard, 2020-21; Of Regionally Escalated for Which an Appeal was Recorded: Number of Requests by Appeal Decision, 2019-20 and 2020-21; Number/Percentage of Requests by Urgency, 2019-20 and 2020-21; Number of Requests by Category, 2019-20 and 2020-21; Number/Percentage of Requests by Days Between a Request Being Escalated to Headquarters by the Region and the Headquarters Decision, 2019-20 and 2020-21; Number/Percentage of Requests by Days Between Date Appeal Received and Appeal Decision Date, 2020-21; Number of Requests by Days Between Final Decision Date and Start Date of Requested Program, 2019-20 and 2020-21; Percentage of Requests by Urgency and by Days Between Regional Date of Initial Contact and Final Decision Date, 2020-21; Percentage of Requests by Days Between Regional Date of Initial Contact and Final Decision Date and by Urgency, 2019-20 and 2020-21; and Percentage of Requests by Amount Requested Category and by Number of Days between Regional Date of Initial Contact and Final Decision Date, 2019-20. In the analysis of the 14-17 age category, this was also true of Number of Requests Rejected by Headquarters-by-Headquarters Decision Rationale, 2020-21 (14-17); Percentage of Requests by Appeal Decision, 2020-21 (14-17); Percentage of Requests by IFSD Age Category and Category of Request, 2020-21; and Percentage of Requests by Age Category and Category of Request, 2019-20. In the analysis of the 30% sample, this was true for Number of Days Between Regional Date of Initial Contact and Date Received for Reporting, 2017-18 Individual Requests; Number of Days Between Regional Date of Initial Contact and Regional Decision, 2017-18 Individual Requests; Number of Days Between Regional Date Received and Regional Decision, 2017-18 Group Requests; Of Regionally Escalated Requests: Number of Requests by Number of Days Between a Request Being Escalated to Headquarters by the Region and Headquarters Decision Date; Number of Requests by Number of Days Between Regional Date of Initial Contact and Headquarters Decision Date, 2018-19; Number of Requests by Days Between Regional Date of Initial Contact and Regional Decision Date, 2017-18 and 2018-19; and Percentage of Requests by Fiscal Year and by Days Between Regional Date of Initial Contact and Regional Decision Date. In these cases, percentages were calculated with suppressed values removed from the total.

- (3) The number of requests by province/Region: IFSD counted the number of requests in each province/Region by category.
- (4) Percentage breakdown of requests by province: IFSD divided the number of requests in each province/Region (when n>15) by the total number of requests.⁴

NB: IFSD performed the analysis at the provincial level and at the regional level. IFSD followed ISC regional cluster for regional analysis.

3. Age Categories Analysis

3.1. 18+ age category Analysis:

- i. Data Source: Indigenous Services Canada (ISC)
- ii. Fiscal years: 2019-20 to 2020-21
- iii. Data Preparation:

(1) Outlier values (i.e., ages over 100+) were included in the 18+ age category in the original ISC dataset for fiscal year 2019-20. These outliers were reported subsequently by Indigenous Services Canada (ISC) in a different file. By using the Unique ID and the VLOOKUP function in excel, we identified all the outliers in our data set. We then excluded them from the 18+ age category. 382 records were removed out of 1010.

(2) No outliers were identified by ISC in 2020-21.

(3) IFSD has performed the previous analysis (Global/Descriptive, Regional, Provincial) for the 18+.

⁴ In certain cases, for privacy concerns, suppressed values were removed from the total when calculating percentages. These include: Percentage of Requests by Province and by IFSD Age Category, 2019-20; Percentage of Requests by Province and by Age Category, 2020-21; Percentage of Requests by Days Between Regional Date of Initial Contact and Regional Decision Date and by Province, 2020-21; Percentage of Requests by Days Between Regional Date of Initial Contact and Regional Decision Date and by Province, 2019-20; Percentage of Requests by Days Between Regional Date of Initial Contact and Regional Decision Date and by ISC Region, 2020-21; Percentage of Requests by Days Between Regional Date of Initial Contact and Regional Decision Date and by Province, 2019-20; and Percentage of Requests by Days Between Regional Date of Initial Contact and Regional Decision Date and by ISC Region, 2019-20.

(4) In order to do a specific analysis, for example on approved or Denied/Rejected etc., we filtered the variable **“Age category”**.

iv. Notes:

(1) “Outlier” values were removed from the dataset as they contained inaccurate age information, as indicated by Indigenous Services Canada (ISC).

NB: The N values are respectively 628 in 2019-20 and 651 in 2020-21 for 18+ requests.

3.2. Analysis of regionally approved requests in the 18+ category

Although ISC protocol states that all requests made that were above the Age of Majority be Escalated to Headquarters, there are several cases of 18+ requests being Approved at the regional level. The following tables show the provinces and fiscal years in which this occurred. This could be a function of differing ages of majority in provinces.

Of requests in the 18+ Age Category		
	Approved	Escalated
2017-18 Individuals	38	0
2018-19	100	55
2019-20	293	335
2020-21	249	402
Source: Indigenous Services Canada Note: "Outlier" values were removed from the 2019-20, 2018-19, and 2017-18 datasets as they contain inaccurate age information, as indicated by Indigenous Services Canada (ISC).		

Of requests in the 18+ Age Category		
	Approved	Escalated
2017-18 Individuals	100%	0%
2018-19	65%	35%
2019-20	47%	53%
2020-21	38%	62%
Source: Indigenous Services Canada Note: "Outlier" values were removed from the 2019-20, 2018-19, and 2017-18 datasets as they contain inaccurate age information, as indicated by Indigenous Services Canada (ISC).		

3.3. Analysis of 14-17 age category

- i. Data Source: Indigenous Services Canada (ISC)
- ii. Fiscal years: 2019-20 to 2020-21
- iii. Data Preparation:

- (1) Analysis for age category between 14 and 17 was conducted on only the observations with age Categories 14-15 and 16-17. For charts comparing the number of requests from different age categories, the 14-17 cluster was created by summing the observations in the 14-15 category and those in the 16-17 category.

NB: The N values are respectively 4237 in 2019-20 and 7208 in 2020-21.

4. Expenditure Analysis

- i. Data Source: Indigenous Services Canada (ISC), Infobase, Government of Canada
- ii. Fiscal years: 2016-17 to 2020-21
- iii. Data Preparation/Collection:

Projected Expenditure estimates were taken from:

- Infographic for Jordan's Principle and the Inuit Child First Initiative: <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/finacial>

Expenditure: Infobase estimates were taken from:

- For 2016-17 and 2017-18: Departmental Results Report 2019 to 2020, <https://www.sac-isc.gc.ca/eng/1603722953624/1603722975586>
- For 2018-19: Infographic for Child First Initiative – Jordan's Principle, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BWU07/finacial>

NB: There was also an estimate for expenditure in 2018-19 from to Departmental Results Report 2019 to 2020, but it was not the same as the one from the Infographic for Child First Initiative – Jordan's Principle, so it was not used.

- For 2019-20: Infographic for Jordan's Principle and the Inuit Child First Initiative, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/finacial>

NB: There was also an estimate from the Departmental Results Report 2019 to 2020, but it was not the same as the one from the Infographic for Jordan's Principle and the Inuit Child First Initiative, so it was not used.

- For 2020-21: Infographic for Jordan's Principle and the Inuit Child First Initiative, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/financial>

Expenditure: ISC (GCCase) was taken from:

- Tables provided by Indigenous Services Canada (ISC).

Approved Requests: Infobase was taken from:

- For 2016-17 and 2017-18: Departmental Results Report 2019 to 2020, <https://www.sac-isc.gc.ca/eng/1603722953624/1603722975586>
- For 2018-19: Departmental Results Report 2019 to 2020, <https://www.sac-isc.gc.ca/eng/1603722953624/1603722975586> and Infographic for Child First Initiative – Jordan's Principle, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BWU07/results>
- For 2019-20: Departmental Results Report 2019 to 2020, <https://www.sac-isc.gc.ca/eng/1603722953624/1603722975586> and Infographic for Jordan's Principle and the Inuit Child First Initiative, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/results>
- For 2020-21: Infographic for Jordan's Principle and the Inuit Child First Initiative, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html#infographic/program/INDSC-BXM01/results>

Approved Requests: ISC (GCCase) was taken from:

- Tables provided by Indigenous Services Canada (ISC).

5. Needs Analysis

- i. Data Source: Indigenous Services Canada (ISC) and Statistics Canada
- ii. Fiscal years: 2020-21
- iii. Data Preparation:

- (1) IFSD built their own needs clusters using the “Needs” column in ISC 2020-21 data file (Appendix 1).
- (2) Please note that the cluster “Dental/Orthodontics” is a subcategory of the cluster “Health and Mental health”.
- (3) To build the charts with the median Household income and the number of requests, we used statistics Canada as the primary source:
 - Statistics Canada built for IFSD a custom tabulation containing the median Household Income for each Band/First nation by Province on reserve (Based on 2016 Census data) and the number of households when the information was available.
 - For the 2019 MBM provincial poverty line, IFSD also used Statistics Canada as the primary source:
<https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1110006601>.

This is for a four-person family (many First Nations on-reserve have more than four people per household), and IFSD used the number for each region for a population <30,000.

iv. Notes:

- (1) Each ISC need was assigned to only one IFSD needs cluster.
- (2) IFSD clustered Poverty as all the needs composed by: Affordability, Lack of Access to Service, Malnutrition, Unsafe Living Conditions, Unspecified Financial and Unspecified Low Income.
- (3) IFSD clustered Child Welfare as all the needs composed by: Child Apprehension Prevention, Preserving Family Integrity, Unspecified Family and Unspecified Family Integrity.
- (4) IFSD clustered Covid-19 as all the needs composed by: Covid-19 and Covid-19 Not Use.
- (5) IFSD clustered Dental/Orthodontic as all the needs composed by: Oral Infection (Dental Abscess), Unspecified Dental, Unspecified Dental/Orthodontic, Tooth Decay (Cavity), Malocclusion (Misaligned/Crooked Teeth) and Unspecified Orthodontic.
- (6) There were under 15 requests with an unidentified province. These were removed from this chart.
- (7) In ISC’s data file, multiple needs can be selected for the same request. In this case, we would assign the same request to multiple IFSD needs clusters. As a result, when we sort all needs from all requests, we cannot add the numbers up (to avoid double-counting).

(8) We do not have definitions for the “Needs” column in the ISC data file and the primary need cannot be defined.

v. Calculation method:

To populate our different clusters, we used two methods to ensure the exactitude.

- First Method:

First, we sorted the needs column to identify the 267 unique ISC needs (Appendix A). Second, we used a formula to align each request to a cluster:

=SUMPRODUCT (--ISNUMBER(SEARCH(Table7[Column1], F2)))>0

- Second Method:

First, we separated the needs column into multiple columns containing one need by cell. Second, for each cluster, we sorted every newly created column by selecting all the needs associated.

The two methods gave us the same number for each cluster.

6. 30% Random Sample Analysis

i. Data Source: Indigenous Services Canada (ISC)

ii. Fiscal years: From 2016-17 to 2018-19.

iii. Data Preparation:

(1) The original data sets recorded 16,237 requests for the fiscal year 2018-19 and 6,254 requests for the fiscal year 2017-18. Unfortunately, ISC 2016-17 data does not identify the total number of requests received for that fiscal year. The 30% random sample obtained by IFSD gave us then, 1877 in 2017-18 and 4842 in 2018-19.

(2) In 2017-18, the ISC data separated the data into two tabs: individual and Group requests, unlike subsequent fiscal years. For analytic consistency, IFSD merged individual and group requests for 2017-18. The column “dataset” was created for this fiscal year.

(3) In 2017-18, we created a new column for normative standards. The information provided by ISC included entries in English and French, as well as categories that could be merged:

Count	ISC Cluster – Normative Standard	IFSD Cluster – Normative Standard
1	Above	Above/Supérieur
2	Supérieur	
3	Yes	Yes/Oui
4	Oui	
5	No	No/Non
6	Non	
7	Within	Within/Égal
8	Égal	
9	Below	Below
10	(Blank)	(Blank)

(4) In 2017-18, we created a new column for urgency. The information provided by ISC included entries in English and French, as well as categories that could be merged:

Count	ISC Cluster – Urgency	IFSD Cluster – Urgency
1	Non urgent	Non urgent
2	Not urgent	
3	Urgent	Urgent
5	(blank)	(Blank)

(5) In 2018-19, ISC noted three categories for sex: Male, Female and Unspecified. In 2017-18, we created a new column for sex. The information provided by ISC included entries in English and French, as well as categories that could be merged:

Count	ISC Cluster – Sex	IFSD Cluster – Sex
1	Female	Female
2	F	
3	Male	Male
4	M	
5	(blank)	(Blank)

(1) IFSD clustered ISC’s variables **AmountRequestedCategory** and **Approved_FundsCategory** using the list in Appendix 2. IFSD kept five clusters: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (Blank) instead of the 145 categories originally provided by ISC.

- According to Indigenous Services Canada (ISC), “**Blank**” values in the Amount Requested Category or Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all the “blank” values in these categories.
- (2) In 2017-18, the final decision variable was obtained by combining the variables for (Regional) Decision and Headquarters Decision.
- (3) In 2018-19, IFSD merged some categories for normative standards. The information provided by ISC included entries in English and French, as well as categories that could be merged:

Count	ISC Cluster – Normative Standard	IFSD Cluster – Normative Standard
1	Above	Above/Supérieur/Beyond
2	Beyond	
3	Supérieur	
4	Yes	Yes/Oui
5	Oui	
6	No	No/Non
7	Non	
8	Within	Within/Below
9	Below	
10	Égal	Égal
11	Within for assessment/Above for Tutoring	(Blank) and Other
12	Within/Above	
13	(Blank)	

- (4) In 2017-18 and 2018-19, ages with outlier values (i.e., ages over 100+) were included in the 18+ age group in the ISC original data sets. These outliers were reported subsequently by Indigenous Services Canada (ISC) in a different file. By using the Unique ID and the VLOOKUP function in excel, we identified all the outliers in our data set. We created a special category for them from the 18+ age category, named “outlier”. We noted 1 record in 2018-19 and 49 in 2017-18.

iv. Notes:

- (1) For 2016-17. Line level data is unavailable. Full dataset counts are provided.
- (2) For 2017-18, 30% randomly sampled extract of individual records and 30% randomly sampled extract of group records were provided in separate tabs.

- (3) For 2018-19, 30% randomly sampled extract of individual and group records were provided in the same tab.
- (4) Age data is only available for individual requests, and it is not available for group requests.
- (5) Sex data is only available for individual requests, and it is not available for group requests.
- (6) 2017-18 data does not distinguish between Headquarters and Regional Normative Standard as in 2020-21.
- (7) ISC 2016-16 data on urgency is only available for individual requests, not for group requests. For subsequent fiscal years (i.e., 2018-19, 2019-20 and 2020-21), it is available for both individual and group requests.
- (8) ISC 2017-18 data only reports the Headquarters Decision for individual requests, not for group requests.
- (9) "Outlier" values contain inaccurate age information, as indicated by Indigenous Services Canada (ISC).
- (10) "Blank" values in the IFSD Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all the "blank" values in these categories.

vi. Calculation method:

- (1) Count number of requests by following categories
 - Final decision
 - Sex
 - Age Category
 - Amount Requested Category: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (blank)
 - Approved_FundsCategory: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (blank)
 - Category

- (2) Percentage Breakdown: Divide the number of requests in each category by total number of requests.

7. Timeline Analysis

- i. Data Source: Indigenous Services Canada (ISC)
- ii. Fiscal years: From 2017-18 to 2020-21.
- iii. Data Preparation:

From 2019-20 - 2020-21:

- (1) IFSD calculated Days Between Regional Date of Initial Contact and Sufficient Information Date = ***SufficientInformation/SufficientInformationDate - InitialContact/InitialContactDate*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then clustered days into: 0-2, 3-7, 8-30, 31-60, 61-100, 101-200, 201+, and Error (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).
- (2) IFSD calculated Days Between Regional Date of Initial Contact and Regional Decision Date = ***RegionalDecisionDate/RegionalDecisionDate - InitialContact/InitialContactDate*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then clustered days into: 0-2, 3-7, 8-30, 31-60, 61-100, 101-200, 201+, and Error (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).
- (3) IFSD calculated Days Between Regional Date of Initial Contact and Final Decision Date = ***Final_decision_date/ Final decision date - InitialContact/InitialContactDate*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then clustered the days into: 0-2, 3-7, 8-30, 31-60, 61-100, 101-200, 201+, and Error (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).
- (4) IFSD calculated Days Between a Request Being Escalated to Headquarters by the Region and Headquarters Decision Date = ***RegionalDecisionDate/RegionalDecisionDate - HQDecisionDate/ HQDecisionDate*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then

clustered into: 0-2, 3-7, 8-30, 31-60, 61-100, 101-200, 201+, and Error (for 2020-21) AND 0-2, 3-7, 8-30, 31-60, 61+, and Error (for 2019-20 and 2020-21) (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

- (5) IFSD calculated Days Between Final Decision Date and Start Date of Requested Service = ***StartDate - Final_decision_date/ Final decision date*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 61-100, 101-200, 201-364, 364+, and Error (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).
- (6) IFSD calculated Days Between Start Date of Requested Service and End Date of Requested Service = ***EndDate – StartDate*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 307, 8-30, 31-60, 61-100, 101-200, 201-364, 364+, and Error (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).
- (7) IFSD calculated Days Between Date Appeal Received and Appeal Decision Date = ***APPEAL DECISION DATE (yyyy-mm-dd) – DATE HQ RECEIVED APPEAL*** (which are converted into a date using the INT function if necessary), excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 307, 8-30, 31-60, 61-100, 101-200, 201+, and Error or 0-2, 3-7, 8-15, 16-30, 31-45, 46-60, 61-75, 76-90, 91-105, 106-120, 121-135, 136-150, 151-165, 166-180, 181-195, 196-210, 211-240, 241-315, and Error (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

For 2017-18 (Individual only):

- (8) IFSD calculated Days Between Regional Date of Initial Contact and Date Received for Reporting= ***Date received_for reporting – Regional Date of Initial Contact***, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).
- (9) IFSD calculated Days Between Request Received for Reporting and Regional Decision Date = ***Decision Date - Date received_for reporting***, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

- (10) IFSD calculated Days Between Regional Date of Initial Contact and (Regional) Decision Date = **Decision Date - Regional Date of Initial Contact**, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

For 2017-18 (Group only):

- (11) IFSD calculated Days Between Date Received and (Regional) Decision Date = **Decision date - Date Received**, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-+ and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

For 2018-19:

- (12) IFSD calculated Days Between Regional Date of Initial Contact and Sufficient Information Date = **Sufficient_Info_Date – InitialContactDate**, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31-60, 61-100, 101+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

- (13) IFSD calculated Days Between Sufficient Information Date and Regional Decision Date = **RegionalDecisionDate - Sufficient_Info_Date**, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31-60, 61+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

- (14) IFSD calculated Days Between Regional Date of Initial Contact and Regional Decision Date = **InitialContactDate - RegionalDecisionDate**, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31-60, 61-100, 101+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

- (15) IFSD calculated Days Between a Request Being Escalated to Headquarters by the Region and Headquarters Decision Date = **HQDecisionDate - RegionalDecisionDate**, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31-60, 61+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

- (16) IFSD calculated Days Between Initial Contact and Headquarters Decision = ***HQDecisionDate - InitialContactDate***, excluding any entry where either of the two dates was blank; and then clustered into: 0-2, 3-7, 8-30, 31-60, 61-100, 101+, and Error. (Error indicates that dates were coded in ways that could not correspond to an actual timeframe).

In cases where values had to be suppressed (such as in some timeline analysis broken down by province), percentages were calculated with suppressed values removed from the total for ISC privacy concerns.

8. Reconciliation between InfoBase and GCCase.

- i. Data Source: Indigenous Services Canada (ISC)
- ii. Fiscal years: From 2016-17 to 2020-21.
- iii. Data Preparation:

As reported by ISC, InfoBase request data cannot be directly compared with GCCase data request data, as the reporting basis differs:

- a. Group-level request data from the GCCase system captures needs, i.e., the requested service/product.
- b. InfoBase reflects the products and services, this is calculated by multiplying the request with the number of children attached to it. According to ISC, this should not be interpreted as the number of unique individuals with approvals through Jordan's Principle as children with multiple requests are counted at each instance.
- c. To reconcile InfoBase reporting with GCCase data, group requests must be counted as multiple individuals in the group, i.e., the number of children/youth receiving the product/service (variable "Report_est_2" in the GCCase dataset). According to ISC, additional refinements are made at the time of reporting which may cause slight divergence.

IFSD tried to replicate ISC methodology based on data they provided to us. We started with the most complete dataset 2020-21:

For total number of children making requests as individuals in 2020-21: IFSD tried to use pivot tables to determine how many requests are associated with each value of ***PRS_New***.

For total number of children making requests as groups in 2020-21: IFSD, to avoid double or multiple counting, removed all values associated to a ***Report_est_2*** for the same ***PRS_New***. Use pivot tables to determine how many requests are associated with each value of ***PRS_New*** and use the value in ***Report_est_2***, as well as the number of requests to determine the number of individuals in each group associated to each value of ***PRS_New***.

NB: this analysis could underestimate the number of children because, for some requests in a group, there were no “PRs_New” associated and no “Report_est_2” values too. (ex: case ID 20310).

This type of analysis cannot be done for previous fiscal years because **PRs_New** is only available for 2020-21. The data manifests clarify that the variable **ChildUniqueIdentifier_New** contains “poor quality” data and, as such, were not used to identify the number of children making requests in previous fiscal years.

IFSD then endeavoured to use another variable to match ISC methodology on data they provided to us. IFSD always started with the most complete dataset 2020-21:

This data set had “**case_id**” and “**report_est_2**”. IFSD removed duplicate values by using “**case_id**” because this variable is available for all fiscal years (for 2020-21, we normally should have the same result if you use “**case_id**” or “**prs_new**”. So, IFSD tried to use “**case_id**” for all fiscal years. In the manifest, ISC says “**case_id_new**” for 2019-20 is only available for those in GCCase, so when we filtered by group, we had some blanks. What IFSD noticed by reviewing their data set is that “**case_id**” seems like the unique identifier for 2020-21, and then for 19-20, “**case_id**” is not available for the non-GCCase so we cannot use “**case_id**” for 19-20. On one hand, if each group request has shared the same “**childuniqueidentifier**” in 2020-21, on the other hand, each group request has the same “**case_id**” but not the same “**prs_new**” (ex. Case_id 20273).

IFSD noted also that “**Unique_ID**” is useless to answer that question. And, we have no unique identifier for Groups in 2017-18.

For 17-18 and 18-19, we don’t have information on “**ChildUniqueIdentifier**” for group requests. And some of the “**report_est_2**” of the estimated number of children are blank.

Considering all the above, IFSD cannot reconcile InfoBase data with the data provided by ISC.

9. Comparison of all available fiscal years: From 2016-17 to 2020-21

i. Data Source: Indigenous Services Canada (ISC)

ii. Fiscal years: From 2016-17 to 2020-21.

iii. Data Preparation:

(1) The original data sets recorded 30,281 requests for the fiscal year 2019-20 and 45,335 requests for the fiscal year 2020-21.

(2) The original data sets recorded 16,237 requests for the fiscal year 2018-19 and 6,254 requests for the fiscal year 2017-18. Unfortunately, ISC 2016-17 data does not identify the total number of requests received for that fiscal year as it is in subsequent fiscal

years. The 30% random sample obtained by IFSD gave us then, 1877 in 2017-18 and 4842 in 2018-19.

(3) IFSD clustered ISC's variables **AmountRequestedCategory** and **Approved_FundsCategory** using the list in Appendix 2. IFSD kept five clusters: \$0-\$99; \$100-\$999; \$1,000-\$4,999; \$5,000+; and (*Blank*) instead of the 145 categories reported originally.

- According to Indigenous Services Canada (ISC), "**Blank**" values in the Amount Requested Category or Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all the "blank" values in these categories.

iv. Notes:

(1) For 2016-17. Line level data is unavailable. Full dataset counts are provided.

(2) ISC 2016-17 data on age is not available.

(3) it is the 30% random sample data from 2017-18 to 2018-19, and the total data sets from 2019-2020 to 2020-21.

(4) "Outlier" values contain inaccurate age information, as indicated by Indigenous Services Canada (ISC).

(5)) ISC 2016-17 data on the amount requested is not available.

(6) "Blank" values in the IFSD Amount Requested Category have one of two explanations: a data entry issue where no requested funding was recorded or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all the "blank" values in these categories.

(7) 2016-17 data on approved funds are not available.

(8) "Blank" values in the IFSD Approved Funds Category have one of two explanations: a data entry issue where no approved funding was recorded or that more than one child is using the requested product/services, i.e., they are part of the same family. The latter, according to Indigenous Services Canada (ISC), should account for the majority, if not all, of the "blank" values in these categories.

- (9) For both ISC 2016-17 data and ISC 2017-18 data, the final decision variable was obtained by combining the variables for Regional Decision and Headquarters Decision.

10. Products/Services Analysis (An example of an alternative approach)

IFSD analyzed GCCase data by using the “**ItemID**” variable. This variable was then crossed with others to try to answer the project’s research questions, e.g., “**Final_Decision**” or the “**RelationtoChild**,” etc.

To illustrate an alternative approach to analyzing the GCCase data, IFSD produces the example below in which the “**AmountRequestedCategory**” is crossed with other variables, in this case, “**ApprovedFundsCategory**” illustratively.

While possible to reproduce, this approach was considered insufficient to answer the research questions. See Appendix 7 for an example of this approach.

i. Data Source: Indigenous Services Canada (ISC)

ii. Fiscal year: 2020-21

iii. Data Preparation:

- (1) The original data sets recorded 45,335 requests for 2020-21. And the number of Products/services (“**ItemID**”) associated with the requests is 39382.
- (2) IFSD used the variable “**Final_Decision**” to classify between approved and denied as usual.
- (3) IFSD used the variable “**FY_Categorization**” to classify by category as usual.

iv. Calculation method:

- (1) IFSD counted the number of products/services by following ISC variables (“**ItemID**”) in the data set for 2020-21 (with PIVOT TABLES in Microsoft Excel).
- (2) IFSD added to (1) the variables “**AmountRequestedCategory**,” “**ApprovedFundsCategory**,” and “**Final_Decision**.”
- (3) Then, IFSD created a different table for each row in the summary tables with the filter function in Microsoft excel.

v. Notes:

- (1) Some items are assigned to 2 categories

(2) * Entries for Oral Health (Excluding Orthodontics), Orthodontics and Vision Care were suppressed because total Items were fewer than 15.

Appendix 1: Needs Clusters

Count	ISC Needs	IFSD Needs Clusters
1	Child Apprehension Prevention	Child Welfare
2	Preserving Family Integrity	
3	Unspecified Familial	
4	Unspecified Family Integrity	
5	COVID-19	Covid-19
6	COVID-19- DO NOT USE	
7	Assisting Student in Surpassing Academic Standards	Education
8	Difficulty Interpreting Visual Information	
9	Difficulty with Fine Motor Skills	
10	Difficulty with Math	
11	Difficulty with Reading	
12	Difficulty with Writing	
13	Ensuring Participation in School Activities	
14	Ensuring Student Meets Academic Standards	
15	Learning Assistance	
16	Specific Language Impairment	
17	Speech Sound Disorder	
18	Stuttering	
19	Unspecified Academic Performance (Grades)	
20	Unspecified Education	
21	Unspecified Language Disorder	
22	Unspecified Learning Assistance	
23	Unspecified Learning Disorder	
24	Unspecified Speech and Language Impairment	
25	Unspecified Speech Disorder	
26	Acne	Health and mental health
27	Agoraphobia	
28	Alcohol-use Disorder (Alcohol Addiction)	
29	Angelman Syndrome	
30	Ankyloglossia (Tongue-tie)	
31	Anorexia Nervosa	
32	Aphasia	
33	Apneic Spells	

34	Apparent Life-Threatening Event (ALTE)	
35	Apraxia of Speech	
36	Arrhythmia	
37	Arthritis	
38	Arthrogyposis Multiplex Congenita	
39	Asperger Syndrome	
40	Asthma	
41	Attention-Deficit Hyperactivity Disorder (ADHD)	
42	Autistic Disorder	
43	Avoidant/Restrictive Food intake Disorder	
44	Back Pain	
45	Binge Eating Disorder	
46	Bipolar Disorder	
47	Bone Fracture	
48	Brain Tumor	
49	Bronchiolitis	
50	Bulimia Nervosa	
51	Celiac	
52	Cerebral Palsy	
53	Change in Chromosome Number	
54	Change in Chromosome Structure	
55	Chiari Malformation	
56	Chronic Motor or Vocal Tic Disorder	
57	Chronic Rhinitis	
58	Clubfoot	
59	Concussion	
60	Conduct Disorder (CD)	
61	Congenital Heart Disease	
62	Constipation	
63	Craniofacial Abnormalities	
64	Craniosynostosis	
65	Crohns Disease	
66	Cystic Fibrosis	
67	Dermatomyositis	
68	Developmental Verbal Dyspraxia	
69	Diabetes	

70	Diarrhea
71	Difficulty Hearing Differences Between Sounds
72	Downs Syndrome
73	Due to a general medical condition
74	Dysarthria
75	Eczema
76	Encephalopathy
77	Encopresis
78	Ensuring Physical Health
79	Enuresis
80	Environmental Allergy
81	Failure to Thrive
82	Febrile Seizures
83	Fecal Incontinence
84	Fetal alcohol spectrum disorders (FASD)
85	Focal and Multifocal Seizures
86	Food Allergy
87	Functional Abdominal Pain
88	Gait / Walking Disorders
89	Gene Abnormality
90	Generalized Anxiety Disorder
91	Glucose Transporter Type-1 Deficiency Syndrome (Glut1 DS)
92	Growth Disorder
93	Hearing Loss
94	Heart Attack
95	Heart Failure
96	Heart Valve Problem
97	Human Immunodeficiency
98	Hydrocephalus
99	Hyperinsulinemia
100	Hyperopia (far-sightedness)
101	Hypotonia
102	Immunization
103	Infantile Spasms
104	Insomnia

105	Iron Deficiency
106	Juvenile Rheumatoid Arthritis
107	Ketogenic Diets
108	Kidney Failure
109	Leukemia
110	Lice
111	Lupus
112	Lymphoma
113	Major Depressive Disorder (Depression)
114	Malocclusion (Misaligned/Crooked Teeth)
115	Meningitis
116	MENTAL
117	Migraine
118	Mitochondrial Diseases
119	Myelomeningocele (Spina Bifida)
120	Myopia (near-sightedness)
121	Neurofibromatosis Type 1 (NF1)
122	Nicotine-use Disorder (Nicotine Addiction)
123	Nightmares / Night Terrors (Parasomnias)
124	Obesity
125	Onychocryptosis (Ingrown Nail)
126	Opioid-use Disorder (Opioid Addiction)
127	Oppositional Defiant Disorder (ODD)
128	Oral Infection (Dental Abscess)
129	Orofacial Myofunctional Disorder
130	Osteosarcoma
131	Panic Disorder
132	Paralysis
133	Paraplegia
134	Persistent Depressive Disorder (Dysthymia)
135	Pervasive Developmental Disorder
136	Plagiocephaly
137	Pneumonia
138	Post-Concussion Syndrome
139	Posttraumatic Stress Disorder (PTSD)
140	Potential Neurological Disorder

141	Pregnancy/Prenatal Screening
142	Premature Birth
143	Premenstrual Dysmorphic Disorder
144	Quadriplegia
145	Reflux
146	Schizophrenia
147	Scoliosis
148	Selective Mutism
149	Separation Anxiety Disorder
150	Short Bowel Syndrome
151	Sleep Apnea
152	Social Anxiety Disorder
153	Socialization Issue
154	Spasticity
155	Specific Phobia
156	Spinal Cord Cell Disease
157	Spinal Cord Injury
158	Spine Tumor
159	Stimulant-use Disorder (Stimulant Addiction)
160	Stroke
161	Substance-Induced
162	Temporomandibular Joint Dysfunction
163	Tethered Spinal Cord Syndrome
164	Thyroid Disease
165	Tooth Decay (Cavity)
166	Torticollis
167	Tourettes Syndrome
168	Transport Injuries
169	Tuberculosis
170	Tuberculosis Sclerosis Complex
171	Unintentional Injuries (Non-Transport)
172	Unspecified Acute or Chronic Respiratory Diseases
173	Unspecified Allergy
174	Unspecified Anemia
175	Unspecified Anxiety or Panic Disorder
176	Unspecified Autism Spectrum Disorder (ASD)

177	Unspecified Autoimmune and Autoinflammatory Diseases	
178	Unspecified Bacterial or Viral Infections	
179	Unspecified Blood Cancer	
180	Unspecified Blood Disease/ Disorder	
181	Unspecified Bone Cancers	
182	Unspecified Brain Cancer	
183	Unspecified Calculi	
184	Unspecified Cancer	
185	Unspecified Cardiovascular and Circulatory Disease	
186	Unspecified Change in Chromosome	
187	Unspecified Congenital and Genetic Disease	
188	Unspecified Congenital Malformation	
189	Unspecified Dental	
190	Unspecified Dental/Orthodontic	
191	Unspecified Developmental Disorders	
192	Unspecified Diets and Other Dietary Therapies	
193	Unspecified Digestive Disease	
194	Unspecified Disruptive Behavior Disorders (DBD)	
195	Unspecified Ear Disease	
196	Unspecified Ear, Nose, and Throat Diseases	
197	Unspecified Eating Disorders	
198	Unspecified Elimination Disorder	
199	Unspecified Endocrine and Metabolic Diseases/Disorders	
200	Unspecified Endocrine Disease	
201	Unspecified Environmental Disease	
202	Unspecified Eye Disease	
203	Unspecified Genetic Disorder	
204	Unspecified Headache	
205	Unspecified Health	
206	Unspecified Infectious Disease	
207	Unspecified Injury	
208	Unspecified Kidney and Urinary Disease	
209	Unspecified Mental Disorder	
210	Unspecified Mental Health Disorder	
211	Unspecified Metabolic Disorders	

212	Unspecified Mood Disorders
213	Unspecified Mouth Disease
214	Unspecified Musculoskeletal Disorders
215	Unspecified Neoplasm
216	Unspecified Nerve and Muscle Diseases
217	Unspecified Neurological Disorder
218	Unspecified Newborn
219	Unspecified Nose Disease
220	Unspecified Nutritional Disorder
221	Unspecified Pediatric Condition
222	Unspecified Physical Access
223	Unspecified Physical Illness
224	Unspecified Pregnancy
225	Unspecified Psychotic Disorder
226	Unspecified Rare Cancer
227	Unspecified Renal Failure
228	Unspecified Respiratory Disease
229	Unspecified Screening
230	Unspecified Seizure
231	Unspecified Skin Disease
232	Unspecified Sleep Disorder
233	Unspecified Spine Disease
234	Unspecified Substance-use Disorder (Unspecified Addiction)
235	Unspecified Throat Disease
236	Unspecified Tic Disorders
237	Unspecified Vertigo
238	Unspecified Viral Infection
239	Unspecified Vision Impairment
240	Upper Respiratory Tract Infection (UTRI - Common Cold)
241	Urinary Incontinence
242	Urinary Tract Infection (UTI)
243	Viral Infection
244	Voice Disorder
245	Vomiting

246	Unspecified Orthodontic	
247	Unspecified Safety Concerns	Other
248	Missing Status Registration	
249	Unspecified Treaty Rights	
250	Unspecified Access	
251	Unspecified Need	
252	Affordability	Poverty
253	Lack of Access to Service	
254	Malnutrition	
255	Unsafe Living Conditions	
256	Unspecified Financial	
257	Unspecified Low Income	
258	Retro 2020 CHRT 36	Retro 2020 CHRT 36
259	Unspecified Healthy Relationships	Social Development
260	Furthering Cultural Awareness	
261	Global Developmental Delays	
262	Healthy Relationships	
263	Unspecified Cultural	
264	Unspecified Participation	
265	Unspecified Reconciliation	
266	Unspecified Relationships	
267	Unspecified Social	
	Oral Infection (Dental Abscess)	Dental/Orthodontic
	Unspecified Dental	
	Unspecified Dental/Orthodontic	
	Tooth Decay (Cavity)	
	Malocclusion (Misaligned/Crooked Teeth)	
	Unspecified Orthodontic	

Appendix 2

AmountRequestedCategory	Approved_FundsCategory	IFSD Clusters
0-24	0-24	\$0-\$99
25-49	25-49	\$0-\$99
50-74	50-74	\$0-\$99
75-99	75-99	\$0-\$99
100-124	100-124	\$100-\$999
125-149	125-149	\$100-\$999
150-174	150-174	\$100-\$999
175-199	175-199	\$100-\$999
200-224	200-224	\$100-\$999
225-249	225-249	\$100-\$999
250-274	250-274	\$100-\$999
275-299	275-299	\$100-\$999
300-324	300-324	\$100-\$999
325-349	325-349	\$100-\$999
350-374	350-374	\$100-\$999
375-399	375-399	\$100-\$999
400-424	400-424	\$100-\$999
425-449	425-449	\$100-\$999
450-474	450-474	\$100-\$999
475-499	475-499	\$100-\$999
500-524	500-524	\$100-\$999
525-549	525-549	\$100-\$999
550-574	550-574	\$100-\$999
575-599	575-599	\$100-\$999
600-624	600-624	\$100-\$999
625-649	625-649	\$100-\$999
650-674	650-674	\$100-\$999
675-699	675-699	\$100-\$999
700-724	700-724	\$100-\$999
725-749	725-749	\$100-\$999
750-774	750-774	\$100-\$999
775-799	775-799	\$100-\$999
800-824	800-824	\$100-\$999
825-849	825-849	\$100-\$999
850-874	850-874	\$100-\$999
875-899	875-899	\$100-\$999
900-924	900-924	\$100-\$999

925-949	925-949	\$100-\$999
950-974	950-974	\$100-\$999
975-999	975-999	\$100-\$999
1000-1049	1000-1049	\$1,000-\$4,999
1050-1099	1050-1099	\$1,000-\$4,999
1100-1149	1100-1149	\$1,000-\$4,999
1150-1199	1150-1199	\$1,000-\$4,999
1200-1249	1200-1249	\$1,000-\$4,999
1250-1299	1250-1299	\$1,000-\$4,999
1300-1349	1300-1349	\$1,000-\$4,999
1350-1399	1350-1399	\$1,000-\$4,999
1400-1449	1400-1449	\$1,000-\$4,999
1450-1499	1450-1499	\$1,000-\$4,999
1500-1549	1500-1549	\$1,000-\$4,999
1550-1599	1550-1599	\$1,000-\$4,999
1600-1649	1600-1649	\$1,000-\$4,999
1650-1699	1650-1699	\$1,000-\$4,999
1700-1749	1700-1749	\$1,000-\$4,999
1750-1799	1750-1799	\$1,000-\$4,999
1800-1849	1800-1849	\$1,000-\$4,999
1850-1899	1850-1899	\$1,000-\$4,999
1900-1949	1900-1949	\$1,000-\$4,999
1950-1999	1950-1999	\$1,000-\$4,999
2000-2049	2000-2049	\$1,000-\$4,999
2050-2099	2050-2099	\$1,000-\$4,999
2100-2149	2100-2149	\$1,000-\$4,999
2150-2199	2150-2199	\$1,000-\$4,999
2200-2249	2200-2249	\$1,000-\$4,999
2250-2299	2250-2299	\$1,000-\$4,999
2300-2349	2300-2349	\$1,000-\$4,999
2350-2399	2350-2399	\$1,000-\$4,999
2400-2449	2400-2449	\$1,000-\$4,999
2450-2499	2450-2499	\$1,000-\$4,999
2500-2599	2500-2599	\$1,000-\$4,999
2600-2699	2600-2699	\$1,000-\$4,999
2700-2799	2700-2799	\$1,000-\$4,999
2800-2899	2800-2899	\$1,000-\$4,999
2900-2999	2900-2999	\$1,000-\$4,999
3000-3099	3000-3099	\$1,000-\$4,999

3100-3199	3100-3199	\$1,000-\$4,999
3200-3299	3200-3299	\$1,000-\$4,999
3300-3399	3300-3399	\$1,000-\$4,999
3400-3499	3400-3499	\$1,000-\$4,999
3500-3599	3500-3599	\$1,000-\$4,999
3600-3699	3600-3699	\$1,000-\$4,999
3700-3799	3700-3799	\$1,000-\$4,999
3800-3899	3800-3899	\$1,000-\$4,999
3900-3999	3900-3999	\$1,000-\$4,999
4000-4099	4000-4099	\$1,000-\$4,999
4100-4199	4100-4199	\$1,000-\$4,999
4200-4299	4200-4299	\$1,000-\$4,999
4300-4399	4300-4399	\$1,000-\$4,999
4400-4499	4400-4499	\$1,000-\$4,999
4500-4599	4500-4599	\$1,000-\$4,999
4600-4699	4600-4699	\$1,000-\$4,999
4700-4799	4700-4799	\$1,000-\$4,999
4800-4899	4800-4899	\$1,000-\$4,999
4900-4999	4900-4999	\$1,000-\$4,999
5000-5249	5000-5249	\$5,000+
5250-5499	5250-5499	\$5,000+
5500-5749	5500-5749	\$5,000+
5750-5999	5750-5999	\$5,000+
6000-6249	6000-6249	\$5,000+
6250-6499	6250-6499	\$5,000+
6500-6749	6500-6749	\$5,000+
6750-6999	6750-6999	\$5,000+
7000-7249	7000-7249	\$5,000+
7250-7499	7250-7499	\$5,000+
7500-7749	7500-7749	\$5,000+
7750-7999	7750-7999	\$5,000+
8000-8249	8000-8249	\$5,000+
8250-8499	8250-8499	\$5,000+
8500-8749	8500-8749	\$5,000+
8750-8999	8750-8999	\$5,000+
9000-9249	9000-9249	\$5,000+
9250-9499	9250-9499	\$5,000+
9500-9749	9500-9749	\$5,000+
9750-9999	9750-9999	\$5,000+

10000-10999	10000-10999	\$5,000+
11000-11999	11000-11999	\$5,000+
12000-12999	12000-12999	\$5,000+
13000-13999	13000-13999	\$5,000+
14000-14999	14000-14999	\$5,000+
15000-15999	15000-15999	\$5,000+
16000-16999	16000-16999	\$5,000+
17000-17999	17000-17999	\$5,000+
18000-18999	18000-18999	\$5,000+
19000-19999	19000-19999	\$5,000+
20000-20999	20000-20999	\$5,000+
21000-21999	21000-21999	\$5,000+
22000-22999	22000-22999	\$5,000+
23000-23999	23000-23999	\$5,000+
24000-24999	24000-24999	\$5,000+
25000-29999	25000-29999	\$5,000+
30000-34999	30000-34999	\$5,000+
35000-39999	35000-39999	\$5,000+
40000-44999	40000-44999	\$5,000+
45000-49999	45000-49999	\$5,000+
50000-59999	50000-59999	\$5,000+
60000-69999	60000-69999	\$5,000+
70000-79999	70000-79999	\$5,000+
80000-89999	80000-89999	\$5,000+
90000-99999	90000-99999	\$5,000+
100000-149999	100000-149999	\$5,000+
150000-199999	150000-199999	\$5,000+
200000-249999	200000-249999	\$5,000+
250000+	250000+	\$5,000+
(blank)	(blank)	(blank)

Appendix 3: Crosswalk of variables available from 2016-17 to 2020-21

IFSD requested Data Element	ISC Sub-elements	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Fiscal year or date of request		Yes	Yes	Yes	Yes	Yes
Indigenous identity, i.e., First Nation, Inuit, Indigenous		No	Yes	Yes	Yes	Yes
Province and Region of request		Yes	Yes	Yes	Yes	Yes
Source of review and adjudication: regional office, headquarters	Decision / Regional Decision	Yes	Yes	Yes	Yes	Yes
	HQ Decision	Yes	Yes (Individual Only)	Yes	Yes	Yes
Adjudication considerations/principles aligned to individual requests - HQ Decision	HQ Best Interest of Child	No	No	No	Yes (HQ Decision on Rational e)	Yes
	HQ Culturally Appropriate	No	No	No		Yes
	HQ Eligibility	No	No	No		Yes
	HQ Normative Standard	No	No	No		Yes
	HQ Substantive Equality	No	No	No		Yes
Adjudication considerations/principles aligned	Regional Best Interest of Child	No	No	No	Yes	Yes
	Regional Culturally Appropriate	No	No	No		Yes

to individual requests - Regional Decision	Regional Eligibility	No	No	No	(Regional Decision Rationale)	Yes
	Regional Normative Standard	No	No	No		Yes
	Regional Substantive Equality	No	No	No		Yes
Adjudication considerations/principles aligned to individual requests - Normative Standard		No	Yes	Yes	Yes	No
Adjudication considerations/principles aligned to individual requests - Urgency		No	Yes (Individual Only)	Yes	Yes	Yes
Adjudication considerations/principles aligned to individual requests - Ordinarily On Reserve		No	No	Yes	Yes	Yes
Individual or group request		Yes	Yes	Yes	Yes	Yes
Gender		No	Yes	Yes	Yes	Yes
Age		No	Yes	Yes	Yes	Yes
Special needs		No	No	No	Yes	Yes
Category, e.g., travel, capital (provide as much detail as possible)		Yes	Yes	Yes	Yes	Yes
Sub-category		Yes	No	No	Yes	Yes

Amount requested		No	Yes (Individual Only)	Yes	Yes	Yes
Amount approved		No	Yes	Yes	Yes	Yes
Decision: Approved or denied		Yes (Decision & HQ Decision)	Yes (Decision & HQ Decision)	Yes	Yes	Yes
Appeal		No	No	Yes	Yes	Yes
Time between submission, review, and final decision	Initial Contact: Date	Yes	Yes	Yes	Yes	Yes
	Initial Contact: Time	No	Yes	Yes	Yes	No
	Decision: Date	Yes	Yes	Yes	Yes	Yes
	Decision: Time	No	Yes	Yes	Yes	Yes
	HQ Decision: Date	Yes	Yes (Individual Only)	Yes	Yes	Yes
	HQ Decision: Time	No	No	Yes	Yes	Yes
	Sufficient Information: Date	No	Yes (Individual Only)	Yes	Yes	Yes
	Sufficient Information: Time	No	Yes (Individual Only)	Yes	Yes	Yes
Source of submission, e.g., parent, authorized representative, if representative, specify		No	No	No	No	Yes
Number of children covered /Included in request	Estimated # of Children	Yes (Individual Only)	Yes (Group Only)	Yes	Yes	Yes
	ChildUnique Identifier	No	Yes (Individual Only)	Yes	Yes	Yes

	UniqueID	No	No	No	Yes	Yes
	PRS	No	No	No	No	Yes
	CaseID	No	No	No	Yes	Yes
	ItemID	No	No	No	No	Yes
Duration of requested coverage, e.g., point-in-time, ongoing, six months, etc.	StartDate	No	Yes (Individual Only)	Yes	Yes	Yes
	EndDate					
COVID-19 related request		No	No	No	Yes	Yes

Appendix 4: Reconciling ISC Regions with provinces/territories

Geography			Counts / Requests			
ISC Regions	Provinces includes in ISC Regions	ISC Provinces	2020-21	2019-20	2018-19	2017-18
Alberta	Alberta	AB	4213	2018	251	70
	British Columbia	BC	6			
	Manitoba	MB	10			
	Ontario	ON	9			
	Saskatchewan	SK	10	6		
	Yukon	YT	4			
Atlantic	Alberta	AB	1			
	Atlantic	ATL				3
	New Brunswick	NB	2095	2092	359	223
	Newfoundland and Labrador	NL	539	302	38	12
	Nova Scotia	NS	2575	2810	734	434
	Prince Edward Island	PE	188	368	74	13
	Prince Edward Island	PEI				4
	Quebec	QC		3	2	
British Columbia	Alberta	AB	11			
	British Columbia	BC	3681	3123	586	72
	Ontario	ON	7	2		
	Saskatchewan	SK	15			
	Yukon	YT	5	4		
	(Blank)	(Blank)				2
Manitoba	Alberta	AB	1			
	Manitoba	MB	8260	2998	333	53
	Nunavut	NU		1		
	Ontario	ON	58	36		
	Prince Edward Island	PE	1			
	Saskatchewan	SK	5			
Northern	British Columbia	BC	18			
	Northern	NR	4			
	Northwest Territories	NT	1376	665	33	8
	Nunavut	NU	22	3	7	

	Ontario	ON		4		
	Yukon	YT	1242	787	116	14
Ontario	Alberta	AB		9		
	British Columbia	BC	1			
	Manitoba	MB	12			
	Nova Scotia	NS	5			
	Ontario	ON	9407	7752	1386	540
	Quebec	QC	42	3	1	
Quebec	Alberta	AB	1			
	British Columbia	BC		1		
	Manitoba	MB		1		
	New Brunswick	NB	10	2		
	Ontario	ON	28	26		
	Quebec	QC	3474	3295	393	147
	Saskatchewan	SK		4		
Saskatchewan	Alberta	AB	23	2		
	British Columbia	BC	1			
	Nova Scotia	NS	2			
	Saskatchewan	SK	7973	3960	529	282
Total	National		45335	30277	4842	1877

Appendix 5: Age of Majority by Province/Territory

Province/Territory	Age of Majority
Alberta	18
British Columbia	19
Manitoba	18
New Brunswick	19
Newfoundland and Labrador	19
Northwest Territories	19
Nova Scotia	19
Nunavut	19
Ontario	18
Prince Edward Island	18
Quebec	18
Saskatchewan	18
Yukon	19

Appendix 6: Renaming of ISC variables

ISC Variables Names	IFSD Variables Names
Sex	Sex
RegionalDecision	Regional Decision
Regional Normative Standard	Regional Normative Standard
Regional Substantive Equality	Regional Substantive Equality
Regional Culturally Appropriate	Regional Culturally Appropriate
Regional Best interest of Child	Regional Best Interest of Child
HQDecision	Headquarters Decision
HQ Eligibility	Headquarters Eligibility
HQ Normative Standard	Headquarters Normative Standard
HQ Substantive Equality	Headquarters Substantive Equality
HQ Best interest of Child	Headquarters Best Interest of Child
HQ Culturally Appropriate	Headquarters Cultural Appropriateness
Final_decision	Final Decision
Dataset	Dataset
FY_Categorization / TypeOfRequest	Category / Categories
Covid19_Flag	COVID Flag
Appeal_Decision_CLEAN_2	Appeal Decision
RelationtoChild	Relation to Child
Age Category	Age Category

AmountRequestedCategory	Amount Requested Category
Approved_FundsCategory	Approved Funds Category
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NR	Northern
NS	Nova Scotia
NT	Northwest Territories
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon
AR	Atlantic
ATL	Atlantic
InitialContact / InitialContactDate / Regional Date of Initial Contact	Regional Date of Initial Contact
SufficientInformationDate / SufficientInformation	Sufficient Information Date
RegionalDecisionDate / RegionalDecisionDateTime	Regional Decision / Regional Decision Date
StartDate / Start date	Start Date of Requested Service

EndDate / End date	End Date of Requested Service
HQDecisionDate / HQDecisionDateTime	Headquarters Decision / Headquarters Decision Date
AppealDateReceived / DATE HQ RECEIVED APPEAL	Date Appeal Received
AppealDecisionDate /	Appeal Decision Date
Final decision date / Final_decision_date	Final Decision Date
Date received_for reporting	Date Received for Reporting
Decision Date	(Regional) Decision Date
HQ Decision Date	Headquarters Decision Date
Date Received	Date Received
Decision Date	(Regional) Decision Date

Appendix 7: Alternative analytic approach

To model the approach:

In 2020-21, 65 products/services were used by a single child, and no funding was requested for each of them. More than one child shared only five products/services with no funding. It can also be noted that most products/services (35607) used by a single child are associated with one amount requested category. As a discrepancy, 15 products/services are associated with two different amount requested categories.

Amount Requested	Number of Products/Services (ItemID)
No funding requested - single child is using the requested product/service	65
No funding requested - More than one child is using the requested product/service	5
One amount requested - single child is using the requested product/service	35607
One amount requested - More than one child is using the requested product/service	3690
Same item with two amounts requested	15
Total	39382

In the same vein, 38 products/services were approved at a final decision, but no funding has been both requested and approved for each of them. Only 5 products/services, with funding requested and no approved funds, were approved as a final decision. It can also be noted that most products/services (31158) used by a single child are associated with one approved fund's category. As a discrepancy, 14 products/services are associated with two different approved fund categories. One item is associated with two final decisions: one denied and another approved.

Amount Approved	Number of Products/Services (ItemID)
Denied	5205
Approved with no funding - no funding requested	38
Approved with no funding - with funding requested	5
Approved with funding - one amount approved - single child is using the requested product/service	31158
Approved with funding - one amount approved - More than one child is using the requested product/service	2963
Approved with funding - two amount approved	14
Total	39383*
Note: * Item - 10536 has two rows, one denied and one approved, and thus, it was counted twice.	

Finally, by only considering the products/services used by more than one child which have been approved with both funding requested and approved (2963), IFSD classified them by Category (with the variable **"FY_Categorization"**). As expected, the categories comprising

the most significant number of products/services were Education, Healthy Child Development and medical transportation.

Category	Count of Products/services
Allied Health	60
Education	579
Healthy Child Development	742
Infrastructure	147
Medical Equipment and Supplies	82
Medical Transportation	420
Medications and Nutritional Supplements	22
Mental Wellness	127
Oral Health (Excluding Orthodontics)	
Orthodontics	
Respite	316
Social	88
Travel	389
Vision Care	
Grand Total	2997*
Note: * 34 items were assigned to 2 categories by ISC	

Appendix B: IFSD needs clusters

Count	ISC Needs	IFSD Needs Clusters
1	Child Apprehension Prevention	Child Welfare
2	Preserving Family Integrity	
3	Unspecified Familial	
4	Unspecified Family Integrity	
5	COVID-19	Covid-19
6	COVID-19- DO NOT USE	
7	Assisting Student in Surpassing Academic Standards	Education
8	Difficulty Interpreting Visual Information	
9	Difficulty with Fine Motor Skills	
10	Difficulty with Math	
11	Difficulty with Reading	
12	Difficulty with Writing	
13	Ensuring Participation in School Activities	
14	Ensuring Student Meets Academic Standards	
15	Learning Assistance	
16	Specific Language Impairment	
17	Speech Sound Disorder	
18	Stuttering	
19	Unspecified Academic Performance (Grades)	
20	Unspecified Education	
21	Unspecified Language Disorder	
22	Unspecified Learning Assistance	
23	Unspecified Learning Disorder	
24	Unspecified Speech and Language Impairment	
25	Unspecified Speech Disorder	
26	Acne	Health and mental health
27	Agoraphobia	
28	Alcohol-use Disorder (Alcohol Addiction)	
29	Angelman Syndrome	
30	Ankyloglossia (Tongue-tie)	
31	Anorexia Nervosa	
32	Aphasia	
33	Apneic Spells	
34	Apparent Life-Threatening Event (ALTE)	

35	Apraxia of Speech	
36	Arrhythmia	
37	Arthritis	
38	Arthrogryposis Multiplex Congenita	
39	Asperger Syndrome	
40	Asthma	
41	Attention-Deficit Hyperactivity Disorder (ADHD)	
42	Autistic Disorder	
43	Avoidant/Restrictive Food intake Disorder	
44	Back Pain	
45	Binge Eating Disorder	
46	Bipolar Disorder	
47	Bone Fracture	
48	Brain Tumor	
49	Bronchiolitis	
50	Bulimia Nervosa	
51	Celiac	
52	Cerebral Palsy	
53	Change in Chromosome Number	
54	Change in Chromosome Structure	
55	Chiari Malformation	
56	Chronic Motor or Vocal Tic Disorder	
57	Chronic Rhinitis	
58	Clubfoot	
59	Concussion	
60	Conduct Disorder (CD)	
61	Congenital Heart Disease	
62	Constipation	
63	Craniofacial Abnormalities	
64	Craniosynostosis	
65	Crohns Disease	
66	Cystic Fibrosis	
67	Dermatomyositis	
68	Developmental Verbal Dyspraxia	
69	Diabetes	
70	Diarrhea	

71	Difficulty Hearing Differences Between Sounds
72	Downs Syndrome
73	Due to a general medical condition
74	Dysarthria
75	Eczema
76	Encephalopathy
77	Encopresis
78	Ensuring Physical Health
79	Enuresis
80	Environmental Allergy
81	Failure to Thrive
82	Febrile Seizures
83	Fecal Incontinence
84	Fetal alcohol spectrum disorders (FASD)
85	Focal and Multifocal Seizures
86	Food Allergy
87	Functional Abdominal Pain
88	Gait / Walking Disorders
89	Gene Abnormality
90	Generalized Anxiety Disorder
91	Glucose Transporter Type-1 Deficiency Syndrome (Glut1 DS)
92	Growth Disorder
93	Hearing Loss
94	Heart Attack
95	Heart Failure
96	Heart Valve Problem
97	Human Immunodeficiency
98	Hydrocephalus
99	Hyperinsulinemia
100	Hyperopia (far-sightedness)
101	Hypotonia
102	Immunization
103	Infantile Spasms
104	Insomnia
105	Iron Deficiency

106	Juvenile Rheumatoid Arthritis
107	Ketogenic Diets
108	Kidney Failure
109	Leukemia
110	Lice
111	Lupus
112	Lymphoma
113	Major Depressive Disorder (Depression)
114	Malocclusion (Misaligned/Crooked Teeth)
115	Meningitis
116	MENTAL
117	Migraine
118	Mitochondrial Diseases
119	Myelomeningocele (Spina Bifida)
120	Myopia (near-sightedness)
121	Neurofibromatosis Type 1 (NF1)
122	Nicotine-use Disorder (Nicotine Addiction)
123	Nightmares / Night Terrors (Parasomnias)
124	Obesity
125	Onychocryptosis (Ingrown Nail)
126	Opioid-use Disorder (Opioid Addiction)
127	Oppositional Defiant Disorder (ODD)
128	Oral Infection (Dental Abscess)
129	Orofacial Myofunctional Disorder
130	Osteosarcoma
131	Panic Disorder
132	Paralysis
133	Paraplegia
134	Persistent Depressive Disorder (Dysthymia)
135	Pervasive Developmental Disorder
136	Plagiocephaly
137	Pneumonia
138	Post-Concussion Syndrome
139	Posttraumatic Stress Disorder (PTSD)
140	Potential Neurological Disorder
141	Pregnancy/Prenatal Screening

142	Premature Birth	
143	Premenstrual Dysmorphic Disorder	
144	Quadriplegia	
145	Reflux	
146	Schizophrenia	
147	Scoliosis	
148	Selective Mutism	
149	Separation Anxiety Disorder	
150	Short Bowel Syndrome	
151	Sleep Apnea	
152	Social Anxiety Disorder	
153	Socialization Issue	
154	Spasticity	
155	Specific Phobia	
156	Spinal Cord Cell Disease	
157	Spinal Cord Injury	
158	Spine Tumor	
159	Stimulant-use Disorder (Stimulant Addiction)	
160	Stroke	
161	Substance-Induced	
162	Temporomandibular Joint Dysfunction	
163	Tethered Spinal Cord Syndrome	
164	Thyroid Disease	
165	Tooth Decay (Cavity)	
166	Torticollis	
167	Tourettes Syndrome	
168	Transport Injuries	
169	Tuberculosis	
170	Tuberculosis Sclerosis Complex	
171	Unintentional Injuries (Non-Transport)	
172	Unspecified Acute or Chronic Respiratory Diseases	
173	Unspecified Allergy	
174	Unspecified Anemia	
175	Unspecified Anxiety or Panic Disorder	
176	Unspecified Autism Spectrum Disorder (ASD)	

177	Unspecified Autoimmune and Autoinflammatory Diseases	
178	Unspecified Bacterial or Viral Infections	
179	Unspecified Blood Cancer	
180	Unspecified Blood Disease/ Disorder	
181	Unspecified Bone Cancers	
182	Unspecified Brain Cancer	
183	Unspecified Calculi	
184	Unspecified Cancer	
185	Unspecified Cardiovascular and Circulatory Disease	
186	Unspecified Change in Chromosome	
187	Unspecified Congenital and Genetic Disease	
188	Unspecified Congenital Malformation	
189	Unspecified Dental	
190	Unspecified Dental/Orthodontic	
191	Unspecified Developmental Disorders	
192	Unspecified Diets and Other Dietary Therapies	
193	Unspecified Digestive Disease	
194	Unspecified Disruptive Behavior Disorders (DBD)	
195	Unspecified Ear Disease	
196	Unspecified Ear, Nose, and Throat Diseases	
197	Unspecified Eating Disorders	
198	Unspecified Elimination Disorder	
199	Unspecified Endocrine and Metabolic Diseases/Disorders	
200	Unspecified Endocrine Disease	
201	Unspecified Environmental Disease	
202	Unspecified Eye Disease	
203	Unspecified Genetic Disorder	
204	Unspecified Headache	
205	Unspecified Health	
206	Unspecified Infectious Disease	
207	Unspecified Injury	
208	Unspecified Kidney and Urinary Disease	
209	Unspecified Mental Disorder	
210	Unspecified Mental Health Disorder	
211	Unspecified Metabolic Disorders	

212	Unspecified Mood Disorders	
213	Unspecified Mouth Disease	
214	Unspecified Musculoskeletal Disorders	
215	Unspecified Neoplasm	
216	Unspecified Nerve and Muscle Diseases	
217	Unspecified Neurological Disorder	
218	Unspecified Newborn	
219	Unspecified Nose Disease	
220	Unspecified Nutritional Disorder	
221	Unspecified Pediatric Condition	
222	Unspecified Physical Access	
223	Unspecified Physical Illness	
224	Unspecified Pregnancy	
225	Unspecified Psychotic Disorder	
226	Unspecified Rare Cancer	
227	Unspecified Renal Failure	
228	Unspecified Respiratory Disease	
229	Unspecified Screening	
230	Unspecified Seizure	
231	Unspecified Skin Disease	
232	Unspecified Sleep Disorder	
233	Unspecified Spine Disease	
234	Unspecified Substance-use Disorder (Unspecified Addiction)	
235	Unspecified Throat Disease	
236	Unspecified Tic Disorders	
237	Unspecified Vertigo	
238	Unspecified Viral Infection	
239	Unspecified Vision Impairment	
240	Upper Respiratory Tract Infection (UTRI - Common Cold)	
241	Urinary Incontinence	
242	Urinary Tract Infection (UTI)	
243	Viral Infection	
244	Voice Disorder	
245	Vomiting	

246	Unspecified Orthodontic	
247	Unspecified Safety Concerns	Other
248	Missing Status Registration	
249	Unspecified Treaty Rights	
250	Unspecified Access	
251	Unspecified Need	
252	Affordability	Poverty
253	Lack of Access to Service	
254	Malnutrition	
255	Unsafe Living Conditions	
256	Unspecified Financial	
257	Unspecified Low Income	
258	Retro 2020 CHRT 36	Retro 2020 CHRT 36
259	Unspecified Healthy Relationships	Social Development
260	Furthering Cultural Awareness	
261	Global Developmental Delays	
262	Healthy Relationships	
263	Unspecified Cultural	
264	Unspecified Participation	
265	Unspecified Reconciliation	
266	Unspecified Relationships	
267	Unspecified Social	
	Oral Infection (Dental Abscess)	Dental/Orthodontic
	Unspecified Dental	
	Unspecified Dental/Orthodontic	
	Tooth Decay (Cavity)	
	Malocclusion (Misaligned/Crooked Teeth)	
	Unspecified Orthodontic	

Appendix C: Spirit Bear cost analysis table

Policy area	Definition	Current state and Costing
Education	Access to culturally competent elementary and secondary education.	<ul style="list-style-type: none"> - First Nations children (living on-reserve) receive at minimum 30% less funding for their education as children under provincial jurisdiction.¹ - According to the PBO in 2012-2013 the funding shortfall for education programming in all band-operated schools was between \$300 million and \$595 million. Further, they estimated that this shortfall grew to between \$336 million and \$665 million in 2016-17.² - If the Indigenous education attainment gap and related gaps (employment rates and income by level of employment) were closed, estimates suggest an increase of \$36.5 billion to Canada's GDP.³ - Employment and Social Development Canada found that their "skills and employment training" initiative improved labour market attachment, in addition to other benefits which outweighed program cost.⁴
Children's health	Programs and services to support the physical and psychological holistic well-being of First Nations children.	<ul style="list-style-type: none"> - CIHI has per capita health expenditures for each province and territory.⁵ - Health outcomes are unequal for First Nations and Indigenous children, e.g. infant mortality rates are twice as high for Indigenous populations as compared to the national rate; Indigenous youth suicide rates are far higher than national rates; and there are higher rates of poor dental health among Indigenous children.⁶ <p>Potential costing mechanisms:</p> <ul style="list-style-type: none"> - Estimate using per capita expenditure of the Canada Health Transfer. - Per capita expenditure based on relevant program funding.

¹ Don Drummond and Ellen Kachuck Rosenbluth, "The Debate on First Nations Education Funding: Mind the Gap," *Queen's University Policy Studies*, (December 2013). CBC News, "First Nations students get 30 per cent less funding than other children, economist says," March 14, 2016, <https://www.cbc.ca/news/canada/thunder-bay/first-nations-education-funding-gap-1.3487822>.

² Office of the Parliamentary Budget Officer, "Federal Spending on Primary and Secondary Education on First Nations Reserves," (December 6, 2016): 4.

³ Centre for the Study of Living Standards, "Investing in aboriginal education in Canada: an economic perspective," (February 2010), <http://www.csls.ca/reports/csls2010-03.pdf>.

⁴ Employment and Social Development Canada, "Evaluation of the Aboriginal Skills and Employment Training Strategy and the Skills and Partnership Fund," last updated April 21, 2022, <https://www.canada.ca/en/employment-social-development/corporate/reports/evaluations/aboriginal-skills-employment-training-strategy-skills-partnership-fund.html>.

⁵ CIHI, "National Health Expenditure Trends 1975 to 2019," Ottawa, ON, (2019): 20.

⁶ Unicef Canada, "Where Does Canada Stand? The Canadian Index of Child and Youth Well-being 2019 Baseline Report," https://oneyouth.unicef.ca/sites/default/files/2019-08/2019_Baseline_Report_Canadian_Index_of_Child_and_Youth_Well-being.pdf, page 51-54.

Emergency services infrastructure	Building community resilience through access to emergency services, along with funding for mitigation initiatives.	<ul style="list-style-type: none"> - In 2013, the Office of the Auditor General reported that ISC's (then AANDC) annual budget (\$19 million) for the Emergency Management Assistance Program was insufficient. Additionally, insufficient resources were being allocated to mitigation and prevention programming. Only \$4 million was spent on prevention and mitigation activities between 2009 to 2013. They also found that the capital program was underfunded.⁷ - The PBO outlined how ISC (AANDC) re-allocated funds from other sources (particularly capital) to fill the shortfalls within the emergency management program; this approach can negatively impact First Nations communities whose budgets for other departmental programs are being reduced.⁸
Water, housing, and sanitation	Access to potable water flowing from residential taps	<ul style="list-style-type: none"> - The PBO estimated that \$3.2 billion in capital investment would be required until 2020 to meet actual Water and Wastewater objective, with drinking water systems accounting for 57% (\$1.8 billion) and wastewater systems accounting for the rest (\$1.4 billion).⁹ - As of July 18, 2022, there are 31 long-term drinking water advisories in effect in 27 communities.¹⁰ - IFSD estimates the total cost to meet First Nations housing needs at \$59B, with \$21B of the \$59B meeting the needs of those moving to reserves.¹¹ - The PBO estimates that "addressing indigenous housing need" should cost between \$122 million to \$1,423 million per year.¹²

⁷ Office of the Auditor General of Canada, "2013 Fall Report of the Auditor General of Canada: Chapter 6 – Emergency Management on Reserves," (2013), https://www.oag-bvg.gc.ca/internet/English/parl_oag_201311_06_e_38800.html.

⁸ Hon. MaryAnn Mihychuk, "From the Ashes: Reimagining fire safety and emergency management in Indigenous Communities," *Report of the Standing Committee on Indigenous and Northern Affairs*, (June 2018): 11.

⁹ Office of the Parliamentary Budget Officer, "Budget Sufficiency for First Nations Water and Wastewater Infrastructure," Budget Sufficiency for First Nations Water and Wastewater Infrastructure," December 7, 2017.

¹⁰ Indigenous Services Canada, "Ending long-term drinking water advisories," *Government of Canada*, last updated February 17, 2020, <https://www.sac-isc.gc.ca/eng/1506514143353/1533317130660>.

¹¹ Institute of Fiscal Studies and Democracy, "Cost Analysis of Current Housing Gaps and Future Housing Needs in First Nations," last updated October 18, 2021 <https://static1.squarespace.com/static/5f29b2710512b20bd57bed44/t/618930be4ba2743dace94502/1636380867668/COO+SCA+2021+-+IFSD+National+Housing+Need+Cost+Analysis.pdf>

¹² Office of the Parliamentary Budget Officer, "Urban, Rural, and Northern Indigenous Housing," February 11, 2021, <https://distribution-a617274656661637473.pbo-dpb.ca/5b2407108abe40544f4c66d4a7fe08c47aecce914911c2f7e3bbcad23a2070fc>.

<p>Juvenile Justice</p>	<p>Preventive programming to keep youth free from interacting with the juvenile justice system. Support for youth in contact with the juvenile justice system.</p>	<ul style="list-style-type: none"> - The Indigenous Justice Fund (within the Department of Justice), funds 197 community-based programs that serve over 650 communities.¹³ - In 2017/2018, while they made up around 8% of the Canadian youth population, Indigenous youth made up 48% of youth admissions to custody (48%).¹⁴ <p>Potential costing mechanisms:</p> <ul style="list-style-type: none"> - In 2018, PBO published national figures regarding the cost of incarceration (\$1.57 billion annually).¹⁵ However, the challenge is determining per capita costs for First Nations in the juvenile justice system. - Public Safety Canada produced a report in 2018 with cost analysis for youth custody and other forms of incarceration.¹⁶
<p>Early childhood</p>	<p>Support and programming for children and families to foster development and wellness in the early years of life.</p>	<ul style="list-style-type: none"> - When evaluating the Aboriginal Head Start in Urban and Northern Communities, it was found that the program was administered efficiently. However, the current program resources have been maximized; as a result, resource limitations are hindering the number of children the program can reach.¹⁷ - FNIGC reported that caregivers with children who attended a First Nations-specific early childhood program (like an Aboriginal Head Start On Reserve Program) reported that their children understood them when they spoke all of the time, compared to 57.5% of children who did not attend a First Nations-specific early childhood program.¹⁸ <p>Potential Costing Mechanism:</p> <ul style="list-style-type: none"> - Review program level funding on a First Nations basis. - Leverage data from existing programs and services.

¹³ Department of Justice, “Community-Based Justice Fund,” *Government of Canada*, February 17, 2020, <https://www.justice.gc.ca/eng/fund-fina/acf-fca/ajs-sja/cf-pc/index.html>.

¹⁴ Statistics Canada, “Adult and youth correctional statistics in Canada, 2017/2018,” *The Daily*, May 9, 2019, <https://www150.statcan.gc.ca/n1/daily-quotidien/190509/dq190509c-eng.htm>.

¹⁵ Office of the Parliamentary Budget Officer, “Update on Costs of Incarceration,” *Government of Canada*, (2018): 7.

¹⁶ Public Safety Canada, “Costs of Crime and Criminal Justice Responses,” *Government of Canada*, last updated January 24, 2018, <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/2015-r022/index-en.aspx> - :~:text=Open custody for youth was,contact, case, or conviction

¹⁷ Office of Audit and Evaluation, “Evaluation of the Aboriginal Head Start in Urban and Northern Communities Program 2011-2012 to 2015-2016,” March 2017, page V.

¹⁸ FNIGC, “The National Report of the First Nations Regional Early Childhood, Education, and Employment Survey,” July 2016, page 15.

Child and family services	Protection and prevention focused services to promote the well-being of children, families and communities.	<ul style="list-style-type: none"> - Indigenous children represent 7.7% of all children under 14 years of age in Canada but represent 52.2% of children under 14 in foster care.¹⁹ - IFSD estimated that the per capita per capita cost of a child in care within the First Nations child and family services (FNCFS) system is \$63,137.²⁰ - With the contributions of FNCFS agencies, IFSD developed a needs-based and performance-informed approach to funding FNCFS. The structure, funding, and accountability mechanisms are being tested for use (anticipated completion in March 2024).
Poverty reduction	Approaches to reducing and mitigating the effects of poverty and deprivation.	<ul style="list-style-type: none"> - Towards Justice (AFN/CCPA) identifies three tiers of childhood poverty: deepest level of poverty, next level of poverty, and least level of poverty. In 2015, 53% of Status First Nations children living on reserve were living in the deepest level of poverty.²¹ - IFSD is undertaking an assessment to develop First Nations-based approaches to understanding and measuring poverty. From this work, approaches to cost analysis are expected to emerge. - To raise all households on-reserve to their provincial poverty lines, an estimated \$205M investment is needed.²²
Mental wellness	Psychological and emotional well-being.	<ul style="list-style-type: none"> - First Nations report poorer perceived mental and physical health than the non-Indigenous population. - 11% of First Nations populations perceive their mental health as fair or poor, as compared to 6% of the non-Indigenous population.²³ - The Mental Health Commission of Canada found that mental health problems and illnesses cost the Canadian economy at least \$50 billion per year.²⁴

¹⁹ ISC, “Reducing the number of Indigenous children in care,” *Government of Canada*, August 19, 2020, <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>.

²⁰ IFSD, “Enabling First Nations Children to Thrive,” (2018): 68.

²¹ Natasha Beedie, David Macdonald, and Daniel Wilson, “Towards Justice: Tackling Indigenous Child Poverty in Canada,” *AFN, Canadian Centre for Policy Alternatives and Upstream*, July 2019, page 9.

²² IFSD, “Enabling First Nations Children to Thrive,” (2018): 76.

²³ IFSD, “Funding First Nations child and family services (FNCFS): A performance budget approach to well-being,” (July 2020): 7.

²⁴ Mental Health Commission of Canada, “Making the Case for Investing in Mental Health in Canada,” (2013): 1.

Intimate partner violence	Mistreatment and abuse of partners, children, or other family members.	<ul style="list-style-type: none"> - In 2009, the economic impact of spousal violence in Canada was estimated at \$7.4 billion or \$220 per Canadian.²⁵ - The 2014 Statistics Canada General Social Survey (GSS) on Victimization, indicates that injury in cases of self-reported spousal violence is more common for Indigenous female victims (51%) than for non-Indigenous female victims (39%).²⁶ - The cost of one cohort of children exposed to intimate partner violence in Canada was estimated in 2014 at \$759 million annually.²⁷
Operational capacity for service delivery	A First Nation's ability to design and deliver community services with requisite systems, processes, tools, skills, and resources.	<ul style="list-style-type: none"> - First Nations have a range of operating capacity typically influenced by geography, size, economic activity, and other variables. <p>Potential costing mechanism:</p> <ul style="list-style-type: none"> - Leverage the experiences of small rural municipalities as proxies to estimate the costs associated to delivering services in areas with low population densities, which can be financially and administratively burdensome.²⁸ - The Federation of Canadian Municipalities (FCM) estimated that approximately 60% of Canadian municipalities had 5 or fewer staff.²⁹ - Small municipalities can be easily strained when asked to do more without requisite capacity in a short period of time.³⁰

²⁵ Ting Zhang et al., "An Estimation of the Economic Impact of Spousal Violence in Canada, 2009," *Department of Justice Canada*, 2012, https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/rr12_7.pdf, page 80.

²⁶ Department of Justice, "Victimization of Indigenous Women and Girls," *Government of Canada*, July 2017, <https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2017/july05.html>.

²⁷ Martin Andresen and Shannon Linning, "Beginning to Understand the Economic Costs of Children's Exposure to Intimate Partner Violence," *International Journal of Child, Youth and Family Studies*, 5, no. 4, (2014): 588-608.

²⁸ Federation of Canadian Municipalities, "Rural Challenges, National Opportunity: Shaping the Future of Rural Canada," (May 2018), <https://fcm.ca/sites/default/files/documents/resources/report/rural-challenges-national-opportunities.pdf>

²⁹ Federation of Canadian Municipalities, "Rural Challenges, National Opportunity: Shaping the Future of Rural Canada," (May 2018), <https://fcm.ca/sites/default/files/documents/resources/report/rural-challenges-national-opportunities.pdf>

³⁰ Laura Ryser, Greg Halseth, and Sean Markey, "Restructuring of Rural Governance in a Rapidly Growing Resource Town: The Case of Kitimate, BC, Canada," *EchoGéo* 43, (2018), (August 2022), <https://journals.openedition.org/echogeo/15218>; Greg Halseth and Laura Ryser, "Rapid Change in Small Towns: When Social Capital Collides with Political/Bureaucratic Inertia," *Community Development* 47, no. 1 (January 2016), https://journals.scholarsportal.info/details/15575330/v47i0001/106_rcistwscwpi.xml.